



**NATIONAL ATHLETIC TRAINERS' ASSOCIATION  
RECOMMENDS ATHLETIC HEALTH CARE PROVIDERS  
ADOPT A "TIME OUT" SYSTEM BEFORE SPORTING EVENTS**

**Necessary Step to Ensure an Emergency Action Plan is in Place**

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DALLAS, August 1, 2012 – With preseason practices now underway and the start of fall sports schedules around the corner, the National Athletic Trainers' Association (NATA) issued today an official statement recommending athletic health care providers conduct a "Time Out" before athletic events to ensure emergency action plans are reviewed and in place.

"This is a necessary step that can help save lives and reduce the risk of acute, chronic or fatal outcomes on the playing field," says statement author Ron Courson, ATC, PT, NREMT-I, CSCS, associate athletic director of sports medicine for the University of Georgia Athletic Association. "Emergency situations can arise at any time during a practice or game. Athletic trainers, sports medicine doctors and other health care providers must provide the best possible care to reduce those risks."

The new official statement was adapted from a "Time Out" concept developed by Courson, along with Bert Mandelbaum, MD, and Lawrence J. Lemak, MD.

"Time Out" is a common term both in sports and medicine. Coaches and athletes call time outs to gather a team together and discuss game strategies or to call a play. In medicine, doctors take a time out immediately before every surgery when all operating room participants stop to verify the procedure, patient identity, correct site and side.

Professional sports leagues such as Major League Soccer will use the "Time Out" program this season to test its effectiveness and acceptance of the concept. "This protocol is critical to the immediate care of athletes at any level of sport," says Mandelbaum, orthopaedic surgeon with Santa Monica (Calif.) Orthopaedic and Sports Medicine Group and the Chan Soon Shiong Sports Science Institute, and medical director for the World Cup. "This should be a required and universal program."

"Development and review of an emergency action plan guarantees that a coordinated approach is in place," adds Lemak, founder of Lemak Sports Medicine & Orthopaedics in Birmingham, Ala., who also serves as medical director of Major League Soccer and is on the medical advisory board of the National Federation of State High School Associations. "Due to the relatively low incidence rate of catastrophic injuries, we may develop a false sense of security. This is a vital and necessary protocol that protects the athlete and requires the medical team to be prepared under any circumstance."

Highlights of the official statement include:

1. Athletic health care providers meet before the start of each practice or competition to review the emergency action plan.
2. Determine the role and location of each person present (i.e. athletic trainer, emergency medical technician, medical doctor).
3. Establish how communication will occur (voice commands, radio, hand signals); what is the primary and secondary or back up means of communication.
4. An ambulance should be present at all high-risk events. The medical staff should know who is assigned to call for it; if it is on stand-by or required to be on-site; where it is located, what routes it can take to enter and exit the field in the least unencumbered manner.
5. Ensure that in the event of transport, a hospital has been designated and is the most appropriate facility for the injury or illness.
6. Review and check/test all emergency equipment available to confirm it is in working order and fully ready for use. For example, make sure all sports medicine team members know where automated external defibrillators are and how to use them.
7. Consider any issues that could potentially impact the EAP (construction, weather, crowd flow), and plan accordingly and in advance of sports participation.

“These recommendations give players, parents, administrators and team staff peace of mind and ensure that there is a cohesive and immediate plan in place to manage and treat injury,” adds Courson. “It’s a win-win for all involved.”

The following individuals also contributed to the “Time Out” system: Josh Scott, MD; Byron Patterson, MD; Robert Hancock, MD; Glenn Henry, NREMT-P; Ryan McGovern, ATC; Fred Reifsteck, MD; David Sailors, MD; Kim Walpert, MD; Kelly Ward, PA-C, ATC; and Philip Young, ATC, NREMT-B.

An electronic version of the NATA official statement is available at:

<http://www.nata.org/sites/default/files/TimeOut.pdf>

**About NATA:**

***National Athletic Trainers’ Association (NATA) – Health Care for Life & Sport***

*Athletic trainers are health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and sport-related illnesses. They prevent and treat chronic musculoskeletal injuries from sports, physical and occupational activity, and provide immediate care for acute injuries. Athletic trainers offer a continuum of care that is unparalleled in health care. The National Athletic Trainers’ Association represents and supports 35,000 members of the athletic training profession. Visit [www.nata.org](http://www.nata.org)*

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