

INVESTIGATION OF STANDARD OF CARE FOR MIDDLE SCHOOL ATHLETES

A DISSERTATION

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DEDICATION

This is for my family who has supported me throughout this long tiresome journey and for pushing me continually to complete the task that I started so many moons ago. Thank you Mom and Dad for instilling in me the drive and perseverance I needed to push through. Thank for my brother, sister, and nephew for keeping my sense of humor throughout this process tolerable and believing in me even when I doubted myself by getting me a card three years before the actual time. Last but not least for my husband, Tim, my son, Kacey, and the little one to be, thank you for your continuous encouragement patience, flexibility, and love. Without each one of you by my side I would not be where I am today, closing the last chapter in my book. I love you all very dearly.

In 2002, when I first entered Texas Woman's University, I never realized how many personal and professional connections I would make. The first connection I had was with Dr. Myers. Entering a career as a young new professional in the collegiate academic setting and pursuing a dissertation simultaneously, was challenging to say the least. However, I have Dr. Myers to thank for helping me develop as young professional and grow academically through the years. Her guidance and continual encouragement

lead me to strive to begin and complete my dissertation. She has been there for me the entire way listening to me explain my perception of my topic and she allowed me to educate her on my topic that has not been addressed. In turn she provided me with some valuable insight on her expertise in the academic setting as well as the community setting. I am truly grateful that she remained so patient with me in my tenure at Texas Woman's trying to complete my dissertation. Remember "drive safely, we wouldn't want this to be for not."

ACKNOWLEDGEMENTS

Sitting in the stands, no parent wants to see their child injured on the field/court of play, yet when an injury does occur, uneasiness and fearful thoughts saturate the minds of the concerned parent. I want to say thank you to all the concerned involved parents that speak up and address the major safety concerns with the lack of standard of care provided for middle school athletes. Without their voices being heard change would not be on the minds of the administrators.

The following is a message sent from a concerned parent:

I know that this is a reality that injury is something that comes with playing sports and injury happens from time to time. Seeing my young athlete participate at the middle school level and get injured it is every parent's worst fear. However, I am even more fearful when my child goes down because I do not know what type of care that is going to be provided. When other parents and I are watching the athletes pour their heart and soul into the game and see an athlete go down with an injury and there is visible concern from the stands on the safety of the athlete, yet no one from the coaching staff checks the athlete to see what is wrong, this represents great concern. Especially when the athlete comes off the field of play when you see teammates going up to an athlete, but still no coach has made an effort to see if the athlete needs to be looked at by a medical

professional. What should **NEVER** happen is that there is no one around to help diagnose or assess the severity of the injured student athlete.

Coaches have numerous responsibilities during the game, coaching being the main responsibility. This is a great task during competition because they are trying to help my athlete and the team be as successful as they can be on the field during the game. To add another major responsibility of providing care to the athlete and possibly making a decision of an injured athlete that they are not trained to do, puts my athlete and others alike puts our athletes at risk. Regardless of where the game is played, there needs to be a member of the athletic training staff or someone there to assess the severity of the student athlete's injuries and the burden taken off the coaches.

In addition, in the world we live into today, safety is prevalent in all aspects of our life and we cannot shortcut the safety of our middle athletes due to the lack of funds. The safety of these kids should be #1. I understand and realize as a business person that budgets and funding are important at should be maintained in a conservative manner. However, when it comes to **SAFETY the check is blank!** It should not be just talk!

I shutter to think of the worst case scenario that could happen to an athlete and there be no medical supervision to provide care for the athlete. It should not take one of those scary scenarios to wake everyone up and make a change for the safety of our athletes.

ABSTRACT

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The purpose of this study was to determine common themes used by stakeholder members in the Texas public school districts within the Dallas-Fort Worth (DFW) Metroplex in their decision-making process to identify the need for quality standard of care for athletes at the middle school level of competition and to make recommendations regarding how this service can be fiscally accomplished. There have been many studies on the standard of care in athletics at the high school setting; however there is no research that could be located regarding the standard of care at the middle school level. The qualitative data were collected through interviewing 11 District Athletic Directors from DFW Metroplex public school districts in Texas. The standard of care in middle school athletics throughout the 4A and 5A public schools in the DFW Metroplex was minimal and even nonexistent. Though the standard of care for middle school athletes was a concern among the participating Athletic Directors, the stakeholders attribute this condition to legislation and local budgetary concerns that overshadowed their ability to provide a higher quality standard of care to the entire middle school athletic population.

In the future, there will be no change or even a reduction in middle school athletics, if local budgetary issues are not resolved and mandates from legislation are not funded.

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CHAPTER I

INTRODUCTION

Athletics has been identified by numerous investigators as a promoter of positive individual growth and athletic skill development. In the 2011-2012 National Federation of State High School Associations participation survey it was indicated that over 7.6 million students participated in high school athletics. With participation in athletics, the risk of injury is inevitable (2012-2013 National Federation of State High School, 2012). Sport injuries account for approximately "... 1.4 million of the high school injuries" in a single year (Yard, Collins, & Comstock, 2009, p. 645). Safe Kids Worldwide (2013) analyzed data from the U.S. Consumer Product Safety Commission's National Electronic Injury Surveillance System and reported that sports injuries were commonly the cause of injuries in children aged 19 to 14 years. Although the injury occurrence in the secondary school setting has been statistically identified as a problem and has been discussed abundantly in the media, the standard of care at the secondary level specifically the middle school level remains only as guidelines in Texas instead of mandated requirements. In order to minimize the risk of injury and provide an athlete an environment that promotes prevention and safety in sport, the American Medical

Association in 1998 recognized that an athletic trainer as being a qualified health care professional could provide a level of standard of care for student-athletes (Lyznicki, Riggs, & Champion, 1999).

Over the past 30 years there has been a multitude of research in a variety of states that have examined the standard of care for athletes in the high school setting; however, the research has a variety of limitations. Some of the limitations are: (a) medical coverage for only the sport of football and medical coverage at the high school level and excluding other competitive sports, (b) gender equity, and (c) middle school participation (Wham, Saunders, & Mensch, 2010). When referencing the secondary school setting, the classification includes middle school and high school sport participation. However, the literature has classified secondary school athletes' age range as 14 to 18 years of age, which excludes middle school athletes. Since there has been an increase in sport participation among youth between 5 to 17 years of age, the number of athletic related injuries in community-sponsored activities has increased proportionally to participation.

The adolescents participating in community-sponsored activities also can impact the increase of involvement in athletic participation at the middle school level. This increase of participation has "become a concern of pediatric and sports medicine professionals" (Radelet, Lephart, Rubinstein, & Myers, 2002, p. e28). Middle school athletics has become a foundational gateway of skill development for sports at the high school level. The increase drive to enhance the middle school athletes' skill level, at a

time when adolescent growth is peaking, has posed a great deal of concern because of the potential increase of injury. However, the literature still does not reflect the implementation of an appropriate standard of care for middle school level athletes.

As a result of the concern for the safety of the students participating in athletics, the American Medical Association (AMA) in 1998 developed a resolution stating that “... the Board of Education and the Department of Health in the individual states should encourage an Athletic Medicine Unit be established in every school that mounts a sports program” (AMA Resolution H-470.995, 1998, para. 1). The athletic medicine unit should encompass a team physician, athletic trainer, and other qualified personnel. In 1998, the AMA also recognized that athletic trainers could not be present at all athletic activities, and therefore encouraged that coaches and administrators be properly trained in basic life support and first aid. With the absence of an athletic trainer to provide appropriate medical care and make qualified decisions on the safety of an injured athlete, the coaches and administrators are left to make medical decisions that they are not educationally trained to perform.

In order to be in compliance with the AMA Resolution H-470.995, the National Athletic Trainers Association (NATA), in 2002, developed guidelines regarding adolescents competing in school and club-level sports. The NATA guidelines for appropriate standard of care for the secondary school-aged athlete explicitly identifies the responsibility of members of the athletic health care team (AHCT) at each school, as well

as each individual team member's responsibilities. Additionally, the guidelines justify and clarify policies and procedures that should be in place to ensure the safest athletic environment for secondary school athletes to receive consistent and adequate standard of care (Almquist, et al. 2008).

At the state level, the Texas Education Code (TEC) for public schools and the University Interscholastic League (UIL) set guidelines and laws that all public schools must follow. Since the 2010 to 2011 school year, prior to first day of sport practice, the UIL's Rules Compliance Program requires completion of an online course for all coaches serving athletes in Grades 7 to 12. This program is designed to make coaches aware of the potential safety, environmental, medical, and injury concerns that can occur while a sporting event is occurring and to make sure the UIL policies and procedures will be followed by all public school districts in Texas as it relates to the safety of athletes. The UIL provides only a limited safety training section for coaches and athletic trainers as it relates to cold weather exposure, concussion protocol, heat illness, chemical abuse, emergency action plan, sudden cardiac death, head injuries, asthma, and how to handle certain situations that are considered a safety issue for the coaches and athletic trainers (UIL, Athletics Health and Safety).

Texas Senate Bill 82 and TEC §33.202 became effective for the 2008 to 2009 school year and required that every student-athlete complete a safety training program to become aware of the risk of injury involved with sport participation (UIL, Extracurricular

Athletic Activity Safety Training Requirements). The Texas Education Agency (TEA) and UIL have developed programs for the safety of athletes; however, there has been minimal investigation related to the compliance of medical care provided to athletes. In June 2011, Texas House Bill #2038, or Natasha's Law, was signed into Texas law, requiring student-athletes that have sustained a concussion be cleared to return to play by a physician treating the injury, and adhere to the medical protocol set in place by a concussion oversight team that includes an allied health care professional, such as an athletic trainer (Texas House Bill. 2038, 2011). Although Natasha's Law is injury specific, it mandates compliance of medical care given to athletes participating in interscholastic athletic activities. Previous researchers have primarily focused on the high school level, with Grades 6 through 8 athletics not adequately addressed as it relates to the standard of care (See Appendix A). Currently, there is little data available that identifies the use of athletic trainers at the middle school level. Therefore, this qualitative study explored the standard of care for athletes at the middle school level in the public schools in Texas.

Purpose

The purpose of this study was to determine common themes used by stakeholder members in the public schools in Texas school districts within the Dallas-Fort Worth (DFW) Metroplex in their decision-making process to identify the need for quality

standard of care for athletes at the middle school level of competition and to make recommendations regarding how this service can be fiscally accomplished.

Statement of Problem

Since the inception of athletic participation, it has been well documented that the value of athletic participation is constructively a positive aspect for adolescents behaviorally, academically, and physically. The recent economic hardships affecting secondary schools have caused district administrators to reexamine and cutback on the multitude of sports in the secondary school setting. Yet, there has continued to be an increase involvement in sport participation in the secondary school setting. The increase in participation is evident not only with high school aged participants, but as well with the middle school aged participants (National Federation of State High School Association, 2010). A concern is posed with the standard of care provided for the middle school student-athlete. With sport activity, the risk of injury and the health and safety of the student-athlete is paramount at all levels of athletic participation (Mueller F., & Cantu R., 2010). The multitude of research illuminating appropriate medical care in the secondary school setting excludes the participation of middle school student-athletes (Goldberg, Moroz, Smith, & Gantley, 2007). As a result, the health and safety of the middle school student-athletes' standard of care at the middle school level needs to be further examined.

Research Questions

1. As of 2011, what does Texas require for the provision for the standard of care for students participating in athletics at the middle school level?
2. What is the current status of middle school standard of care as it relates to gender and type of sport?
3. What is the current student-athlete “return to play” policy for the middle school athletes at the local level?
4. What is the local budgetary status for the standard of care in middle school athletics and how is it determined?
5. By 2015, what is the perceived status of standard of care for student-athletes at the middle school level?

Limitations

This study was subject to the following limitations:

1. The findings depended on the truthfulness and cooperation of the participants answering the questions.
2. The findings were limited to the ability of the researcher to interpret the collected data.
3. The participants’ discussions with other local school district participants prior to their interview might affect their interview.
4. The participants are District Athletic Directors of 4A and 5A school districts.

5. The researcher's experience with interview techniques.

Delimitations

This study was subject to the following delimitations:

1. The Dallas- Fort Worth (DFW) school districts geographically represented the DFW Metroplex.
2. The school districts had three or more high schools competing in UIL athletics at the 4A or 5A level in football and men's and women's basketball and had three or more middle schools that feed into the high schools.
3. The participants were District Athletic Directors who represented the entire Athletic Program of the District.

Definition of Terms

1. Athletic Trainer – A healthcare professional that provides care for an athlete related to the prevention, assessment, treatment and rehabilitation of injuries and illnesses. This professional works under the supervision of a licensed physician and has successfully completed required course work, and completed state and national requirements to practice as an athletic trainer (Anderson &, Hall, 1997).
2. Collision Sports – A sport that involves “athletes purposely hit or collide with each other or inanimate objects, including the ground, with great force” due to the nature of the sport (Committee on Sports Medicine and Fitness, 2001, p.1205).

Examples of collision sports include: basketball, football, field hockey, and soccer.

3. Limited Contact Sports – A sport in which “contact with other athletes or inanimate objects is infrequent or inadvertent” (Committee on Sports Medicine and Fitness, 2001, p. 1205). Examples of limited contact sports include: baseball, gymnastics, track and field events, and volleyball.
4. Standard of Care –A comprehensive list of services provided by a qualified health care professional to a student-athlete. This list not only includes emergent care, but also includes preventative healthcare services. In 2007, the NATA Appropriate Medical Coverage for Intercollegiate Athletics (AMCIA) classified the following as preventative healthcare services that aid in providing a quality standard of care of an athlete:
 - a. Determination of athletes’ readiness to participate, in conjunction with the team physician (e.g., pre-participation evaluation and post-injury/illness return)
 - b. Risk management and injury prevention
 - c. Recognition, evaluation and immediate treatment of athletic injuries/illnesses
 - d. Rehabilitation and reconditioning of athletic injuries
 - e. Psychosocial intervention and referral

- f. Nutritional aspects of injuries/illnesses
 - g. Health care administration
 - h. Professional development to maintain and improve knowledge and skills
(National Athletic Trainers Association, Task Force to Establish, Appropriate Medical Coverage for Intercollegiate Athletics (AMCIA), revised June 2007, p. 6).
5. Middle school – The students in Grades 6, 7, and 8 are included in this classification in 2012. However in Texas, sixth grade students are not allowed to participate in competitive athletics at the public schools.
 6. Return to play – A “process of deciding when an injured or ill athlete may safely return to practice or competition” (Herring et al., 2002, p.1).
 7. District Athletic Director – A member of the school district administration that serves as a leader of the athletic department promoting and fostering a positive learning environment of athletic experiences for student-athletes and oversees the fiscal responsibilities of the athletic programs within the district of high school and middle school athletic programs.
 8. UIL – “The University Interscholastic League exists to provide educational extracurricular academic, athletic, and music contests” (About the UIL., n.d.).
The UIL governs the academic, athletic and artistic competition of its members (schools) in state and region championships and provides guidelines, policies,

procedures and recommendations to which its membership should adhere for the safety and well-being of the students.

Significance of Study

The result of this study could invoke change as it relates to the health and safety of middle school athletes by increasing the standard of care provided to middle school student-athletes. Stakeholders within the school districts could better understand the need for employing athletic trainers at the middle school level and evaluate their current practices by revealing best practices to ensure the health and safety of athletes during athletic participation. In addition, this could assist in the implementation of consistent standard of care for the middle school student-athlete. At a higher level of implementation, this could cause governmental and/or UIL policy change that would mandate the implementation of a qualified athletic trainer for medical coverage during athletic participation at the middle school level.

CHAPTER II

REVIEW OF LITERATURE

In the State of Texas public school secondary setting, athletics is a part of an enormous amount of the adolescents' culture. With the nature of athletics and the physical demands placed on the athlete's body, injury is inevitable. Injury risk is an inherent attribute in the participation of athletics and happens when athletes least expect it.

Knowing the appropriate standard of care of an acute or chronic injury is vital in the healing of an injury and the continuation of sport participation. The purpose of this review is to explore the standard of care in secondary school settings, particularly in the middle schools, in athletics and discuss the secondary school setting as it relates to athletics, the role of an athletic trainer as a healthcare provider, and current regulations in the state of Texas in regard to the standard of care of adolescents in the secondary school setting.

Developing Adolescent

In the literature, the adolescent is in a transitioning age group: from childhood to adolescents and from adolescents to young adult. Healthy People 2020 a federal government organization developed by the Department of Health and Human Services, compiled data for the 2008 census indicating adolescents ranged from "10 years to 19 years of age and make up 21 percent of the United States population"

(Healthypeople.gov). The National Association for Sport and Physical Education (NASPE) developed a position statement in 2002 identifying the age group for middle school students was between 10 to 14 years of age and who attended the 6th through 8th grade.

NASPE further stated that this age group represented a unique sector of the population due to the progressive developmental stages with the physical, social, emotional, and intellectual constraints of the age group. As a result, in order to foster the needs of the students academically, psychologically, socially, and physically, this results in almost all middle schools implementing extracurricular activities, such as sports, to complement the progressive developmental stages of the students. Based on the results of a national survey “96 percent of all public middle schools had competitive interscholastic sports programs” (McEwin & Swaim, 2009, p.51). Yet, there is controversy over how interscholastic athletics should be implemented within middle schools.

At the middle school level, the athletic skill of a student athlete participating in interscholastic sports varies tremendously. July 1998, it was estimated that there were at least 30 million children participating in sport activities (Hergenroeder, 1998). With this participation comes the risk of acute and overuse injuries. However, when it comes to classifying injuries of an adolescent, numerical age does not classify the physical and physiological development level of an athlete like the “occurrence of puberty” and “skeletal maturity” of the individual athlete (McLeod, et.al., 2011).

Adirim and Cheng (2003) identified the school age children, 6 to 18 years old, as the highest population that have emergency room visits. The physical and physiological differences in adolescents are a contributing factor to the susceptibility of injuries. “Factors that contribute to this difference in vulnerability include: children have a larger surface area to mass ratio, children have larger heads proportionately, children may be too small for protective equipment, growing cartilage may be more vulnerable to stress and children may not have the complex motor skills needed for certain sports until after puberty” (Adirim & Cheng, 2003., p.75).

Earlier Hergenroeder, 1998 identified several mechanisms that could possibly reduce injuries, with one involving proper medical coverage of the sport event. It was suggested that, having qualified medical personnel at games would allow for a more prompt and efficient diagnosis and provide optimal care for an injured athlete (Hergenroeder, 1998). In 2011, The National Athletic Trainer’s Association took the position regarding the prevention of pediatric overuse injuries and provided recommendations for the best practices for related sports overuse injuries, such as limiting the number of pitches a young adolescent could throw in a game.

In relation to medical supervision, in the position statement it was recommended that youth in interscholastic sports should have an adult “...who has knowledge and training in monitoring for overuse injuries,” in addition to medical personnel are needed to “recognize, evaluate, and rehabilitate suspected overuse injuries” (McLeod, et.al, 2011., p.207).

Injury of Adolescents in Sports

It has been suggested that “the challenge is to reduce sports injury rates to their lowest possible level by applying preventive interventions developed through evidence-based science” (Yard, Christy, Collins, & Comstock, 2009, p. 645). Injury surveillance has been effectively used in the high school and collegiate setting since 1979 to provide accurate information on a variety of topics, such as, population of injured, severity, reoccurrence of injuries, specific location of injury, type of injury and sport that injury occurred (Alles, Powell, Buckley, & Hunt, 1979).

Since 2005, the implementation of The National High School Sports Related Injury Surveillance has been used nationally to provide a snapshot of what injuries are occurring at the high school level. However, The National High School Sports Related Injury Surveillance has been compared to the collegiate NCAA Injury Surveillance System. This injury documentation program uses athletic trainers as their sole reporting source, with the acknowledgement that not all high schools have an employed athletic trainer to report the injury data. Other programs have used coaches and other administrative personnel when athletic trainers have not been available.

Goldberg, Moroz, Smith, and Gantley (2007) reviewed the literature regarding injury surveillance and identified that the most popular studies in the secondary setting, but failed to include how sporting injuries at the middle school were collected. In the same year, Goldberg, et al. (2007) indicated that what was labeled an injury was not consistent from study to study. However in the most current studies, the researchers have

classified a reportable injury as an injury that has occurred during athletic participation that required medical attention for the initial evaluation from a qualified healthcare professional, such as an athletic trainer or team physician, in order to return to participation (Goldberg, et al, 2007). One study by Weaver, Mueller, Kalsbeek, & Bowling (1999) conducted in the North Carolina High Schools defined an athlete that sustained an injury during the high school sporting event and needed to seek medical attention by a medical professional as a reportable injury (Weaver, Mueller, Kalsbeek, & Bowling, 1999). Similarly in the Children's Hospital of Philadelphia Injury Surveillance study stated an injury that was evaluated by the school's athletic trainer or team physician were reported regardless of any type, severity, and treatment (Greg, Roye, & Why, 2003). Injury surveillance research has been used to help identify ways to reduce injury and apply preventative measures and use medical professionals such as athletic trainers to report injury. However, none of the investigators of studies identified the impact of the implementation of qualified medical professionals, such as athletic trainers, as a means to reduce the injury rate.

Standard of Care in Secondary Schools

There is absolutely no way to eliminate the risk involved during sport participation. However, there is a level of standard of care that should be provided. The standard of care entails providing ongoing prevention, care, injury, and illness management to athletes. Recommended guidelines for the standard of care was developed within the Appropriate Medical Care for Secondary School Age Athletes

Consensus Statement (AMCSSA); (Almquist, et al., 2008). The AMCSSA Consensus Statement reported the recommendations for secondary school athletics at the high school level, but does not reflect any middle school athletic participation recommendations even though middle school athletics are a part of the secondary school setting. According to the Safe Kids Worldwide (SKW) organization, a proven intervention for the reduction of injuries of adolescents in athletics begins with having “sports programs with adults on staff who are Certified Athletic Trainers are ideal because they are trained to prevent or provide immediate care for athletic injuries” (Safe Kids Worldwide, 2011).

Over the past several decades, researchers have conducted investigations related to the secondary school setting in regards to some aspect of medical care. However, the researchers have excluded the middle school setting, as well as specifically in the State of Texas (see Appendix A). For instance, in 2010, Feder, Frey, Sleight, Pendergraph, and Smallman surveyed California high schools and identified 62 percent of the high schools had implemented some type of standard of care by providing an athletic trainer on campus. From California to New York to Hawaii, no known researcher has examined the standard of care being provided to the entire athletic population within the states. Furthermore, the middle school setting was not mentioned. However, especially in the State of Texas, injury management has the standard of care has been in the fore front of legislation. The University Interscholastic League, UIL, is the governing body that provides the guidelines, makes recommendations, and enforces the mandates for the standard of care in the athletic setting.

Role of the Athletic Trainer

There is continually a reiteration for the necessity of providing a safer environment for sports participation in all levels of sports and “community leaders explore every opportunity to make interscholastic athletic programs safer for participation” (DeWitt, Unruh, & Seshadri, 2012., p.91). An athletic trainer has been recognized by the American Medical Association as a health care professional that can provide a multitude of services to client/patients in a variety of setting. The implementation of an athletic trainer at secondary schools has been recommended by the American Medical Association since 1998 due to the scope and practice of an athletic trainer. The scope of practice of an athletic trainer has continued to evolve and improve over the past decade, all a while maintaining the integrity of allied health care professionals through the six main athletic training educational domains (Fincher, Boyle-Walker, Brown, & Detwiler, et al., 2010). This has allowed athletic trainers to become better prepared to provide a higher quality standard of care for all types of situations, emergent and non-emergent, in the athletic setting. However, “the statistical breakdown is surprising: we have one Certified Athletic trainer (ATC) for every 255 professional and collegiate athletes compared to only one ATC for every 5,500 high school athletes” (Stopka, & Kaiser, 1988., p. 322). Feder, Frey, Sleight, and Pendergraph in 2010 investigated medical coverage of high school athletes in California by surveying 1,243 participating schools and identified that out of 905 of the participating schools, 560 reported to have some type of athletic trainer. However, when identifying if

the school had an athletic trainer on campus, some schools did not specify whether it was a noncertified, certified, or student trainer. To date there is no research investigating the implementation of athletic trainers at the middle school level and their effectiveness on the reduction of athletic injuries and the reduction of budgetary cost for athletics.

Requirements in the State of Texas for the Standard of Care in Athletics

In the State of Texas the University Interscholastic League (UIL) governs extracurricular activities including academic, musical contests, and athletics in the public schools. The UIL adheres to the Texas legislature in any issue regarding the safety of in student-athletes and mandates safety requirements. It also provides recommendations and links to health and safety resources for Athletic Directors, Coaches, and Athletic Trainers. This governing body, UIL is what the public schools must adhere to for providing quality standard of care in athletics. As stated in Senate Bill 82 all coaches and athletic trainers must complete an annual safety training course that discuss issues that can occur while participating in sports related activities. In addition to this training, the student-athletes must be trained on the risk of injuries associated with sports related activities.

With the rise of identified problems associated with concussions and their long term effects, the Texas legislature implemented a law termed the Natasha's Law, House Bill 2038 in 2011. In this law there is a specific protocol that an individual must go through if he/she is suspected of having a concussion. This specific concussion management protocol includes an oversight management team that excludes coaches and

uses one or more qualified health care professionals such as: a licensed physician who has received concussion training, a Texas licensed neuropsychologist, Texas licensed physician assistant, Texas licensed athletic trainer, and a Texas licensed advanced practice nurse as a part of the Concussion Oversight Team (COT) (Texas House Bill 2038, Texas H.R.82R., 2011). If one or more athletic trainers are employed in the school district, then at least one of the employed athletic trainers must serve in conjunction with a licensed physician on the COT. However, with other injury management, the UIL has only provided recommendations on how to manage basic injuries or illness for the athletic staff at the most basic level of injury care and has not developed requirements for the qualifications a health care professional can be used in the athletic setting (UIL, Athletics Health and Safety).

As of 2013, the lack of data regarding providing quality standard of care in the public school setting for middle school student-athletes in the State of Texas is shocking. Based on this review of the literature, research focused on the quality standard of care for middle school student-athlete is warranted.

CHAPTER III

METHOD

In this qualitative research design the grounded theory approach was used to investigate school districts' procedures for the standard of care for middle school athletes. "Two primary characteristics of this design are constant comparison of data with emerging categories and theoretical sampling of different groups to maximize the similarities and the difference of information" (Creswell, 2003, p. 14). The purpose of this study was to determine common themes used by stakeholder members in the DFW Metroplex public school districts in their decision-making process of identifying the need for quality standard of care of athletes at the middle school level of competition and to make recommendations regarding how this service can be fiscally accomplished.

Researcher's Role

Pitney and Parker (2009) illustrated that the researcher is an integral part of the qualitative process, potentially emitting reflexivity throughout the qualitative research process. Reflexivity can be a problem within a research study because a researcher's personal interest can overshadow present bias. Watt (2007) suggested that the researcher must be cognizant of the reasons behind conducting the research because it can create a flawed study if the researcher's bias is tainting the study. In order to create trustworthiness within the research study credibility, transferability, and dependability must be intact, creating a balanced research study (Pitney & Parker 2009).

The researcher's professional occupation as an athletic trainer shaped the interest of the research study to investigate how school districts provide a standard of care to middle school athletes. The researcher's perspective is from an athletic trainer's point of view whereas the participants were from solely an administrative position. The intention of the researcher's role was not to inform the participants but to delve into the experiences and stories of the participants to better understand their view point on the standard of care of middle school athletes.

Participants

When discussing athletic programs, there are a vast number of stakeholders involved in the Texas public school system such as: local district's Board of Trustees, the Superintendent, District Athletic Director, parents, and student-athletes. Student-athletes are the most important stakeholder; however athletes have no authoritative decision making power on how the athletic programs are governed. The District Athletic Director is a member of the school district's central administration and leads the athletic department in a variety of administrative ways. In addition to the Athletic Director of a District's Athletic Department, there are numerous variations of the Athletic Director's role within the Texas public school system depending upon the size of the local school district, such as: Athletic Directors can oversee one school, multiple schools, or an entire district. In this study, the District Athletic Directors that manage the entire Athletic Department for the district were the participants in this study.

Due to the vast number of North Texas area public school districts within the DFW Metroplex, the District Athletic Directors that were invited to participate

represented a school district that had a minimum of three high schools within the district that compete at the 4A or 5A level in football and boys and girls basketball, have a minimum of three middle schools that feed into the 4A or 5A high schools, and all school districts are members of University Interscholastic League (UIL). Sixty-eight school districts are located in with the DFW Metroplex, with only 18 meeting the above criteria. Due to the researcher's employment at one of the DFW school district's that met the criteria; only 17 District Athletic Directors were invited to participate. The school districts who met the criteria for the study included Arlington, Carrollton-Farmers Branch, Crowley, Dallas, Denton, Fort Worth, Frisco, Garland, Grand Prairie, Irving, Keller, Lewisville, Mansfield, McKinney , Mesquite, Plano, Richardson (See Appendixes B for the UIL 4A and 5A Alignment). The reason for interviewing the District Athletic Director of the selected school districts was to examine the perspective of the stakeholder that implements and enforces athletic policy and is responsible for the district's athletic budget.

The District Athletic Directors that met the criteria for participation were first contacted by email requesting their participation in the study. The participants were given a 5-day grace period before the researcher contacted them by telephone. Only one responded to the researcher's email and was immediately contacted by the researcher to discuss the protocol for the study. After the 5-day grace period, the researcher began to contact the other 16 District Athletic Directors by telephone to discuss their participation in the study. In the first round of calling, the researcher was only able to contact 10 District Athletic Directors. For reduction of risk and to increase "protecting the identity"

of the respondent, the researcher informed the participant that data about their respective school district would be confidential (Denzin, & Lincoln, 2003). All 10 District Athletic Directors agreed to participate in the study and were mailed the consent form. Once the researcher had received the signed consent form back from the District Athletic Directors, the researcher emailed the demographic survey to them and began to telephone the District Athletic Directors again to schedule a date and time that was convenient for them for the interview.

In the second round of communication by telephone, two Athletic Directors responded. One Athletic Director sent the consent form and demographic information back to the researcher, however never returned the researcher's telephone calls to set up a specific date and interview time. Another Athletic Director verbally agreed to participate and was sent the consent form to complete yet never returned the signed form. After 7 business days the researcher contacted the potential participant's office several times and never was able to talk with the Athletic Director directly.

Since the researcher did not receive a response from the other five District Athletic Directors, the researcher sent a certified letter illustrating the study and signature section on the letter requesting a response indicating acceptance or declining participation. Three Athletic Directors did not respond either way, one replied back with a response of no participation at this time and one Athletic Director agreed and participated in the research study. This resulted in a total of 11 District Athletic Directors who participated in the study.

The informed consent developed by the researcher and approved by the Texas Woman's University Institutional Review board identified the purpose of the study, potential risk, and potential benefits to the participant as well as identifying that the participation was entirely voluntary and could be ceased at their discretion (See Appendix C). Prior to all interviews, the consent forms were mailed back to the researcher. Once the researcher received the consent form, the researcher sent the demographic survey by email. The majority of the participants sent the demographic survey back by email or standard mail prior to the interview (See Appendix D). This allowed the researcher to review the information prior to the interview. The participants that did not provide the demographic survey prior to the interview date provided the information at the interview. All 11 interviews were conducted in the administrative offices of the District Athletic Directors. Following the completion of all the interviews the researcher sent a hand written thank you note to each District Athletic Director.

Instrument

The interview questions were intended to explore areas of the participants' administrative role as District Athletic Director and identify how the participant managed situations that must be addressed (See Appendix E). Though the questions were scenario based, they were not intended to be intimidating. Therefore, the interview approach was to build a relationship with the interviewee, by having an informal conversation with the participant prior to the beginning of the interview. Piteny and Parker (2009) suggest that building a relationship with the interviewee will help set the tone of the entire interview. The interview questions were designed to create a scenario for the District Athletic

Director so that the participant could address a variety of administrator roles which they handle on a day-to-day basis as part of their role as a District Athletic Director, such as: parent involvement, media, fiscal responsibilities and legislative mandates. Open-ended questions served as a way to elicit meaningful responses. Additional probing questions were used to provide a clearer understanding of the question being addressed and for a more data-rich response of specific experiences and perspectives. There are multitudes of reasons why probing questions are used within face-to-face interviews; however the researcher used the probes for the three reasons. First, probing questions provide the researcher with the opportunity to extract more information from the participants in a controlled way. If the participant did not answer or alluded to something not related, the researcher can use a probe question to elicit a response in the direction of the initial question. Secondly, this allowed the researcher to help the respondent to clarify or explain more fully his/her thoughts. The third reason was to reinforce the validity of the interpretation of the interviewee's position on the topic (Klenke, 2008). Below are the primary questions and the potential probing questions that could be asked, if necessary, during the interview.

The development of the common questions for the interviewees was used to identify their knowledge of the implementation of standard of care for student-athletes and their opinion regarding its value.

1. How would you answer a middle school parent who asks you what is the standard of care _____ISD provides my son at football practice?
 - a. Probe: How about a game?
 - b. Probe: How might your answer differ if the question was of the other sports in which middle school boys are participating?

2. How might you answer a parent if the question was about her middle school daughter playing basketball?
 - a. Probe: Practice or Game?
 - b. Probe: How about other sports in which middle school girls participate?
 - c. Probe: If the football and basketball questions had been asked about high school athletes' standard of care, how might your answer differ?

3. We know the media has a great influence on public opinion. High school football in Texas is a media favorite in the fall. If a Television reporter or a reporter from a newspaper such as the *Dallas Morning News* ask you for an interview: How would you explain the standard of care in _____ISD if a middle school player collapsed and died during practice this afternoon?
 - a. Probe: How might your answer differ if the death was during the game?
 - b. Probe: How might your answer differ if the death was in the high school setting?

4. What kind of insurance does your district have to cover the medical expenses for a severe injury of an athlete?
 - a. Probe: How is it cared for if the parents do not have any medical insurance?
 - b. Probe: Do you have any printed material that you give to parents, not to student-athletes, that would be a source of information that I may review?

5. If a middle school athlete becomes injured during practice, how is the decision made to determine that the injured athlete is physically ready to return to play?
 - a. Probe: How about during a game?
 - b. Probe: What qualifications must a person have to make the "return to play" decision?

6. In the demographic information that you provided you mentioned the total high school athletic budget as being _____. Does each school have the same budget?
 - a. Probe: What factors would account for the differences between the 4A or 5A schools within the UIL districts as it relates to football and basketball?

7. You have been given the responsibility of writing legislation to address the standard of care in middle school athletics in 4A and 5A UIL Districts in Texas. What would be your minimum requirements?
 - a. Probe: How might it differ for practice and for competition?
 - b. Probe: In what ways would your legislation affect the standard of care for middle school athletics in _____ISD?
Based on your experience as an Athletic Director in Texas:
 - c. Probe: What would you anticipate to be issues of implementing your proposed legislation in the 4A and 5A districts?

8. In your opinion, by 2015, what do you perceive to be the status of athletics trainers and the standard of care for athletes at middle schools in Texas?

Pilot Study

Before the interviews commenced a pilot study was conducted to increase the validity of the interview questions. The interview questions were given to nonparticipants that were in the same geographical region that had experience as an Athletic Director and or an athletic trainer. From the athletic administration community the researcher asked a District Athletic Director that had met the criteria of the study, but was not able to be used in the study, to review the interview questions and probes to determine if they were appropriate to answer the study's research questions. In the athletic training community, a practicing athletic trainer reviewed the interview questions. The Athletic Director and athletic trainer deemed the questions appropriate and valid to ask the Athletic Directors. As a result, the researcher had no modifications of the original interview questions and thus began the process of conducting the 11 interviews.

Procedures

Each interview was digitally recorded using a Sony IC Recorder. The digital files were downloaded and stored on the researcher's computer in a protected folder. After all the interviews were completed the researcher contacted a professional transcription company to provide a means of transcription so that the researcher could input the transcribed material into NVivo10 to develop textual data for analysis. To ensure confidentiality of the data being transcribed by an outside entity the researcher provided the transcription service a Confidentiality Agreement to be signed and returned prior to transcription, as required by Texas Woman's University Institutional Review Board (See Appendix F).

For data management purposes the original copies of the data collected, the signed consent forms, demographic surveys, recorded audio files on a USB external drive and field notes collected by the researcher were stored in a locked file cabinet at the researcher's residence. Additionally backup copies of all the original copies of data were stored on the researcher's personal computer in a password protected file and an additional external USB drive as a precautionary measure of laptop malfunction or theft.

Within qualitative research "data analysis is an ongoing process involving continual reflection about the data" (Creswell, 2003, p. 190). With the use of interviews as the method of collecting data, the researcher identified that the qualitative research method that was the most suitable theory was the grounded theory approach. The interview data hopefully provided valuable information about the Athletic Director's experiences. The grounded theory approach was specifically used to develop the

framework and provide clarification of the data. This approach focused on the social context of how school districts are providing the standard of care for middle school student-athletes during competition and practice, as well as, identifying their monetary contribution to the safety of the middle school athletes.

After the interviews were transcribed, the data were uploaded to the computer generated software for qualitative research. NVIVO10 qualitative software was used to analyze the data. NVIVO10 provided the researcher the capability to upload transcribed material in a Microsoft user friendly interface (NViVO10, features and benefits) and to organize the interview responses that were associated with the specific research questions and probes. Once the uploaded data were organized, emerging relationships between coded concepts began to surface. Coding is the first step to identifying themes that emerge through the collection of data and is an essential systematic way to generate information. Ryan and Bernard (2009) outlined several techniques that were useful to begin identifying themes and identified the most common techniques such as word based techniques, cutting and sorting, and simply knowing your interview transcriptions thoroughly. These techniques were extremely useful to the researcher due to the novice expertise with qualitative research. The researcher compared the emerging themes from the interviews and examined and identified common decision-making processes and procedures used by school districts to determine the standard of care for middle school athletes and how this affects the safety of middle school student-athletes.

CHAPTER IV

RESULTS

The purpose of this study was to determine common themes used by stakeholder members in the Texas school districts within the Dallas-Fort Worth (DFW) Metroplex in their decision-making process of identifying the need for quality standard of care for athletes at the middle school level of competition and to make recommendations regarding how this service can be fiscally accomplished. The data collected came from two sources provided by the participants. The participants completed a demographic survey and returned the completed survey to the researcher prior to the face-to-face interview or the day of the interview (Appendix F). The data collected at the face-to face interview were obtained by digitally recording the answers to the open-ended questions which were subsequently transcribed by a professional transcription service. In this chapter, the findings will be separated into two sections: the demographic results and the interview results according to the research questions.

Demographic Results

Identified in Table 1, are the number of schools in the 4 major counties comprising the DFW Metroplex (Dallas, Collin, Denton and Tarrant) that met the criteria of participation in the study and the percentage that participated within that specific county.

Table 1

County Demographics of Participating School Districts

Counties	Met Criteria	Frequency	% Participated
Dallas	7	5	71.43%
Collin	3	2	66.67%
Denton	2	2	100.00%
Tarrant	6	2	33.33%
Totals	18	11	67.86%

Illustrated in Table 2 are the demographics of the participants' school district identifying how many students each school district had enrolled in the district and the number of high schools and middle schools in the school district. As with most 4A and 5A school districts, the school district has more middle schools than high schools and the determination of how those middle schools feed into the high schools is determined by each individual school district. The total number of schools within each school district is related to the total numbers of schools that compete at the 4A and 5A UIL athletic level. All of the school districts have 3 or more middle schools that feed into each of the 4A and 5A schools within the school district. Two school districts had a ratio of two middle schools for every one high school. Four school districts have a greater middle school to high school ratio that was identified as 2.5:1, 3:1, or 4:1.

Table 2

Demographics of the 11 Participants' School District

District Athletic Director Participants	City Population	Total students enrolled in school district	Total Number of 4A Schools in District HIGH SCHOOL 4A	Total Number of 5A Schools in District HIGH SCHOOL 5A	Total Number of Middle Schools that feed into HIGH SCHOOL 4A	Total Number of Middle Schools that feed into HIGH SCHOOL 5A
C	236,909	58,056	-	7	-	7
D	175,396	26,433	-	4	-	7
E	218,850	34,500	-	3	-	8
F	135,000	37,000	2	3	3	5
G	101,000	35,000	-	4	-	8
H	135,000	45,000	5	-	10	-
I	137,000	25,000	2	1	5	5
K	113,383	24,652	2	1	6	6
L	95,290	51,298	1	4	2	13
P	741,206	83,000	11	1	16	2
Q	40,530	34,000	-	4	-	6
		Totals	23	18	42	45

Compared in Table 3 are the high school athletic populations to the middle school athletic populations within each school district. Although each school district has variation in athletic population size, all of the school districts count their middle school population as a portion of the total athletic population. In addition, the figure delineates the number of athletes within each district compared to each other district. Indicated in Table 3 are the total number of athletes at the high school level and the total number of middle school athletes per participating school district. Seven of the 11 participating

school districts have a total number of middle school participation that populates 40% or more of their total athletic population for the entire school district. The other four schools' middle school athletic population was below 40% of their entire athletic population.

Table 3
Percentage of Middle School Athletes in the 11 Participant School Districts

School Districts	Total number of High School Athletes	Total number Middle School Athletes	Total Athletes in District	% of Middle School Athletes
C	4,090	1,514	5,604	27%
D	2,225	2,300	4,525	51%
E	1,923	1,829	3,752	49%
F	2,629	2,192	4,821	45%
G	8,953	2,019	10,972	18%
H	3,000	3,000	6,000	50%
I	2,770	2,380	5,150	46%
K	4,266	1,847	6,113	30%
L	5,350	5,650	11,000	51%
P	8,000	3,000	11,000	27%
Q	3,600	2,400	6,000	40%

Illustrated in Table 4 are the athletic populations separated into high school and middle school athlete totals. In addition, it indicates the ratio of high school and middle school athletes to athletic trainers within the district. The athletic trainers identified in this chart are categorized as an employee of the school district not a contracted athletic trainer. The table provides a holistic view of how many athletes for which one athletic trainer provides care. Out of the 11 participating districts only one school district employs athletic trainers specifically designated for middle school athletics. District F employs two part-time athletic trainers that equal one full-time athletic trainer. The responsibility of these two middle school athletic trainers is to provide coverage for the middle school athletic competitions and facilitate care, prevention, and rehabilitation of the middle school athletes within District F. The other 10 participating school districts do not employ athletic trainers for their middle school athletic. As a result the high school athletic trainers have the additional responsibility of providing care for middle school athletes. The high school athletic trainers' responsibilities for providing a standard of care for middle school athletes increase the ratio of student-athletes per each athletic trainer for which the athletic trainer is responsible. Sixty-four percent of the school districts add another 300 or more student-athletes per one athletic trainer when they have the additional responsibility of providing care to the middle school athletes. Nine of the 11 school districts have athletic trainers that are responsible for over 600 athletes per one athletic trainer; this includes the combined athlete population of high school and middle

school athletes. District G has a student-athlete to athletic trainer ratio of 1,372:1 and District K has a student-athlete to athletic trainer ratio of 1,019:1.

Table 4
Ratio of Athletic Trainers to Student-Athletes

School Districts	Total HS Athletes	Total HS ATCs	Ratio of ATCs to HS Athletes	Total MS Athletes	Total MS ATCs	Ratio of ATCs to MS Athletes	Total athlete population for district	Ratio of HS & MS Student Athletes to 1 AT
C	4,090	14	1:292	1,514	0	0:1,514	5,604	1:400
D	2,225	6	1:371	2,300	0	0:2,300	4,525	1:754
E	1,923	6	1:321	1,829	0	0:1,829	3,752	1:625
F	2,629	10	1:263	2,192	1*	1:2,192	4,821	1:438
G	8,953	8	1:1,119	2,019	0	0:2,019	10,972	1:1,372
H	3,000	10	1:300	3,000	0	0:3,000	6,000	1:600
I	2,770	6	1:462	2,380	0	0:2,380	5,150	1:858
K	4,266	6	1:711	1,847	0	0:1,847	6,113	1:1019
L	5,350	15	1:357	5,650	0	0:5,650	11,000	1:733
P	8,000	12	1:667	3,000	0	0:3,000	11,000	1:917
Q	3,600	8	1:450	2,400	0	0:2,400	6,000	1:750
Totals	46,806	101	1:483	28,131			74,937	

Note: The abbreviations for the table above. HS: High School, MS: Middle School, AT: Athletic Trainer.

*Indicates 2 employed part-time athletic trainers that make up 1 full-time position.

Reflected in Table 5 are the total numbers of athletic trainers employed in each school district and classifies them as a sole athletic trainer or in a dual position. The classification of sole athletic trainer indicates that an athletic trainer’s work responsibility is 100% athletic training. A dual position athletic trainer indicates that the athletic trainer employed with the school district has not only athletic training responsibilities, but also classroom teaching responsibilities. Fifty-four percent of the totals of employed athletic trainers serve a dual capacity. District F has employed 12 athletic trainers; however, two part-time athletic trainers make up one position for the middle school. The middle school athletic trainers in District F have fulltime athletic training responsibility, resulting in 6 athletic trainers in the district having sole athletic training responsibility and five having a dual responsibility.

Table 5
Comparison of Athletic Trainers’ Roles in the School Districts

School Districts	Total number of ATs in district	Sole position AT	AT serving as dual position	Percentage of ATs with dual responsibility
C	14	14	0	0%
D	6	2	4	67%
E	6	3	3	50%
F	11*	6	5	45%
G	8	8	0	0%
H	10	10	0	0%
I	6	6	0	0%
K	6	0	6	100%
L	15	5	10	67%
P	12	12	0	0%
Q	8	0	8	100%
Totals	102	66	36	54.55%

Note: Please note that AT indicates Athletic Trainer. * 2 part-time ATs equals 1 full time AT.

Research Results of the Interviews According to the Five Research Questions

In this section the results are reported appropriate to the 5 initial research questions.

Research Question 1: As of 2011, what does Texas require for the provision for the standard of care for students participating in athletics at the middle school level?

During the interviews a theme emerged with the District Athletic Directors referencing the state laws mandated for coaches in regards to the standard of care for athletes during athletic participation. One Athletic Director stated, “We spend a lot of time educating our coaches and athletic trainers and even our student-athletes on being safe.” Nine out of the 11 Athletic Directors referenced mandated state requirements for coaches to complete on an annual basis as well as keeping the coaches current in First Aid, CPR, and AED. The state mandate is known as the UIL Rules Compliance Program. This program requires coaches on an annual basis to review and complete an online training program developed by the UIL and submit their certificate of completion to their Athletic Director to keep on file. Several Athletic Directors indicated the frontline people are their coaches, and the standard of care for middle school athletes is the coaches, “but it is just the basic standard of care.”

Texas Senate Bill 82 signed as a law in 2007 “[R]equires safety training for all coaches or sponsors for athletic activities, and any marching band director. UIL has developed a safety training program that is available through the UIL Gateway as part of the Rules Compliance Program” (UIL website: <http://www.uiltexas.org/health/safety-training>). The UIL Rules Compliance program is an online course through UIL that all

coaches and athletic trainers must complete prior to the beginning of the current school year. Once completed all coaches and athletic trainers print out their certificate of completion and submit it to the athletic department for verification of completion. Texas Senate Bill 82 also indicates that students must be informed and have knowledge of the risk involved in athletic participation. Only 2 of the 11 Athletic Directors discussed educating the athletes as a part of the quality standard of care in middle school athletics, but did not elaborate further on the processes in place to educate the student-athletes.

Though only 9 out of the 11 discussed the safety requirements mandated for coaches to complete such as: CPR training, AED training and UIL Rules Compliance Training, another theme emerged in regards to mandated laws to which the athletic population must adhere. All of the 11 Athletic Directors referenced the concussion mandate of Texas House Bill 2038 in 2011, also known as Natasha's law. An Athletic Director stated, "... our coaches now have to be concussion aware of what those symptoms are and what they look like ...". The Natasha's law clearly delineates the concussion protocol and management team associated with providing a quality standard of care for any athlete who is suspected to have a concussion. Once an athlete is suspected of possibly having a concussion the athlete is removed and must seek professional medical attention. The coach has no role in the decision making process of whether the athlete can return to play. The decision is based on the concussion management team that includes a concussion trained physician and designated athletic trainer(s) within the school district.

Another theme that developed was how practice and games differed in how standard of care was provided for the middle school athletes. All District Athletic Directors participating school districts clearly identified that for practice at the middle school level for athletes the standard of care was left up to the coaches to make a determination on whether further evaluation of an athlete was needed. As one Athletic Director mentioned, “We do not have a full time athletic trainer there every day due to budget constraints.” No athletic trainers were on site to provide immediate care to middle school athletes during practice. As one Athletic Director stated, “... the standard of care at the middle school level ... is minimal on a practice basis.” This Athletic Director continued by stating:

“Our standard of care exists if there’s any injury that’s life threatening or tragedy like broken bones... and they [coaches] have to call 911. Bruises and things that require treatment, they do have access to our high school trainers. The coaches are trained to alert the high school trainers as to what happened and they will instruct them from that point on what to do as to whether to send the athlete to the doctor or whether to send them to the closest high school campus for them to be evaluated and referred for treatment.”

The majority of the participating school districts rely on their coaches to contact their respective feeder high school athletic trainer to make arrangements for a middle school athlete to be further evaluated. This evaluation is normally not done immediately and must wait until the following day and basic first aid is provided by the coaches. If it is during school hours then the nurse of the middle school might be called for treatment of the middle school athlete.

In contrast to middle school practices, the standard of care provided for middle school games differed drastically amongst school districts. Nine out of 11 of the school districts provided a higher level of standard of care during athletic competitions. The higher level standard of care amongst the school districts included the following: Employing a middle school athletic trainer to provide coverage for games, employing the high school athletic trainers in the school district to cover middle school events, or contracting an athletic trainer not employed by the school district to provide an enhanced level of medical coverage to the middle school athletic games. Two of the 11 school districts did not provide any additional coverage during games and both of these Athletic Directors mentioned that they use the high school athletic trainers as their main resource for the middle student-athlete population. One of two Athletic Directors stated:

“... the parents need to know that the trainer involvement is continuous. They need to know that that trainer even though we only have one high school trainer that oversees their feeder middle school, that trainer is every bit accessible ... and we just need to let the parents know that just because their [high school athletic trainer’s] office is at the high school ... [we have] an all-in compassing trainer who covers middle school and high school activities.”

Research Question 2: What is the current status of middle school standard of care as it relates to gender and type of sport?

The theme emerging from this research question identified that the girls in middle school athletics received the same standard of care as their male counterparts in the same sport. As it related to the type of sport, the theme that became apparent was that the Athletic Director used “some type” of risk assessment in the determination of the sports standard of care. The variation of providing a quality standard of care was based on how

each Athletic Director felt it should be done with their athletic monetary resources that were available and based on the risk involved with playing the different middle school sports. One Athletic Director described the risk assessment by stating "... There is inherent risk and if we couldn't have anything unless there was medical care, we probably couldn't do much." Two Athletic Directors commented that an evaluation of risk assessment was used to determine the need for higher level of standard of care. One of those Athletic Directors used the NCAA injury assessment and looked at the rate of injury of each sport, where as the other stated that middle school injuries "are not severe enough to warrant hiring an athletic trainer." The other nine Athletic Directors did not provided details on how their determination was made.

The standard of care for the middle school athletes as identified by the type of athletic training coverage the participating school districts provide is shown in Table 6. Football was the only sport that 9 out of the 11 school districts provided a higher level of standard of care by providing an on-site medical professional, an athletic trainer, for competition. This was due to the nature of the sport, being that football is designated as a contact sport. Out of the two school districts that did not provide on-site medical coverage for football competitions, one school district had a high school athletic trainer that was designated to be on-call for the event. Even though basketball is another sport that is considered as a contact sport for males and females in which middle school student-athletes participate, the standard of care was varied amongst the participating school districts. The other middle school sport that was identified as a contact sport was

soccer; however only one school district offered this sport to their middle school athletes and did provide athletic trainers and contract athletic trainers for competition. The standard of care for the other middle school sports, such as volleyball, tracks, and cross country varied amongst the participating school districts.

Five of the school districts used the high school athletic trainer as an on-call service to provide additional standard of care for the middle school athletes. These 5 school districts relied on the coaches to notify the high school athletic trainers of an injury so that they may handle the injury situation. During games four other school districts relied on the coaches to notify the high school athletic trainer if an injury occurred at a game and make arrangements for the high school athletic trainer to see the injured athlete the following day for a follow-up.

Two districts out of the 11 participating school districts provided a unique quality standard of care for middle school athletes during competition. One district provided coverage for all middle school sports by providing a contract athletic trainer in an unconventional manner. By providing a roaming contract athletic trainer the district was able to provide a higher level standard of care for the middle school athletes in all sports. The Athletic Director further clarified the roaming athletic trainer by separating it by sport:

1. Volleyball uses a roaming contract athletic trainer for all the middle school competitions. The athletic trainer will be at designated middle school volleyball location and if an injury occurs at another venue for volleyball, the athletic trainer will head to the injury site for further evaluation. Each week the roaming athletic trainer is at a different location.

2. Boys and girls basketball uses three roaming athletic trainers for the middle schools and if an injury occurs at another venue where coverage is not on-site a designated roaming contract athletic trainer goes to that site for further evaluation.
3. Track and field uses a contract athletic trainer is provided when a district meet is hosted at one of their middle school locations.

The other school district has employed two part-time retired middle school athletic trainers and hired contract athletic trainers as well to provide a higher level standard of care. One of the retired athletic trainers is classified as an itinerant athletic trainer, "... he travels between the eight middle schools ..." and "... works for the district 4 days a week and he makes appointments to see middle school athletes and parents." For the sports other than football, volleyball and basketball the coaches will notify the middle school itinerant middle school athletic trainer to make arrangements to follow-up with the injured athletes. The itinerant evaluates the middle school athlete and serves as a liaison for the middle school athletes and parents. The responsibilities for the itinerant athletic trainer include: facilitating the athlete's progression to return to play, referring the student to the high school athletic trainer if he/she needs rehabilitative activities, following up with parents, and making sure that the athlete is clear to participate by a physician or athletic trainer before returning to play. The athletic trainer bases his/her schedule around the middle competitions and when the coaches give him/her a call regarding an injury athlete that needs to be evaluated.

Table 6

Type of Athletic Training Coverage Provided for All Middle School Sport Competitions

School District	Contact Sports			Non-contact Sports	
	Football	Basketball <i>(boys & girls)</i>	Soccer <i>(boys & girls)</i>	Track/Cross Country <i>(boys & girls)</i>	Volleyball
C	HSAT On-site	HSAT On-Call		HSAT On-Call	HSAT On-Call
D	CAT On-site	Coach notifies HSAT to see injured athlete		Coach notifies HSAT to see injured athlete	Coach notifies HSAT to see injured athlete
E	None	HSAT On-Call		HSAT On-Call	HSAT On-Call
F	MSAT and CAT On-site	Coach notifies MSAT of injury	MSAT and CAT On-site	MSAT and CAT On-site	Coach notifies MSAT of injury
G	HSAT On-site	HSAT On-Call		HSAT On-Call	HSAT On-Call
H	CAT On-Site	Coach notifies HSAT to see injured athlete		Coach notifies HSAT to see injured athlete	Coach notifies HSAT to see injured athlete
I	CAT On-Site	CAT Roaming		CAT Roaming	CAT Roaming
K	CAT On-Site	Coach notifies HS AT to see injured athlete		Coach notifies HS AT to see injured athlete	Coach notifies HSAT to see injured athlete
L	HSAT On-Call	HSAT On-Call		HSAT On-Call	HSAT On-Call
P	HSAT On-site	HSAT On-Call		HSAT On-Call	HSAT On-Call
Q	CAT On-site	Coach notifies HSAT to see injured athlete		On-Site	Coach notifies HSAT to see injured athlete

Note: HS AT is High School Athletic Trainer; CAT is Contract Athletic Trainer;
MSAT is Middle School Athletic Trainer

Research Question 3: What is the current student-athlete “return to play” policy for the middle school athletes at the local level?

As the Athletic Directors responded to research question 3, a theme emerged that identified variance among schools districts on how they approached the return to play decision of an injured athlete at the middle school level. The theme that emerged was that the policy differed if the injury occurred during practice or during a game. Four areas categorized the discussion of the return to play decisions amongst the 11 district Athletic Directors in the study during a practice and in a game:

- athletic trainers decision at designated high school
- coaches decision
- contract athletic trainers decision
- physician decision

All 11 Athletic Directors, regardless of practice or game, unequivocally communicated that if the injury required a physician’s note or an athlete was seen by a physician then the decision would be based on the criteria that the physician had prescribed. As one Athletic Director put it, “we wouldn’t let kids back out there unless we have some kind of doctor’s note that let them back on the field.” This implied that the physician that the middle school athlete had seen for the injury must clear the athlete to return to play prior to stepping back out to participate in practice or a game. Another Athletic Director stated, “A doctor’s note supersedes anything that’s done.” All of the Athletic Director’s mentioned that the physician’s note had to be provided to the supervising adult of the school district, such as coach or athletic trainer.

During practice situations, the Athletic Directors explained their district protocol was to inform the athletic trainer of their respective high school feeder school about an injury that needs to be evaluated. The majority of the Athletic Directors stated that it was up to the coach to notify the high school athletic trainer and make arrangements for further evaluation. In addition, if the middle school athlete needed some form of rehabilitation and/or treatment on an injury he/she would have to go to the high school for the athletic trainer to supervise the service being provided. The athletic trainer from District F, which employs athletic trainers at the middle school level, stated that the itinerant athletic trainer is "... very instrumental in our return to play policy and oversees really the care in return to play from any injury or a concussion for any of our middle school athletes." During practice the employed itinerant athletic trainer does not cover all the middle school practices, however the protocol calls for the middle school coaches to notify the itinerant athletic trainer so that he/she can make arrangements to see the athlete or make recommendations if the athlete needs to go to a physician for further evaluation.

When the researcher asked if there were any differences in how the decision was made for a middle school athlete to return to play during a game, the responses varied. Athletic Director F identified that the return to play in a middle school game is going to differ in the football environment compared to other middle school sports. As far as football is concerned, the athletic trainer onsite for the game will make the return to play decision for the coaches, however for middle school basketball and volleyball it "falls in the lap of the coaches and that's why we do a staff development before school starts with

all of our coaches, and the huge part our staff development is safety training.” One Athletic Director stated that during a game, “the coach would make that decision.” Excluding football games, 5 of the 11 Athletic Directors stated that it would be the head coach’s decision to determine if the athlete can return to play during a game situation. An Athletic Director mentioned that if it is a court sport (i.e., volleyball, basketball) the decision is made by the coaches of the sport. Another Athletic Director pointed out that all 357 coaches in his district know to defer to the athletic trainer if they need further evaluation for an athlete. “We’re going to sit on it if there’s any doubt of anything.” He thought as if they are almost too careful to the point now where sometimes we keep them out when maybe they shouldn’t be kept out. He also stated “We’re going to rely on their (athletic trainers) expertise” to make medical decisions.

One Athletic Director stated that once the contract trainer makes a decision in the game it is upheld but then it is up to the coach to communicate after the game to the high school athletic trainer in order to begin the process of rehabilitation for the middle school athlete. The decision was still upheld even when the parent felt as if there should be a different outcome. The Athletic Director stated, “.... and we wouldn’t let a parent override a medical decision made by a medical professional.”

When the researcher mentioned concussions during a game, all the District Athletic Directors stated that due to the state law regarding concussions, the coaches could not make a return to play decision and the middle school athlete would not be able to return to that game if no athletic trainer was present at the game to make the

determination. Another Athletic Director identified that there is a concussion management team that each school district is mandated by Texas law. The district is required to put this team in place to help facilitate an athlete's to return to play that has sustained a concussion. The concussion team includes district athletic trainers and concussion trained physicians, but excludes the coaches in the return to play decision. Natasha's law involving the decisions to return to play of a concussed athlete by a medical professional and not the coach is currently the only law that has been established that prohibits the coach to make a decision regarding an injury. There are no other laws in the State of Texas or mandates made by the UIL athletic governing body that prohibits coaches to make medically related decisions for the safety of the athlete.

Research Question 4: What is the local budgetary status for the standard of care in middle school athletics and how is it determined?

The majority of the athletic departments are operating at approximately 1.5 to 2.0% of the total budget within their districts. All 11 Athletic Directors indicated that the distribution of funding going to each school's athletic program is the same amount for each sport for middle school and high school. An Athletic Director stated that their athletic department has a base budget with all schools receiving approximately the same, however when separated further the district bases its funds on the student-athlete population, and as a result it may vary annually if one school has more student-athletes than another. In Table 7 a comparison of participating districts' athletic budget is provided that shows their entire district athletic budget and illustrates the separation of funds. Additionally, the table allocates the medical budget and contract medical coverage

budget within each school district. The stipends of the athletic trainers in the school districts varied amongst the participating schools on how the funds were allocated, however they were excluded from the medical budget. The theme that emerged in relationship to budget was that each school in the district was given the same amount of funds as another school in the district. The majority of the school districts divided it up equally. One Athletic Director stated, “All schools are dividing up equally by sport and medical budget.” While two of the school districts identified that it was based on the amount of students that were participating in athletics per school. All middle school athletic programs get the same amount per students based on the funds that are provided. Another Athletic Director’s viewpoint on the allocation for budget for schools was based on athletic participation and the number of athletic teams at each school.

One Athletic Director has implemented a 5-year cycle program to cover athletic expenditures with items such as equipment and uniforms which have been built into a bond program that the athletic department developed. He stated “We try to pass a bond every 5 years and we have a 20-year master plan as well we put together.” This allows for the infrastructure of athletics to be maintained, capital expenditures to be taken care of, and other components of the athletic department to be taken care of annually through annual budgetary needs.

The allocation of monies for districts’ medical budget entails supplies necessary to provide quality standard of care for student-athletes. Seven of the 11 school districts combined their medical coverage budget and indicated that the high school medical

budget provided necessary supplies to the feeder middle schools. Contracted medical coverage encompasses an outside entity to provide a quality standard of care by using athletic training coverage for the student-athletes during middle school and high school athletic events. Two school districts identified that the contracted medical coverage budget was primarily for middle school football.

Four Districts had no funds allocated for contracted medical coverage for middle school and relied solely on their employed athletic trainers at the high school level to provide coverage for all their athletic venues. One Athletic Director stated that he has “never contracted for middle school events, only high school.” The medical coverage in his district is provided by the high school athletic trainers in the district on an on-call basis. Two school districts have a shared contracted medical coverage budget that is used by any school within the school district that needed to provide medical coverage for an athletic event. One of these Athletic Directors stated that contracted services “is one pot of money for the high school, one pot for the middle school.” So if one school has a greater need because of other events then we will draw from that pot of money so they can have coverage.

Only 4 school districts provided a medical budget specifically for middle school. School district F had a middle school medical budget of \$59,200 for all 5 middle schools. The Athletic Director stated of the \$59,200, \$14,000 was designated for contracted medical coverage, therefore only \$45,200 was specifically allocated for medical supplies. Another Athletic Director stated that the medical supplies for the middle school are

provided by the high school to an extent. “When they go to get treated at the middle school level, the coaches can use their individual athletic budget if they want to keep their own kit. Stuff like that, they take it out of their allotted sport budgets.”

Table 7

Comparison of High Schools and Middle Schools Athletic Budget for the Medical Budget and Contracted Coverage in Each District

District	Total HS	Total MS	Total district athletic budget HS	Total district athletic budget MS	Total medical budget HS	Total medical budget MS	Total contract medical coverage budget HS	Total contract medical coverage budget MS
C	7	7	2,484,000	-	21,295	-	-	-
D	4	7	733,500	105,000	23,000	-	-	5,400
E	3	8	624,010	169,215	44,700	-	-	-
F	5	8	1,338,300	294,400	186,500	59,200	7,500	14,000
G	4	8	701,000	49,600	60,000	-	-	-
H	5	10	3,600,000	1,900,000	85,000	58,800	40,000	18,000
I	3	10	2,600,848	632,077	154,745	-	40,000	-
K	3	12	1,400,000	80,400	91,200	-	7,073	-
L	5	15	1,000,000	200,000	770,000	20,000	10,000	-
P	12	18	6,500,000	-	460,000	-	-	-
Q	4	6	900,000	306,000	44,000	6,000	6,000	4,000

Note: The abbreviations are for the table above. HS: High School, MS: Middle School

The researcher investigated how the district cares for an injured athlete in regards to further evaluation and treatment by a physician, in relation to the insurance that was provided by the school districts. One theme that emerged related to the districts carrying catastrophic insurance for severe injuries. Seven of the 11 Athletic Directors indicated that their school district carried catastrophic insurance for injured athletes. In order to be classified as catastrophic, the cost incurred for an injury has to be above a designated amount, predetermined by the insurance rate that the district pays. One Athletic Director stated that the district has catastrophic insurance for athletes but it is “very limited.” Another said their catastrophic insurance is “lumped into the insurance policy that we carry.” Regarding the athletic department that did not carry catastrophic insurance on student-athletes, their Athletic Director stated that in the past, “Some of our Booster Clubs through the years have purchased catastrophic insurance for some of the sports, but I don’t know if any of them are doing it now.” The remaining three schools, 27%, did not delineate if they had a policy for catastrophic injury, but they did identify having a secondary policy for athletes that was provided by the school and/or a secondary policy for which the family of the student-athlete could purchase.

In addition to catastrophic insurance, each school commented that the district provides or makes an insurance policy available to athletes’ families to purchase a supplemental insurance policy for injuries which occurred during athletic participation. None of the Districts require athletes to have insurance in order to participate. Further, one Athletic Director reported that it is illegal to require athletes to have insurance. Six

out of the 11 Athletic Departments offer a secondary policy that covers all athletes whether they have insurance or not. In one District the policy covers “70 percent of our student-athletes that do not have insurance coverage, so our coverage becomes their primary ... the policy is secondary in nature, however it’s pretty comprehensive when kids do not have any insurance.” Only 2 school districts offered both a secondary policy that the school purchased and an additional supplemental that the family of the student-athlete could purchase. Five of the 11 school districts did not provide a policy for student-athletes, but did offer a policy at a discounted rate available for the family of the student-athletes to purchase. One athletic department purchases secondary insurance for high school student-athletes, however not for middle student-athletes. The middle school athletes can purchase the supplemental policy that has been made available by the Athletic Department. The school districts that do not provide insurance for the athletes all have the athletes and parents sign a waiver at the beginning of every school year informing the parents of the athletes that no insurance is being made available if an injury occurs during athletic participation. Only one district requires the athlete’s parents to inform them if they have insurance or not. Several of the Athletic Directors mentioned even though they have an insurance policy that covers the athletes, it has been brought up in discussions to eliminate this option due to budget constraints.

Research Question 5: By 2015, what is the perceived status of standard of care for student-athletes at the middle school level?

A theme resonated throughout all of the Athletic Directors’ responses was that safety is a priority in middle school athletics in the DFW Metroplex and that the Athletic

Directors by 2015 would be ecstatic if they had athletic trainers at each middle school.

As one Athletic Director stated, “The safety of the kids has got to be the key and I think that every school district in Texas or anywhere should do that.” Though safety is a priority related to middle school athletics, the consensus of all the Athletic Directors was that their budget did not allow for this to occur. One Athletic Director stated that everyone is in a scale back mode:

“So right now in this present form, I think most school districts are providing a reasonable amount of care to middle school because they have access to licensed high school trainers within a few minutes from their campus. In emergency situations ... I mean, personally, would it be nice if we had the ability to put a trainer at every middle school? Sure, it would be great in a perfect world in a Utopian society.”

Another Athletic Director stated:

“I don’t think you can put a price on some of that training stuff, so it’s really unfair but, ultimately it’s always coming down to money. If money was no object, then we could have a trainer at every campus. I think that that would be wonderful for kids and our coaches because we ask our coaches to be trainers. That’s what we do with the junior high so we spend a lot of effort training coaches and they’ve got to be cognitive of what’s going on around them. Most coaches have a P.E. degree and/or they were in classes that taught them first aid, basic things ...”

The consensus of the Athletic Directors’ perceived status of the standard of care for student-athletes at the middle school level by 2015 is that it will be unchanged from the current situation due to the attitude of the members of the state legislature in regard to funding in the State of Texas. The theme of increased awareness was recognized though which provided a hopeful outlook regarding safety in middle school athletics in 2015, once the business aspect was discussed by the Athletic Directors the hopefulness

diminished. In addition the Athletic Directors thought “over legislation” would be detrimental to the middle school athletic programs but that legislation needed to intensify the requirements for the coaches in first aid, treatment of injured athletes and assessment of injuries. As one Athletic Director stated:

“I think if we fail to make headway on school funding then we're going to find that our deficit in teacher staffing, coach staffing, athletic trainer staffing is going to stay the same or even get worse.”

Another mentioned the more emphasis the media has on safety from the professional athlete all the way down to the middle school athletes will provide a bargaining tool to be used with school districts. He mentioned that when you “start talking about safety, sometimes school budgets come up with more funds, if they can be convinced that it is going to help the safety of the athletes.” Another Director stated in order for things to have a drastic turn around in legislation you have to understand that:

“... it’s purely about the bottom dollar and it’s educating the decision makers. So you don’t have to twist their arms. You don’t have to force them but they understand there is a need for this and it’s all about taking care of the kids and the safety of your students.”

Several Athletic Directors provided some possible creative ways of increasing the level of standard of care at the middle school by placing athletic trainers at their middle schools. Likewise, they think if you can convince the decision makers that adding athletic trainers at the middle schools will increase the safety of the athletes the probability could increase at the middle schools. The following are the creative ideas that some Athletic Directors came up with to make athletic trainers available at the middle school level:

1. Have athletic trainers in the middle school teach at the middle school and then receive a stipend to work the middle school athletic programs.
2. Assign two athletic trainers to work specifically within the middle schools. Each of the middle school athletic trainers would be assigned to half of the middle schools in the district and provide a high level standard of care to the middle school athletes.
3. Hire athletic trainers for the middle school and give them a dual responsibility with middle school and high school and have a program in place like we have with our middle school coaches, where the middle school athletic trainers work their way up to the high school level. They would also be able to help out in the spring when sports are slowing down at the middle school level and going full force at the high school level.
4. Use District Athletic Association funds where everything done in the association is designed to benefit the athletes. Specify that funds allocated for a safety be used for hiring athletic trainers at the middle school level to provide a quality standard of care for all middle school athletic programs.

CHAPTER V

DISCUSSION

First in this Chapter the study and findings from this investigation are summarized. Second, a discussion about results related to prior research, limitations of this investigation, implications, and suggestions for future studies are presented.

Summary of Study and Findings

The purpose of this study was to determine common themes identified by stakeholder members in the Texas public 4A and 5A school districts within the Dallas-Fort Worth (DFW) Metroplex in their decision-making process of determining the need for quality standard of care for athletes at the middle school level of competition and to make recommendations regarding how this service can be fiscally accomplished. The increase drive to enhance the middle school athletes' skill level has posed a great deal of concern with the potential increase of injury. Although injury occurrence in the secondary school setting has been statistically identified as a problem and has been discussed abundantly in the media, the reality remains that there is only one mandated law in the State of Texas involving the standard of care for athletes and the rest of the recommendations serve only as guidelines. In addition, over the past 30 years there has been a multitude of researchers in a variety of states that have examined the standard of

care for athletes in the secondary school setting; however, no research could be located related to the middle school setting.

Within the North Texas area, the DFW Metroplex 4A & 5A public school districts provide a great array of schools with similar and different framework of their student-athlete population. This provided a great platform for the researcher to obtain qualitative data on the standard of care in middle schools. Though student-athletes are the most important stakeholder in the aspect of the standard of care, the athletes have no authoritative decision making power on how the athletic programs are governed. As a result, the researcher identified the Athletic Director as a viable participant because he/she is a member of the school district's central administration and is responsible for the final decision making for the district's athletic department.

The qualitative data were collected from 11 out of the 18 district Athletic Directors that competed in UIL athletics at the 4A or 5A level in football and men's and women's basketball and had 3 or more middle schools that "feed" into the high schools. The researcher conducted face-to-face interviews at the Athletic Director's place of employment. To insure that each interviewee addressed the same material, the researcher developed a set of questions for the interview based on the research questions. After the informed consent was given to the researcher from the Athletic Director, she provided the participant with a demographic survey to complete prior to the interview. During the interview, questions were asked by the researcher to gain clarification and further information from the demographic instrument and interview questions related to the

original research questions. A pilot study was conducted to determine the relevance of the questions and probes. Once all the interviews had been completed, the researcher sent the recorded audio tape to be transcribed at Lakewood Transcription Service. The data collected at the interviews were digitally recorded and transcribed to enhance the ability to generate textual data. The data were analyzed using the qualitative inductive process aided by qualitative research software, QSR NVivo Version 10.

The research questions which guided this study and the themes that emerged from the interviews to answer these questions are as follows:

1. As of 2011, what does Texas require for the provision for the standard of care for students participating in athletics at the middle school level?
 - a. There is only one mandated law in the State of Texas for concussion injuries and it removes the coach from the decision making process in regards to the standard of care for an athlete and requires a qualified healthcare professional to progress them through a set protocol in order to be qualified to participate after the injury.
 - b. The UIL in Texas requires the coaches to complete a safety education program annually.
 - c. Other important safety suggestions involving athletics serve only as recommendations for the public schools in the State of Texas.
 - d. The quality standard of care at practice and competitions in the middle school is minimal across the 4A and 5A DFW Metroplex public school districts.

2. What is the current status of middle school standard of care as it relates to gender and type of sport?
 - a. Girls in middle school athletics received the same standard of care as their male counterparts in the same sport.
 - b. Athletic Directors use some type of risk assessment in the determination of the sports standard of care.
 - c. The standard of care differed drastically among practices and games, relying heavily on the coaches to make decisions regarding injuries.
 - d. The athletic trainer to student-athlete ratio is inequitable.

- e. Provisions of on-site coverage for middle school athletic events were determined by the high risk assessment of the specific sport (contact vs. non-contact).
3. What is the current student-athlete “return to play” policy for the middle school athletes at the local level?
- a. The policy of “return to play” differed in practice and games
 - b. The return to play protocol for an injured athlete that did not require a physician visit was decided by the coaches and high school athletic trainers.
4. What is the local budgetary status for the standard of care in middle school athletics and how is it determined?
- a. Allocation of funds used to provide quality standard of care for middle school athletics is not equitable in relation to high school athletics.
 - b. The high school athletic trainer is used abundantly to provide a service of quality standard of care to middle school athletes.
 - c. Catastrophic insurance is provided by the majority of the school districts. However, providing secondary insurance was based on each school district’s athletic funding
5. By 2015, what is the perceived status of standard of care for student-athletes at the middle school level?

Safety of athletes is a priority amongst the school districts. However, if the local and state funding does not improve, the standard of care for athletes could stagnate or even decline.

Discussion

The themes that emerged from the interviews with the 11 District Athletic Directors acknowledged that the provisions for the standard of care for middle school athletics were not consistent among the schools districts due to the lack of mandated laws by the state and local budgetary allocations. Though the safety of athletes’ participation

in athletics permeated within the discussion of all the Athletic Directors, the approach on how to provide quality standard of care for middle school athletes was varied.

The safety of the middle school athletes appeared to be important to the Athletic Directors, but the lack of standard of care provided at the middle schools makes one question the current true importance of safety at the middle schools in the DFW Metroplex. There is risk in sports for all age groups so the question to be asked is, why is the standard of care in middle school athletics so minimal compared with high school athletics in the public schools within the DFW Metroplex? The Committee on Sports Medicine and Fitness (2012) identified an importance of having the knowledge of specific medical conditions that could affect an athlete's ability to participate successfully without further injury to self. The educational background of coaches related to medical topics such as medical conditions and complex emergency situations are limited and even non-existent. The astounding results of data analyzed by Safe Kids World Wide (2013) identified that sport related injuries are occurring in youth between the ages of 9 to 14 years of ages. Safe Kids World Wide (2013) findings identified that "47 percent of the sports related concussions" documented as an emergency room diagnosis were athletes between 12 and 15 years of age with no prior previous history of related injury. The goal of middle school athletics is to give any student the opportunity to explore and to participate in sports, but maintain an environment that is safe. Timpka, Finch, Goulet, Noakes, & Yammine (2008) theory is supported, which illustrated the continual promotion of participation in sport, yet safety, is largely disregarded. The vast number of

the athletes at the middle school level will transition into high school athletics and the others will become involved in other extracurricular or academic activities. Regardless where they transition, while these young students are in middle school, these athletes are developing their motor skills during sport participation and inherently have a risk associated with any sport participation.

During the interviews, the Athletic Directors identified that middle school athletics serves as building blocks for high school athletics and these young middle school athletes are not only getting the knowledge of the fundamentals of each sport but also preparing for high school athletics. Though the risk is a known factor and based on the interviews with the Athletic Directors' safety is a vital part of the entire athletics program, yet, the quality standard of care is inconsistent for student-athletes participating in middle school athletics. DeWitt, Unruh, & Seshadri (2012) research supported the discrepancies found in the 4A and 5A schools with the lack of standard of care, especially in the preparedness of the implementation of an emergency action plans. In order to offset this inconsistency, high school athletic trainers are being expected to be responsible for additional students at the middle school level as a part of their responsibilities as an athletic trainer, increasing the ratio of athletic trainer to student athlete immensely. This also is supported by DeWitt et al.'s (2012) research that identified that a qualified healthcare professional might not be readily accessible and could cause problems for facilitating proper care to an athlete. The Athletic Directors as a whole, indicated that there will be little or no change in the inconsistencies between

high school and middle school standard of care in the foreseeable future unless standards and requirements begin to change across the State of Texas, ultimately mandated by legislation and enforced by UIL. The decisions on the efficacy of providing a more consistent and quality standard of care at the middle school level will be based on the district athletic director's budgetary constraints.

Wham, Saunders, & Mensch (2010) reported that medical care improves with an increase budget and the research conducted supports their results. The school districts that allocated money specifically for the middle school medical budget allowed for medical supplies to be used for middle school athletes and provide increases in the coverage of middle school athletic events. Although budgetary constraints play a major role in the quality of standard of care, the provisions of on-site coverage for middle school athletic events were determined by the high risk assessment. Often times the middle school athletes are encouraged and even required to transition from one sport to the next, resulting in the middle school athlete participating in an active season throughout an entire year and being involved in at least one or more high risk sports. Yet a higher quality standard of care for the high risk sport of football is the primary budget concern with the districts and the other high risk sports such as boys and girl's basketball and lower risk sports (i.e., volleyball) become a lower priority. If an athlete who plays a high risk sport also plays a low risk sport and becomes injured in the low risk sport, what will be the parent's expectation of the care provided in the low risk sport be compared to the high risk sport?

When an injury occurs to a middle school athlete the return to play protocol for the injured athlete that does require a physician visit was decided by the coaches and high school athletic trainers. Herring et al. (2012) does not support this by indicating that the team physician should always be involved with the return to play protocol. This could be difficult to accomplish and be able to coordinate without the use of an athletic trainer serving as a liaison. Allowing the coach to make medical return to play decisions does not adequately reflect a quality standard of care being providing to the athlete (Almquist et al., 2008). Although the coach has the basic training on injury safety, his/her goals for success could “cloud” the decision for the athlete to return to play. Why would any coach want to make this decision, especially when it possibly could be a conflict of interest? The coach’s goal is to lead a team successfully through a season and the athlete wants to play and not disappoint the coach. The athletic trainer can provide the athlete with a nonbiased evaluation of the injury and provide a recommendation for play or removal based on the injury sustained. “Appropriate coverage at games provides the opportunity for prompt diagnosis, treatment, and, if appropriate, immediate rehabilitation” (Hergenroeder, 1998, p. 1059). However, if the athletic trainer is not on site and the coach calls the athletic trainer a complete assessment cannot be made quickly or in-depth over the telephone.

Conclusion

In conclusion, the quality standard of care for middle school athletics in 4A and 5A public schools in the DFW Metroplex is minimal. The Athletic Directors attributed this to a lack of funding and legislation. In the future, the Athletic Directors indicated if the local and state funding for public school districts does not improve, there will be no change and perhaps even a reduction of the quality standard of care provided to the middle school student-athlete population.

Implications

Based on the findings of this study, the following suggestions to enhance the quality standard of care provided for middle school student-athletes seem warranted. Hiring an athletic trainer for each middle school maybe fiscally unrealistic with the current constraints of the local schools districts' budgeting, therefore the following suggestions are offered to help Athletic Directors begin thinking about how to provide a better quality stand of care for their middle school athletic programs:

1. Hire an athletic trainer as a teacher at middle school and provide the athletic trainer with a stipend for their athletic training duties. This will allow for the athletic trainer to be immersed in the middle school community and get to know the administrators, coaches and student-athletes. The athletic trainer could have the same teaching schedule as the coaches, instead of coaching those athletic periods the athletic trainer could treat injured athletes during this time. This would free up the coaches to coach from having to handle the supervision of the injured middle school athletes as well as teach and coach.
2. Provide on-site athletic training coverage for all high risk sports at the middle school level, such as football, basketball, and soccer. All low risk sports use a ratio of one athletic trainer for every 3 schools and provide coverage for all schools on a rotating basis. The athletic trainer would develop a schedule to provide coverage for each middle school on a rotating basis and be on call for

the schools that are not being covered by an on-site athletic trainer. Therefore, if an injury does occur and, if feasible, the athletic trainer goes over to assess the injury in a timely manner.

3. Develop a contract through a hospital or clinic to provide outreach for athletic training services at the middle school level and have the district's attorney review and approve the contract. The athletic trainer will be employed by the hospital or clinic on a part-time or full-time basis. This athletic trainer could be present not only at games, but also during athletic periods of the day to provide treatment for the injured athletes.
4. Provide a liaison that will work with all the middle school athletic programs to keep track of the injured athletes and work on maintaining a quality return to play criteria that is safe for the student-athletes. This athletic trainer will serve to track middle school injuries in the district and provide a direct source for coaching staff, parents, and administrators. The liaison would be able to travel to the middle schools to treat and rehabilitate and provide a better quality of care to the athlete when returning to play. This person would provide coverage for sporting events at the middle school level on a rotating schedule.
5. Create an athletic fundraising foundation to acquire necessary money to establish athletic trainers at the middle school level. Allowing parents of athletes and the PTA at the school to become involved could help the foundation raise substantial money.
6. Remove the coach from the return to play decision of an injured athlete by developing a required protocol for all coaches to follow. The protocol would specifically outline the process to notify the designated healthcare professional about the injury and identify when an athlete should be removed from competition.

Suggestions for Future Research

Safety is a major driving force in athletics and providing quality standard of care is a major factor in increasing safety within athletics. The researcher explored the quality standard of care at the middle school level and identified that the quality was inconsistent across the participating 4A and 5A DFW Metroplex public schools. The following are

suggested further research studies that may contribute to the change in the current quality standard of care for middle school athletes.

1. A longitudinal study to track middle school injuries in the State of Texas which would document the injury occurrence at the middle school level by sport, the type of injury, identifying the initial responder who provided care, and the primary return to play releaser.
2. A study to address the opinions of other fiscal managers within school districts. Further studies could investigate other stakeholders' perspectives such as a board member and superintendent, since the present investigation was based only on Athletic Directors.
3. A study to investigate how the parents view their son's/daughter's quality standard of care in middle school athletics. This would allow their voices to be heard about their expectations and experiences with the standard of care of middle school-athletes and could have a positive outcome in the aspect of raising funds to increase the quality of standard of care for middle school athletes.
4. A study related to the coaches' perspective on how they perceive their role as a member of the decision making process related to athlete injuries.
5. A study to examine the ratio of athletic trainers to middle school student-athletes to high school student-athletes in the State of Texas by sport and gender.
6. A study to examine the standard of care at the middle school versus the high school for 1A, 2A, and 3A school districts in the State of Texas by gender and sport.

REFERENCES

- Adirim, T. Cheng, T. (2003). Overview of injuries in the young athlete. *Sports Medicine*, 33 (1): 75-81.
- Alles, W. Powell, J. Buckley, W. Hunt, E.(1979). The national athletic injury/illness reporting system 3-year findings of high school and college football injuries. *The Journal of Orthopedic and Sports Physical Therapy*, 1, 103-108.
- Almquist, J., Valovich McLeod, T., Cavanna, A., Jenkinson, D., Lincoln, A., Loud, K., Peterson, B., Portwood, C., Reynolds, J., Woods, T. (2008). Summary statement: Appropriate medical care for the secondary school-aged athlete: communication. *Journal of Athletic Training* 2008, 43,416-427.
- American Medical Association, Task Force on Certified Athletic Trainers in Secondary Schools. (1998). Report of the Council on Scientific Affairs American Medical Association Resolution H-470.995 Athletic Sports Medicine. Retrieved from <https://ssl3.ama-assn.org/apps/ecommm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=%2fama1%2fpub%2fupload%2fmm%2fPolicyFinder%2fpolicyfiles%2fHnE%2fH-470.995.HTM>.

- Anderson, M., & Hall, S. (1997). Sports injury management and the athletic trainer. *Fundamentals of Sports Injury Management*. Baltimore: MD: Williams and Wilkins, 8-9.
- Borkowski, R. (2004). Reducing the Risks. Coaching Management, Retrieved from <http://www.momentummedia.com/articles/cm/cm1202/risks.htm>.
- Committee on Sports Medicine and Fitness. (2001). American Academy of Pediatrics medical conditions affecting sports participation. *Pediatrics*, *107*, 1205-1209. doi: 10.1542/peds.107.5.1205
- Creswell, J. (2003). A framework for design. *Research design: Qualitative, quantitative, and mixed methods approach* (2nd ed.). Thousand Oaks, CA: Sage, 14.
- Denzin, N., & Lincoln, Y. (Ed.). (2003). *Collecting and interpreting qualitative materials* (2nd ed.). Thousand Oaks, CA: Sage.
- DeWitt, T., Unruh, S., & Seshadri, S (2012). The level of medical services and secondary school-aged athletes. *Journal of Athletic Training*, *47*, 91-95.
- Feder, K. Frey, C. Sleight, J. Pendergraph, B., & Smallman, D. (2010). Medical coverage of high school athletes in California. *Athletic Training and Sports Health Care*, *2*(2), 61-66. doi: 10.3928/19425864-20100226-05.

- Fincher, L., Boyle-Walker, K., Brown, S., Detwiler, K., Dieringer, K., McDonnell, D., Olson, B., Sauers, E., & Sexton, P. (2010). Athletic training services: An overview of skills and services performed by certified athletic trainers, final draft. *National Athletic Trainers' Association*.
- Goldberg, A., Moroz, L., Smith, A., & Ganley, T. (2007). Injury surveillance in young athletes: A clinician's guide to sport injury literature. *Sports Medicine*, 37, 265-278.
- Gregg, J., Roye, B., Why, K., et al. (May 2003). *Incidence of injury in eastern Pennsylvania high school athlete's*. Paper presented at the Pediatric Orthopedic Society of North America Annual Meeting, Amelia Island, FL.
- HealthyPeople2020. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=2>.
- Hergenroeder, A. (1998). Prevention of sports injuries. *Pediatrics*, 101, 1057-63.
- Herring, S., Bergfeld, J., Boyd, J., Duffey, T., Fields, K., Grana, W., Indelicato, P., Kibler, W., Pally, R., Putukian, M., Sallis, R. (2012). The team physician and the return to play issues: A consensus statement. *Medicine & Science & in Sports & Exercise*, 44(12), 2446-2448. doi: 10.1249/MSS.0b013e3182750534
- Klenke, K. (2008). *Qualitative Research In The Study Of Leadership*. Bingley, UK: Emerald Group Publishing Howard House.

- Lyznicki J. M., Riggs, J. A., & Champion, H. C. (1999). Certified athletic trainers in secondary schools: Report of the council on scientific affairs, American medical association. *Journal of Athletic Training, 34*, 272-276.
- McEwin, C. K., & Swaim, J. H (2009). Trends and issues in middle-level sports. Principal. Retrieved from http://www.naesp.org/resources/2/Principal/2009/M-J_p51.pdf
- McLeod, T., Decoster, L., Loud, K., Micheli, L., Parker, T., Sandrey, M., & White, C. (2011). National Athletic Trainers' Association Position Statement: Prevention of Pediatric Overuse Injuries. *Journal of Athletic Training, 46*, 206–220.
- Mueller F., & Cantu, R. (2010). Catastrophic Sports Injury Research: Twenty-Seventh Annual Report. Retrieved from <http://www.unc.edu/depts/nccsi/2009ALLSPORT.pdf>.
- National Association for Sport and Physical Education. (2002). Co-Curricular physical activity and sport programs for middle school students. [Position statement]. Reston, Va: Author.
- National Athletic Training Association, Task force to establish appropriate medical coverage for intercollegiate athletics (AMCIA) (revised June 2007). Recommendations and guidelines for appropriate medical coverage of intercollegiate athletics. Retrieved from <http://www.nata.org/sites/default/files/AMCIARecsandGuides.pdf>
- National Federation of State High School Associations (2012). 2012-2013 NFHS

- Handbook. Athletics Participation Survey: Based on Competition at the High School Level in the 2011-12 School Year. Retrieved from <http://www.nfhs.org>.
- NViVO9. (n.d.). Features and benefits. Retrieved from http://www.qsrinternational.com/products_nvivo.aspx
- Pitney, W., & Parker, J. (2009). *Qualitative research in physical activity and the health professions*. Champaign, IL: Human Kinetics.
- Radelet, M., Lephart, S., Rubinstein, E., & Myers, J. (2002). Survey of the injury rate for children in community sports. *Pediatrics, 110*, 28-38. doi: 10.1542/peds.110.3.e28.
- Ryan, G., Bernard, R. (2009). Techniques to identify themes in qualitative data. Retrieved from http://analytictech.com/mb870/Readings/ryanbenard_techniques_to_identify_themes_in.htm .
- Safe Kids Worldwide (2013). Game changers, stats, stories and what communities are doing to protect young athletes. Retrieved from www.safekids.org.
- Safe Kids Worldwide. (2011). Sports and Recreation Safety in the USA. Retrieved from www.safekids.org.
- Stopka, C., & Kaiser, D. (1988). Certified athletic trainers in our secondary schools, the need and the solution. *Journal of Athletic Training, 23*, 322.
- Texas House Bill 2038, Texas H.R.82R. Legislative Session, (2011) (enacted).
- Timpka, T., Finch, C., Goulet, C, Noakes, T., & Yammine, K. (2008). Meeting

the global demand of sports safety: The Intersection of Science and Policy in Sports Safety. *Sports Medicine*, 10, 795-805.

University Interscholastic League, Athletics (n.d.). *About the UIL*. Retrieved from <http://www.uiltexas.org/about>.

University Interscholastic League, Athletics. (n.d.) *Athletics health and safety*. Retrieved from <http://www.uiltexas.org/health>.

University Interscholastic League, Athletics. (n.d.) *Extracurricular athletic activity safety training requirements*. Retrieved from <http://www.uiltexas.org/health/info/extracurricular-athletic-activity-safety-training-requirements>.

Watt, D. (2007). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report*, 12 (1), 82-101. Retrieved from <http://www.nova.edu/ssss/QR/QR12-1/watt.pdf>.

Weaver, N., Muller, F., Kalsbeek, W., & Bowling, J. The North Carolina high school athletic injury study: design and methodology. (1999). *Medicine Science in Sports and Exercise*, 31 (1), 176-182.

Wham, G., Saunders, R., & Mensch, J. (2010). Key factors for providing appropriate medical care in secondary school athletics: athletic training services and budget. *Journal of Athletic Training*, 45, 75-86.

Yard, E., Christy L., Collins, C., & Comstock, D. (2009). A comparison of high school

sports injury surveillance data reporting by certified athletic trainers and coaches.

Journal of Athletic Training, 44(6), 645–652. doi: 10.4085/1062-6050-44.6.645.

APPENDIX A
Studies of the Standard of Care in a Variety of States in the United States

Studies of the Standard of Care in a Variety of States in the United States

- Aukerman, D. Aukerman, M. & Browning, D. (2006). Medical coverage of high school athletics in North Carolina. *Southern Medical Journal*, 99(2), 132-136.
- Bell, G. Cardinal, R. & Dooley, J. (1984). Athletic trainer manpower survey of selected Illinois high schools. *Journal of Athletic Training*, 19(1), 23-24.
- Brunet, M., & Giardina, D. (1984). Sports medicine in Louisiana: a survey of 242 high schools. *Journal of the Louisiana State Medical Society*, 136(8), 25-27.
- Carek, P., Dunn, J., & Hawkins, A. (1999). Health care coverage of high school athletics in South Carolina: does school size make a difference? *Journal of South Carolina Medical Association*, 95(11), 420-425.
- Cartland, J. (1985). Medical care of high school athletes in Connecticut. *Connecticut Medicine*, 49(10), 645-646.
- Culpepper, M. (1986). The availability and delivery of health care to high school athletes in Alabama. *Physician and Sports Medicine*, 14(1), 131-137.
- Culpepper, M., & Niemann, K. (1987). Professional personnel in health care among secondary school athletics in Alabama. *Southern Medical Journal*, 80(3), 336-338.
- deShazo, W. (1983). High school athletic injuries: a coaches' and physicians' dilemma. *Journal of the Medical Association of the State of Alabama*, 53(2), 21-22.
- Fick, D. (1995). Medical supervision of student athletes. *Journal of the Iowa Medical Society*. 85(9), 362.

- Lackland, D., Akers, P., & Hirata, I. (1982). High school football injuries in South Carolina: a computerized survey. *Journal of South Carolina Medical Association*, 78(2), 75-78.
- Lindaman, L. (1991). Physician care for interscholastic athletes in Michigan. *American Journal Sports Medicine*, 19(1), 82-87.
- Lindaman, L. (1992). Athletic trainer availability in interscholastic athletics in Michigan. *Journal of Athletic Training*, 27(1), 9-16.
- Mathews, E., & Esterson, P. (1983). Sports medicine in Northern Virginia high schools. *Athletic Training*, 18(2), 181-182.
- McCarthy, M., Hiller, W., & Yates-McCarthy, L. (1991). Sports medicine in Hawaii: Care of the high school athlete in Oahu's public schools. *Hawaii Medicine Journal*, 50(1 1), 395-396.
- Porter, M., Noble, H., Bachman, D., & Hoover, R. (1980). Sports medicine care in Chicago-area high schools. *Physician and Sports Medicine*, 8(2), 95-99.
- Rutherford, D., Niedfeldt, M., & Young, C. (1999). Medical coverage of high school football in Wisconsin in 1997. *Clinical Journal of Sports Medicine*, 9(4), 209-215.
- Schrader, J. (1985). An analysis of athletic health care management in Indiana's secondary schools. *Journal of the Indiana State Medical Association*, 78(12), 1104-1106.

- Tonino, P. & Bollier, M. (2004). Medical supervision of high school football in Chicago: does inadequate staffing compromise healthcare? *Physician and Sports Medicine*, 32(2), 37-40.
- Tucker, J., O'Bryan, J., Brodowski, B., & Fromm, B. (1988). Medical coverage of high school football in New York State. *Physician and Sports Medicine*, 16(9), 120-130.
- Vangsness, C., Hunt, T., Uram, M., & Kerlan, R. (1994). Survey of health care coverage of high school football in Southern California. *American Journal of Sports Medicine*, 22(5), 719-722.
- Wrenn, J., & Ambrose, D. (1980). An investigation of health care practices for high school athletes in Maryland. *Journal of athletic Training*, 15(2), 85-92.

APPENDIX B
UIL Official Football and Basketball 4A and 5A Alignment



**2010-12 OFFICIAL FOOTBALL AND
2010-11 OFFICIAL BASKETBALL DISTRICT ALIGNMENT
CONFERENCE 4A**

* Plays basketball only

Region 1					Region 2					Region 3					Region 4									
District 1	District 5	District 9	District 13	District 17	District 21	District 25	District 29	District 1	District 5	District 9	District 13	District 17	District 21	District 25	District 29	District 1	District 5	District 9	District 13	District 17	District 21	District 25	District 29	
El Paso	Aledo	Carrilton Creekview	Denison	Brenham	Houston Austin	Austin Lake Travis	SA Brackentridge	El Paso Andress	Azle	Carrilton Smith	Greenville	Houston Northbrook	Houston Davis	Houston Lake Travis	Houston Brackentridge	El Paso Austin	El Paso Andress							
El Paso Andress	Ft Worth Boswell	Carrilton Smith	Greenville	Houston Spring Woods	Houston Davis	Houston Lake Travis	San Antonio Burbank	El Paso Bowtie	Keller Timber Creek	Carrilton Turner	Mount Pleasant	Houston Spring Woods	Houston Lee *	Cedar Park	San Antonio Edison	El Paso Bowtie								
El Paso Bowtie	N Richland Hills Birdville	Frisco	Royse City	Houston Stratford	Houston Reagan	Cedar Park Vista Ridge	San Antonio Fox Tech	El Paso Borges	Northwest Nelson	Sherman	Sherman	Magnolia	Houston Sterling	Dripping Springs	San Antonio Jefferson	El Paso Chapin								
El Paso Chapin	Springtown	Frisco Heritage	Stalplur Springs	Magnolia West	Houston Sharpstown	Leander Rouse	San Antonio Kennedy	El Paso Irvin	Frisco Liberty	Stalplur Springs	Stalplur Springs	Magnolia West	Houston Waltrip	Leander Rouse	San Antonio Lanier	El Paso Jefferson								
El Paso Jefferson	White Settlement Brewer	Frisco Wakeland	Texarkana Texas	Waller	Houston Yates	Marble Falls	San Antonio Memorial	District 2	Dallas Highland Park	Hallville	Jacksonville	District 18	Houston Furr	District 26	San Antonio Southside	District 30	Beville Jones							
District 2	Ft Worth Arlington Hts	Dallas Highland Park	Hallville	Conroe Caneey Creek	Houston Furr	Austin Eastside Memorial	District 30	Clint Horizon	McKinney	Kilgore	Longview Pine Tree	Humble	Houston Jones	Austin Johnson	Beville Jones	Beville Jones	Beville Jones	Beville Jones	Beville Jones	Beville Jones	Beville Jones	Beville Jones	Beville Jones	Beville Jones
Clint Horizon	Ft Worth Carer-Riverside	McKinney	Kilgore	Humble	Houston Jones	Austin Johnson	Beville Jones	El Paso Del Valle	Dallas Highland Park	Longview Pine Tree	Humble	Humble Kingwood Park	Houston Kadhmer	Austin Lanier	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville
El Paso Del Valle	Ft Worth Dumber	McKinney North	Longview Pine Tree	Humble Kingwood Park	Houston Kadhmer	Austin Lanier	Floresville	El Paso Parkland	Dallas Highland Park	Longview Pine Tree	Humble	Humble Kingwood Park	Houston Kadhmer	Austin Lanier	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville	Floresville
El Paso Parkland	Ft Worth Eastern Hills	Richardson Pearce	Marshall	Humble Summer Creek	Houston Scarborough	Austin McCallum	Gregory-Portland	El Paso Riverside	Richardson Pearce	Marshall	Humble Summer Creek	Humble Summer Creek	Houston Scarborough	Austin McCallum	Gregory-Portland	Gregory-Portland	Gregory-Portland	Gregory-Portland	Gregory-Portland	Gregory-Portland	Gregory-Portland	Gregory-Portland	Gregory-Portland	Gregory-Portland
El Paso Riverside	Ft Worth North Side	Rockwall	Nacogdoches	Huntsville	Houston Washington	Austin Reagan	Port Lavaca Calhoun	El Paso Ysleta	Rockwall	Nacogdoches	Huntsville	Huntsville	Houston Washington	Austin Reagan	Port Lavaca Calhoun	Port Lavaca Calhoun	Port Lavaca Calhoun	Port Lavaca Calhoun	Port Lavaca Calhoun	Port Lavaca Calhoun	Port Lavaca Calhoun	Port Lavaca Calhoun	Port Lavaca Calhoun	Port Lavaca Calhoun
El Paso Ysleta	Ft Worth South Hills	Rockwall-Heath	Tyler	New Nancy	Houston Wheatley	Austin Travis	Victoria West	San Elizario	Rockwall-Heath	Tyler	New Nancy	New Nancy	Houston Wheatley	Austin Travis	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West
San Elizario	Ft Worth Southwest	Wylie	Whichouse	Willis	Houston Worthing	Austin Travis	Victoria West	District 3	Wylie	Whichouse	Willis	New Nancy	Houston Worthing	Austin Travis	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West
District 3	Ft Worth Trimble Tech	Wylie East	District 15	Willis	Houston Worthing	Austin Travis	Victoria West	Amarillo Caprock	Wylie East	Whichouse	Willis	New Nancy	Houston Worthing	Austin Travis	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West
Amarillo Caprock	Ft Worth Western Hills	Wylie East	Corisiana	Willis	Houston Worthing	Austin Travis	Victoria West	Amarillo Palo Duro	Wylie East	Whichouse	Willis	New Nancy	Houston Worthing	Austin Travis	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West	Victoria West
Amarillo Palo Duro	Ft Worth Wyatt	Dallas Adams	Ennis	Baytown Goose Crk Mem	Houston Worthing	Austin Travis	Victoria West	Canyon	Ennis	Forney	Lancaster	Dayton	Richmond Foster	Schertz Clemens	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody
Canyon	District 7	Dallas Adams	Ennis	Baytown Goose Crk Mem	Houston Worthing	Austin Travis	Victoria West	Canyon Randall	Forney	Lancaster	Dayton	Richmond Foster	Schertz Clemens	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody
Canyon Randall	Arlington Seguin	Dallas Carter	Ennis	Baytown Goose Crk Mem	Houston Worthing	Austin Travis	Victoria West	Dumas	Forney	Lancaster	Dayton	Richmond Foster	Schertz Clemens	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody
Dumas	Burleson	Dallas Kimball	Lancaster	Dayton	Richmond Foster	Schertz Clemens	Corpus Christi Moody	Hereford	Lancaster	Dayton	Richmond Foster	Schertz Clemens	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody	Corpus Christi Moody
Hereford	Crowley	Dallas Molina	Mesquite Potest	Galena Park	Rosenberg Lamar Cons	Rosenberg Terry	District 28	Plainview	Mesquite Potest	Galena Park	Rosenberg Lamar Cons	Rosenberg Terry	District 28	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion
Plainview	Everman	Dallas Pinkston	Red Oak	Houston King	Houston North Forest	Mont Belvieu Barbers Hill	District 20	Wolfforth Friendship	Mesquite Potest	Galena Park	Rosenberg Lamar Cons	Rosenberg Terry	District 28	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion
Wolfforth Friendship	Granbury	Dallas Seagoville	Terrell	Houston King	Houston North Forest	Mont Belvieu Barbers Hill	District 20	District 4	West Mesquite	Houston King	Houston North Forest	Mont Belvieu Barbers Hill	District 20	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion
District 4	Joshua	North Dallas	West Mesquite	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Denton	West Mesquite	Houston King	Houston North Forest	Mont Belvieu Barbers Hill	District 20	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion	Boerne Champion
Denton	Mansfield Summit	Dallas Adams	Basrop	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Lake Dallas	Basrop	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central
Lake Dallas	Lake Dallas	Dallas Adams	Basrop	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Lake Dallas	Basrop	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central	Beaumont Central
Lewisville The Colony	Killeen	Dallas Hillcrest	Elgin	Hutto	Manor	Plugetville Connally	Plugetville Connally	Little Elm	Elgin	Hutto	Manor	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally
Little Elm	San Angelo Lake View	Dallas Lincoln	Hutto	Manor	Plugetville Connally	Plugetville Connally	Plugetville Connally	Wichita Falls	Hutto	Manor	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally
Wichita Falls	Stephenville	Dallas Spruce	Manor	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Wichita Falls Rider	Manor	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally	Plugetville Connally
Wichita Falls Rider	Waco	Dallas Wilson	Plugetville Hendrickson	Port Neches-Groves	Vidor			Waco Midway	Plugetville Hendrickson	Port Neches-Groves	Vidor													
Waco Midway	Waco University							Waco University																



**2010-12 OFFICIAL FOOTBALL AND
2010-11 OFFICIAL BASKETBALL DISTRICT ALIGNMENT
CONFERENCE 5A**

+ Dist 3 in Basketball

Region 1			Region 2			Region 3			Region 4																						
District 1 El Paso Americas El Paso Bel Air El Paso Coronado El Paso Eastwood El Paso El Dorado El Paso Franklin El Paso Hanks El Paso Montwood El Paso Socorro	District 5 Cedar Hill Duncanville Grand Prairie Mansfield Mansfield Legacy Midlothian South Grand Prairie	District 9 Dallas Jesuit Dallas Samuel Dallas Skyline Dallas Sunset Dallas White Richardson Richardson Berkner Richardson Lake Highlands	District 13 Klein Klein Collins Klein Forest Klein Oak Spring Spring DeKaney Spring Westfield Tomball	District 17 Houston Cyp. Creek Houston Cyp. Fair Houston Cyp. Falls Houston Cyp. Lakes Houston Cyp. Ranch Houston Cyp. Ridge Houston Cyp. Springs Houston Cyp. Woods Houston Jersey Village Houston Langham Crk	District 21 Baytown Sterling Beaumont West Brook Channelview Galena Park North Shore La Porte Port Arthur Memorial	District 25 Cibolo Steele Converse Judson New Braunfels San Antonio Wagner San Marcos Seguin	District 29 Del Rio Eagle Pass Eagle Pass Winn Laredo Alexander Laredo Cigarroa Laredo Johnson Laredo Martin Laredo Nixon Laredo United Laredo United South	District 2 Amarillo Amarillo Tascosa Lubbock Lubbock Coronado Lubbock Monterey San Angelo Central +	District 6 Colleyville Heritage Eules Trinity Grapevine Haltom City Haltom Hurst Bell Irving Irving MacArthur Irving Nimitz N Richland Hills Richardson	District 10 Garland Garland Lakeview Cent Garland Naaman Forest Garland Rowlett Garland Sachse McKinney Boyd North Garland South Garland	District 14 Conroe Conroe Oak Ridge Conroe The Woodlands Conroe Woodlands College Park Humble Atascocita Humble Kingwood Lufkin	District 18 Alief Elsie Alief Hastings Alief Taylor Houston Aldine Houston Eisenhower Houston MacArthur Houston Nimitz	District 22 Deer Park Pasadena Pasadena Dobbie Pasadena Memorial Pasadena Rayburn Pasadena South Houston	District 26 San Antonio Churchill San Antonio Johnson San Antonio Lee San Antonio MacArthur San Antonio Madison San Antonio Reagan San Antonio Roosevelt	District 30 Donna La Joya La Joya Palmview McAllen McAllen Memorial McAllen Rowe Mission Mission Sharyland	District 3 Abilene Abilene Cooper Midland Midland Lee Odessa Odessa Permian	District 7 Coppell Denton Guyer Keller Keller Central Keller Fossil Ridge Northwest Saginaw Southlake Carroll	District 11 De Soto Longview Mesquite North Mesquite Tyler Lec	District 15 Austin Austin Akins Austin Anderson Austin Bowie Austin Westlake Del Valle	District 19 Houston Memorial Houston Strake Jesuit Katy Katy Cinco Ranch Katy Mayde Creek Katy Morton Ranch Katy Seven Lakes Katy Taylor	District 23 Fort Bend Austin Fort Bend Bush Fort Bend Clements Fort Bend Dulles Fort Bend Elkins Fort Bend Hightower Fort Bend Kemper Fort Bend Marshall Fort Bend Travis Fort Bend Willowridge	District 27 Northside Brandeis Northside Clark Northside Holmes Northside Jay Northside Marshall Northside O'Connor Northside Stevens Northside Taft Northside Warren	District 31 Edinburg Edinburg Economedes Edinburg North Harlingen Harlingen South Pharr-San Juan-Alamo PSJA Memorial PSJA North PSJA North	District 4 Arlington Arlington Bowie Arlington Houston Arlington Lamar Arlington Martin Ft Worth Paschal North Crowley Weatherford	District 8 Allen Lewisville Lewisville Flower Mound Lewisville Hebron Lewisville Marcus Plano Plano East Plano West	District 12 Belton Bryan College Station A&M Cons Copperas Cove Killeen Ellison Killeen Harker Heights Killeen Shoemaker Temple	District 16 Georgetown Leander Pflugerville Round Rock Round Rock McNeil Round Rock Stony Pt. Round Rock Westwood	District 20 Houston Bellaire Houston Chavez Houston Lamar Houston Madison Houston Math Science & Tech Houston Milby Houston Westbury Houston Westside	District 24 Alvin Clute Brazoswood Dickinson Friendswood Clear Brook Houston Clear Lake LC Clear Creek LC Clear Springs Houston Math Science & Tech	District 28 Corpus Christi Carroll Corpus Christi King San Antonio E. Central San Antonio Highlands San Antonio Southwest South San Antonio	District 32 Brownsville Hanna Brownsville Lopez Brownsville Pace Brownsville Porter Brownsville Rivera Los Fresnos San Benito Weslaco

APPENDIX C
Informed Consent Form

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Investigation of the Standard of Care in Middle School Athletics

Investigator: Kerri Ann Clark Horsley.....starrams06@hotmail.com (817)253-6239

Advisor: Bettye Myers, PhD..... (940)898-2575

Explanation and Purpose of the Research

You are being asked to participate in a research study for Mrs. Horsley's dissertation at Texas Woman's University. The purpose of this study is to determine common themes used by stakeholder members in the Texas school districts within the Dallas-Fort Worth (DFW) Metroplex in their decision-making process of identifying the need for quality standard of care for athletes at the middle school level of competition and to make recommendations regarding how this service can be fiscally accomplished.

Description of Procedures

In order to be a participant in this study, you must meet the following criteria: District Athletic Director representing a school district that has a minimum of three high schools within the district that compete at the 4A or 5A level in football and boys and girls basketball and have a minimum of three middle schools that feed into the 4A or 5A high schools.

The initial contact with the participant is an email requesting their participation in the study. Within three to five days, if no response to email has transpired then I will follow-up with a telephone, asking if the athletic director would like to participate in the study. In addition to the email, I will call the athletic director inquiring if the athletic director would like to participate in the study. The initial telephone call to the prospective participants will involve informing the participant about the purpose of the study, the voluntary participation and that the participation could cease at any point and the informed consent. Once the participant has written or orally agreed to participate in the study a consent form will be emailed to the participant to digitally sign and complete. This process will take five minutes to complete. The participant will be given a copy for his or her records and the researcher will keep an additional copy as well. The informed consent will identify the purpose of the study, potential benefits and risk of the study as instructed by the Texas Women's University IRB. Additionally, the participants will be informed that participation in the interview is voluntary and can be terminated at any time without any penalty.

After the consent is signed the demographic survey will be sent by email from the researcher requesting completion. The demographic data will be used for comparative purposes for the sizes of the school districts. The demographic survey can be completed

Approved by the
Texas Woman's University
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and returned by email to the researcher prior to the scheduled interview date and should only take approximately thirty minutes to complete. At the convenience of each of the participants, a scheduled meeting time will be established for the interview at a site designated by them. On the designated meeting date the researcher will call to confirm the interview time and location. Once the face-to-face interview commences the open-ended questions will be asked. The total interview time should be between thirty to sixty minutes and will be done at a private location, agreed upon by you and the researcher. The interview will be audio recorded and then transcribed in order to obtain accuracy in reporting data.

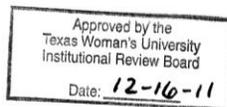
Potential Risks

The loss of confidentiality is a potential risk for your participation in this study. There is a potential risk of loss of confidentiality with any email, downloading, and internet transactions. Confidentiality will be protected to the extent that is allowed by law. A pseudonym will be assigned to the digital audio files and hard copies of transcriptions of the recordings. No one but the researcher will know the name of the participant or the school district employing them. The audio files and the transcription of the interview will be stored on the researchers personal password protected computer. Only the researcher, her advisor, and the person who transcribes the interview will hear the audio files or read the written interview. The audio files and the written interview will be shredded within 3 years after the study is completed. The results of the study will be reported in the researcher's dissertation as well as research publications; however no names or other identifying information will be included in any publication.

There is a potential risk for coercion between you and the researcher. The researcher will explain the purpose of the study prior to the interview and let your know your participation is completely voluntary and at any time during the interview you may discontinue the interview without penalty. During the interview you will have the opportunity to ask questions if you need clarification. At the completion of the interview the researcher will again make available the opportunity to answer any questions.

Other potential risks related to participation in this study include emotional and physical fatigue during the interview. During the interview you can take a break or not answer questions to avoid emotional and physical discomfort.

The researchers will try to prevent any problem that could happen because of this research. You should let the researcher know at once if there is a problem and she will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.



Participants Initials

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Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. The only direct benefit of this study to you is that you can request a PDF version of the researcher's completed dissertation which can be emailed to the email address which you specify.*

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Signature of Participant

Date

*If you would like to receive a PDF of the researcher's dissertation, please provide an email address to which the file will be sent:

Email: _____

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Date: 12-16-11

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APPENDIX D
IRB Confidentiality Agreement

Texas Woman's University
Human Participant Research

Confidentiality Agreement

Study Title: investigation of standard of care for middle school athletes

Principal Investigator (PI): Kerri Ann Clark Horsley

I the undersigned, Sarah Moore, Owner/Principal Lakewood Transcription, a service of Mindful Means, LLC, a Texas Media Company (Contractor) , hereby agree to the following conditions of confidentiality concerning the Investigation of standard of care for middle school athletes PROJECT (information) supplied to Contractor, by members of the Texas Woman's University Human Participant Research investigation of standard of care for middle school athletes study research team (SCMSA).

Contractor agrees to keep strictly confidential, the Information communicated to Contractor verbally or electronically, by SCMSA.

Contractor agrees to take reasonable and prudent precautions to prevent the Information from reaching unauthorized parties.

Contractor will restrict use of the Information provided to me by SCMSA to the purpose required by SCMSA

Upon satisfactory completion of the services contract, the Parties agree that all Information transferred to Contractor will be destroyed.

Sarah Moore

Digitally signed by Sarah Moore
DN: cn=Sarah Moore, o=Mindful
Means, LLC, ou,
email=sari_moore@yahoo.com, c=US
Date: 2011.08.12 07:40:58 -05'00'

Sarah Moore
Owner/Principal
Lakewood Transcription
A Service of Mindful Means, LLC,
a Texas Media Company

Kerri Ann Clark Horsley agrees to acknowledge receipt of this Confidentiality Agreement.

APPENDIX E
Demographic Survey

Demographic Survey

Name of School District _____ City Population _____

Total Students _____	Total _____	
Enrolled in school district	Number of	4A 5A
		High Schools in district

Total Number of **Middle Schools** that feed into 4A or 5A high schools

	_____	_____	_____
	4A	5A	5A
Total number of student-athletes	_____	_____	_____
	4A	5A	middle school
	High Schools in district		

Total number of athletic trainers	_____	_____	_____
	4A	5A	middle school
	High Schools in district		

Total number of Athletic Trainers employed in district serving as a full time athletic trainer (sole position athletic training) _____

Total number of Athletic Trainers employed in district serving as dual position (ex: athletic trainer /teacher) _____

Total district athletic budget	_____	_____	_____
	4A H.S.	5A H.S.	middle school

Total medical coverage budget	_____	_____	_____
	4A H.S.	5A H.S.	middle school

Total contracted medical coverage budget	_____	_____	_____
	4A H.S.	5A H.S.	middle school

APPENDIX F
Interview Questions

Interview Questions

1. How would you answer a middle school parent who asks you what is the standard of care _____ISD provides my son at football practice?
 - a. Probe: How about a game?
 - b. Probe: How might your answer differ if the question was of the other sports in which middle school boys are participating?

2. How might you answer a parent if the question was about her middle school daughter playing basketball?
 - a. Probe: Practice or Game?
 - b. Probe: How about other sports in which middle school girls participate?
 - c. Probe: If the football and basketball questions had been asked about high school athletes' standard of care, how might your answer differ?

3. We know the media has a great influence on public opinion. High school football in Texas is a media favorite in the fall. If a Television reporter or a reporter from a newspaper such as the *Dallas Morning News* ask you for an interview: How would you explain the standard of care in _____ISD if a middle school player collapsed and died during practice this afternoon?
 - a. Probe: How might your answer differ if the death was during the game?
 - b. Probe: How might your answer differ if the death was in the high school setting?

4. What kind of insurance does your district have to cover the medical expenses for a severe injury of an athlete?
 - a. Probe: How is it cared for if the parents do not have any medical insurance?
 - b. Probe: Do you have any printed material that you give to parents or to student-athletes that would be a source of information that I may review?

5. If a middle school athlete becomes injured during practice, how is the decision made to determine that the injured athlete is physically ready to return to play?
 - a. Probe: How about during a game?
 - b. Probe: What qualifications must a person have to make the "return to play" decision?

6. In the demographic information that you provided you mentioned that the total high school athletic budget for the district as being _____. Does each school have the same budget?
 - a. Probe: Would the differences between the 4A or 5A schools be due to travel within the UIL districts as it relates to football and basketball?

7. You have been given the responsibility of writing legislation to address the standard of care in middle school athletics in 4A & 5A UIL Districts in Texas.
What would be your minimum requirements?
 - a. Probe: How might it differ for practice and for competition?
 - b. Probe: In what ways would your legislation affect the standard of care for middle school athletics in _____ISD?
Based on your experience as an athletic director in Texas:
 - c. Probe: What would you anticipate to be issues of implementing your proposed legislation in the 4A and 5A districts?

8. In your opinion, by 2015, what do you perceive to be the status of athletics trainers and the standard of care for athletes at middle schools in Texas?