



**HEADS UP
FOOTBALL**



**KATY YOUTH
FOOTBALL**



**HOUSTON
TEXANS**

HOUSTON
Methodist



Dear Coach:

Thank you for your commitment to serve as a Head Coach within Katy Youth Football®. We recognize our coaches are our greatest asset, and we strive to provide you the tools and resources necessary to carry out your vital role. All of us at KYF® are volunteers, and we step up to support the children in our community, first and foremost, by ensuring they have a safe and healthy environment to learn and grow within the great game of football.

You hold a critical role in KYF®'s future, and in the future of the game. We believe it is important that your coaching style and knowledge will continue to evolve and progress with the latest trends. Therefore, we have partnered with USA Football and adopted the Heads Up Football Program.

USA Football's Heads Up Football program focuses on eight key areas:

- **Coaching education.** All coaches within Katy Youth Football® are required to complete the USA Football Level 1 online certification course at usafootball.com which trains you in important health and safety issues along with the game's fundamentals.
- **Equipment fitting.** Particularly the proper fitting of the helmet and shoulder pads.
- **Concussion recognition & response.** Employing Centers for Disease Control and Prevention Protocols. Katy Youth Football® is also supported by the Houston Methodist Neurological Institute, and the Houston Methodist Concussion Center.
- **Heat preparedness and hydration.** Establishing approved protocols from the Korey Stringer Institute at the University of Connecticut.
- **Sudden Cardiac Arrest.** Having plans and procedures in place in case of cardiac events.
- **Shoulder Tackling** – Teaching the fundamentals of this all-player skill in a safer way.
- **Heads Up Blocking** – Teaching the fundamentals of contact for offensive players without the ball.
- **Player Safety Coach (PSC).** Individuals appointed by Katy Youth Football®, who will ensure compliance with Heads Up Football player safety protocols, coach certification and continuing education with coaches, players and parents. 2017 KYF® PSC's are: Dave Perez, Jim Rasco, John Blake, Ken Krock, Jonathan Wilson, Jesse Vasquez and Anthony Biello.

At Katy Youth Football® our expectation is that each of you as head coaches will model our KYF® Mission and Core Values, and will strive to achieve our goals through a selfless player-first commitment. Our expectation is that each of you as head coaches will fully adopt, support and implement the Heads Up Football components, and all other KYF® Health & Safety guidelines.

We greatly appreciate your leadership, dedication and passion to further strengthen our game for the betterment of our players and their families.

Regards,

Anthony P. Biello
President



**2017 KYF® HEADS UP FOOTBALL® COACHES CLINIC
August 05, 2017 –Cinco Ranch High School - LGI**

<u>Time</u>	<u>Agenda Item</u>	<u>Owner</u>
10:30 AM	Check In (Main Entrance)	ALL
11:00 AM	Welcome (LGI)	Anthony Biello KYF® President
11:05 AM	Introduction\Need for Program Your Role as a Head Coach	KYF® PSCs
11:15: – 11:45 AM	Concussion Awareness, Recognition & Response Question\Answer Session A. Definition B. Causes C. Signs and Symptoms D. Removal from play E. Return to play	Dr. Peter T. Sprockel, MD Houston Methodist West Sports Medicine
12:00 –12:30 PM	Heat Preparedness & Hydration Acclimatizing Athletes Signs & treatment of heat illness Emergency Action & Onsite Cooling	KYF® PSCs
12:30 –12:50 PM	Sudden Cardiac Arrest Question\Answer Session	KYF® PSCs
1:00 –1:20 PM	Proper Equipment Fitting Question\Answer Session	KYF® PSCs
1:20 –2:00 PM	Heads Up Blocking/Shoulder Tackling (Curriculum) A. Terminology B. Psychology Of Building Confidence C. Levels of Contact - Video D. Tackle Progression E. Tackle Drills F. Tackle Circuit G. Heads Up Blocking	KYF® PSCs
2:00 PM –3:00 PM	Coaching Philosophy- Positive Coaching	KYF® PSCs
3:00 PM	Conclude	



Heads Up Football – KYF® 2017

Overview:

This season KYF® is continuing USA Football's Heads Up Football® Training Curriculum for all teams at all levels of the league. Each and every coach will undergo this evolving training, which is a live and in-person clinic including live drills for the coaches. USA Football and KYF® are dedicated to developing a better, safer game.

The Curriculum is composed of five pillars:

- 1) **Coach Education & Certification**
- 2) **Proper Equipment Fitting**
- 3) **Concussion Recognition & Awareness**
- 4) **Heat Preparedness & Hydration**
- 5) **Sudden Cardiac Arrest**
- 6) **Heads Up Blocking**
- 7) **Shoulder Tackling**

Each pillar reinforces one another. The combination of coaching education, properly fit equipment, proper training, heat and hydration awareness, and proper technique is designed to make play safer than ever before.

If you would like more information on USA Football's Heads Up FootballSM Program, please visit:

<https://usafootball.com/programs/heads-up-football/>



THE COMPONENTS OF HEADS UP FOOTBALL

**HEADS UP
FOOTBALL**

KEY FEATURES

PLAYER SAFETY COACH (PSC)

Your organization's PSC is responsible for leading your league's adoption of Heads Up Football® health and safety protocols including coaching certification. They also play a crucial role in monitoring and guiding coaches on throughout the season.

COACHING CERTIFICATION

USA Football's coaching certification gives you access to nationally accredited courses with content created from the leading football experts and health professionals. Coaches with valid USA Football certification become eligible for coaching insurance benefits.

KEY COMPONENTS

CONCUSSION RECOGNITION & RESPONSE

Education is the first step to help protect players from concussion. Heads Up Football provides coaches and parents with resources developed by the CDC to know what to look for on the field and how to respond to concussion symptoms.

HEAT PREPAREDNESS & HYDRATION

Keeping athletes hydrated and prepared to play in the heat is important. Receive targeted education on prevention, recognition, and treatment on all aspects of heat and hydration.

SUDDEN CARDIAC ARREST

Sudden cardiac arrest is the No. 1 cause of death for children and teens during exercise, Heads Up Football prepares your program with how to create plans and procedures in case an event happens.

PROPER EQUIPMENT FITTING

Improperly fitted equipment can place players at a greater risk for injury. Receive proper instruction on how to fit helmets and shoulder pads.

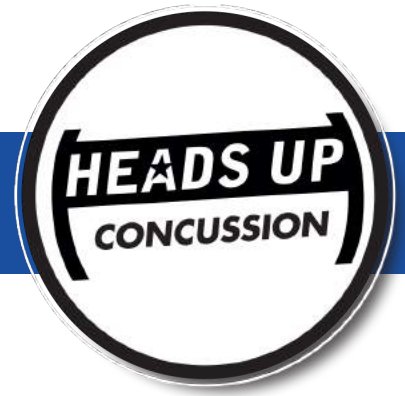
TACKLING & BLOCKING

Teaching the proper fundamentals of blocking and tackling is essential to making football better and safer. USA Football's tackling and blocking progressions deliver consistent terminology and a series of drills to teach youth players to play with their head and eyes up and reduce helmet contact.



Find out more at usafootball.com/headsup

CONCUSSION FACT SHEET FOR COACHES



WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth—literally causing the brain to bounce around or twist within the skull.

This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

Concussions can result from a fall or from athletes colliding with each other, the ground, or with an obstacle, such as a goalpost. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

As a coach you are on the front line in identifying an athlete with a suspected concussion. You know your athletes well and can recognize when something is off—even when the athlete doesn’t know it or doesn’t want to admit it.

So to help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

AND

2. Any concussion signs or symptoms, such as a change in the athlete’s behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later they can’t recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below, or who report that they just “don’t feel right,” after a bump, blow, or jolt to the head or body, may have a concussion.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall



WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

FACTS

Sometimes people wrongly believe that it shows strength and courage to play injured. Some athletes may also try to hide their symptoms.

Don't let your athlete convince you that he or she is "just fine" or that he or she can "tough it out." Discourage others from pressuring injured athletes to play. Emphasize to athletes and parents that playing with a concussion is dangerous.

WHAT SHOULD I DO IF A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

1. REMOVE THE ATHLETE FROM PLAY.

Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.

Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for sign or symptoms that appear or get worse once the athlete is at home or returns to school.

4. KEEP THE ATHLETE OUT OF PLAY.

An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.



WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.



DID YOU KNOW?

- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- Athletes who have ever had a concussion are at increased risk for another concussion.
- All concussions are serious.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE:

Athletes should not have any concussion symptoms. Athletes should only progress to the next level of exertion if they do not have any symptoms at the current step.

STEP 1:

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

STEP 2:

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

STEP 3:

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4:

Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5:

Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

HOW CAN I HELP PREVENT CONCUSSIONS OR OTHER SERIOUS BRAIN INJURIES?

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure the athlete wears the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, a helmet doesn't make an athlete immune to concussion. There is no "concussion-proof" helmet.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.



▶ **“WHEN IN DOUBT,
SIT THEM OUT!”**

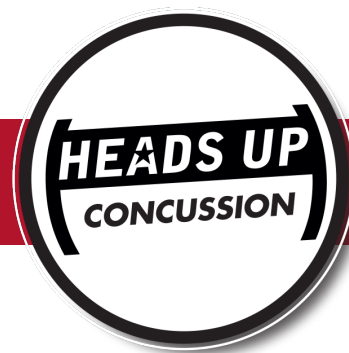


JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO [WWW.CDC.GOV/CONCUSSION](http://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

HEADS UP CONCUSSION ACTION PLAN



IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

▶ **"IT'S BETTER TO MISS ONE GAME, THAN THE WHOLE SEASON."**



CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall



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Concussion Awareness & Management

Overview:

Concussions received by participants in all sports activities are an ongoing concern at all levels of play, and as a result, numerous state agencies throughout the U.S. have developed or revised their guidelines for concussion management. This includes the University Interscholastic League and the Katy Independent School District guidelines on the same.

The KYF® Health & Safety Committee is committed to maintaining the highest level of standards designed to keep our athletes safe while playing, and so the purpose of this document is to update KYF® requirements for concussion management, and to also provide information on Return to Play Protocol as adopted by the league this year.

In addition, KYF® continues to utilize the USA Football Heads Up Football™ Player Safety Training Curriculum. This is a new methodology for tackling that is designed to minimize the potential for concussions while maximizing safe play. Every coach in KYF® is required to take this mandatory training. More information on “Heads-Up” is included in the last section of this packet.

Information for Parents, 2017 Season:

On the next two pages, please find an awareness guide produced by the Centers for Disease Control regarding concussion awareness and treatment. This document serves as a basic overview to explain what concussions are, how they occur, how they can be prevented, and how they are treated. If your child is suspected (by you or the coaches) of suffering a concussion during the season, we have implemented a new Return to Play Protocol that is included in the Coaches Section of this document.

Information for Head Coaches:

Any player even suspected of suffering a concussion during the season must be put through the Return to Play Protocol (form and guidelines attached). In addition, please remember that a concussion is an injury that is beyond a “normal bump or bruise” and so the Injury Reporting Form must also be filled out. ***Failure to do so may result in disciplinary action by the Board.***



Concussion Awareness & Management (cont')

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention

- Teach and practice safe play & proper technique
- Follow the rules of play
- Make sure the required protective equipment is worn for all practices and games
- Protective equipment must fit properly and be inspected on a regular basis

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Treatment of Concussion - The athlete-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every athlete-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Athletes should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the athlete has received written clearance from a physician, the athlete-athlete may begin Return to Play Protocol as determined by the Health & Safety Committee.

Return to Play - A player removed from a practice or competition may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the athlete has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the athlete or the athlete's parent or guardian or another person with legal authority to make medical decisions for the athlete;
- (2) the athlete has successfully completed the progressive steps of the return-to-play protocol as outlined below;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the athlete to return to play; and
- (4) the athlete and the athlete's parent or guardian or another person with legal authority to make medical decisions for the athlete:
 - (A) have acknowledged that the athlete has completed the requirements of the return-to-play protocol necessary for the athlete to return to play;
 - (B) have provided the treating physician's written statement to the person responsible for compliance with the return-to-play protocol and the person who has supervisory responsibilities; and
 - (C) have signed a consent form (included below)



Return to Play Protocol

- The athlete shall be symptom-free for 24 hours prior to initiating the return to play progression.
- Progress continues at 24-hour intervals as long as the athlete is symptom free at each level.
- If the student-athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by a licensed health care professional.

Phase 1: No physical activity until student-athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury.

Phase 2 (each step completed in 24 hours, if athlete is symptom-free):

- Step 1:** When the athlete completes Phase 1, begin light aerobic exercise – 5 – 10 minutes on an exercise bike, or light jog; no weight lifting, resistance training, or any other exercise
- Step 2:** Moderate aerobic exercise - 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment
- Step 3:** Non-contact training drills in full uniform; may begin weight lifting, resistance training, and other exercises
- Step 4:** Full contact practice or training
- Step 5:** Full game play

Any subsequent concussion requires further medical evaluation, which may include a physical examination prior to return to participation. Written clearance from a physician is required as outlined in this section of KYF® Policy and Procedures before any participation in practices or games.



Return to Play Protocol Form

This form must be completed and submitted to the **team's Division Director & the KYF® Health & Safety Director** who are responsible for compliance with the Return to Play Protocol established by KYF®.

Player Name (Please Print) _____

Team Name and Head Coach (Please Print) _____

_____ (Parent Initials) The player has been evaluated by a treating physician selected by the player, their parent or other person with legal authority to make medical decisions for the player.

_____ (Parent Initials) The player has completed the Return to Play Protocol established by KYF.

_____ (Parent Initials) KYF has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the player to return to play.

_____ (Parent/Responsible Decision-Maker) has been informed and consents to the player participating in returning to play in accordance with the return to play protocol established by KYF. Understands the risks associated with the player returning to play and will comply with any ongoing requirements in the return to play protocol. Consents to the disclosure to appropriate persons of the treating physician's written statement for the return to play recommendations by the treating physician. Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Guardian (printed)


Parent/Guardian (signature)



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HEAT PREPAREDNESS & HYDRATION

The beginning of the football season across the country is characterized by hot, August practices and hard work in equipment. But the combination of environment, equipment and intensity can place athletes at risk of heat illness. Heat illnesses represent conditions resulting from heat stress, which can be imposed by a number of factors, but usually result from the environment or the body creating this heat load itself. Heat illnesses can range from minor to severe, and, in particular, exertional heat stroke is a life-threatening emergency. Athletes may not realize when they are reaching their limits and continue to push hard at practice. It is important for you as a coach to modify practices to reduce the risk and learn to recognize and manage heat illnesses.



When you take the field, you want to be sure you have done everything you can to protect your athletes from heat illnesses.



How does the body handle heat?

High body temperature decreases exercise performance and is a major risk factor for heat illness. During exercise, working muscles produce heat, which is stored in the body until it can be released into the environment. The environment can add heat to the body through high air temperature and radiant heat from the sun. So the body has to keep itself from storing too much heat while continuing to exercise. Sweating is the body's best way to get rid of heat, via evaporation. As sweat evaporates from the skin, heat is transferred away from the body into the environment. However, as relative humidity increases, the body's ability for sweat to evaporate from the skin decreases, resulting in greater heat storage, load and potential for exertional heat illnesses.

How do I protect my athletes?

The best way to protect your athletes is to modify the risk factors that are responsible for causing heat illness. These risk factors can be classified into two categories: extrinsic (factors outside the athlete's control) and intrinsic (factors unique to the specific athlete). Extrinsic risk factors can be modified by changing practice times, taking off equipment or providing more breaks. Not participating with an illness, maintaining proper hydration and becoming heat acclimatized are all options to decrease intrinsic risk.

What is heat acclimatization, and how can my team do it?

Heat illness is most common during the first five days of practice. An easy way to protect athletes during this time is heat acclimatization. Heat acclimatization takes an average of 10-14 days to get the full benefits but still provides important protective benefits while it's occurring. Heat acclimatization is a series of adaptations that helps the body prepare for exercise in the heat. These changes help the body maintain lower temperature and heart rate, enhance sweating and store more water. The lower heart rate and body temperature means that athletes can exercise longer and at a higher intensity, which lowers the risk for heat illness.



What types of fluid should I use for hydrating?

Water is the least expensive and most accessible fluid during exercise. Sports drinks contain electrolytes, sugar and water, which give athletes important nutrients during exercise. While water is appropriate during all types of exercise, sports drinks are recommended for use during intense exercise that is greater than 60 minutes or during intense exercise in the heat. Also, children like the taste of sports drinks, so it may lead them to hydrate more than if water is the only available fluid.

When should athletes hydrate?

Before Exercise

- Hydrate with 16-24 oz. of water or a sports drink

During Exercise

- Have unlimited access to water during exercise/activity
- Be able to drink as much as they want
- Be able to drink for the entire break period if they wish
- Access to sports drinks when exercise is greater than 60 minutes or if exercise is going to be intense and in the heat

To achieve this, it's recommended that all exercise sessions should have predetermined breaks approximately every 15 minutes. The timing and length of breaks should be dependent on the environmental conditions. While athletes may be encouraged, or even required, to bring their own fluids, as a coach, always make sure extra fluids are available for those who have forgotten or need to refill their water bottles.

How do I recognize the various exertional heat illnesses, and what can I, as a coach, do to treat my athletes?

	HEAT SYNCOPE	HEAT CRAMPS	HEAT EXHAUSTION
RECOGNITION	Refers to a fainting or lightheadedness episode	Painful, localized muscle cramps and may feel like they are “wandering” throughout the cramping muscle Usually visible and the muscle will feel hard	The inability to continue exercise in the heat from either weakness or exhaustion May feel hot, tired, sweating a lot, weak, dizzy and don’t feel able to continue exercise
CAUSES	Lack of heat acclimatization and poor fitness Blood pools in the lower extremities, reducing the heart’s ability to provide enough circulation	Combination of fatigue, dehydration and electrolyte losses through sweat Lack of heat acclimatization and poor fitness	Caused by either excessive fluid losses or electrolyte losses Dehydration causes less blood to be available for the working muscles and the skin to give off heat
TREATMENT	Lay the athlete on the ground and raise the legs about 12 inches This helps blood go back to the heart to normalize blood pressure	Rehydration with water and sport drinks Some light stretching or massage with ice on the cramping muscle	Remove the athlete from activity and put him or her in a shaded/cool area Lay the athlete on the ground and raise the legs about 12 inches Replenish lost fluids Moderate cooling methods, such as ice towels, misting fans or cold water immersion
PREVENTION	Heat acclimatization	Arrive to practice well-hydrated and having consumed some salt with the last meal Minimize fluid losses during exercise and replace lost fluids post exercise Heat acclimatization	Heat acclimatization Arriving to practice/competition well-hydrated Minimizing fluid losses during activity and replace fluid losses after exercise
RETURN TO PLAY	The athlete should feel better within a few minutes, and full recovery is usually quick (within hours) Return to activity once the athlete feels better and is adequately hydrated	Once cramps resolve Without replacing lost fluids, risk of additional cramps is high	Should not return to activity on the same day Complete recovery usually takes 24-48 hours and must focus on rehydration and rest

IMPORTANT

If an athlete needs to go to the hospital, have him cool off first and transport him second. Rapid cooling onsite while waiting for transport to the hospital is a key to survival of an exertional heat stroke without medical staff.

EXERTIONAL HEAT STROKE (EHS)

What is exertional heat stroke?

Exertional heat stroke occurs when the body reaches temperatures above 104°F and there is obvious central nervous system (CNS) dysfunction. CNS dysfunction can include any of the following: dizziness, collapse, confusion, irrational behavior, hysteria, aggressiveness, combativeness, disorientation, seizures and coma.

It is a medical emergency.

What is the cause of EHS?

When the body is unable to give off heat fast enough, heat is stored and core body temperature continues to rise.

How do I treat someone suspected of EHS?

If EHS is suspected in an athlete, immediate action is imperative in order to maximize the chance of survival.

EMS (9-1-1) should be called immediately. Aggressive cooling of the entire body should be done to lower the athlete's core body temperature as fast as possible. Whole-body, cold-water immersion is the best treatment for EHS because it cools the body the fastest. If this is unavailable, then any attempts to cool the body through continual dousing of water (shower, running a hose over the entire body while covering the body with iced towels) should be done before EMS arrives to take the athlete to the hospital.

4. How do I prevent EHS?

There are multiple ways in which you can help prevent the occurrence of EHS:

- Having your athletes undergo a period of heat acclimatization
- Encouraging athletes to come to practice hydrated
- Allowing athletes unlimited access to hydration during activity
- Modifying practice when environmental conditions become extreme (allowing additional rest/hydration breaks, reducing the intensity of practice, reducing the time of practice, and reducing the equipment worn during practice)
- Practicing at an intensity that is appropriate for the fitness level
- Encourage your athletes to speak up when they do not feel well - create a culture where this is considered smart



For more information, visit
www.usafootball.com/headsup or www.ksi.uconn.edu.

Acclimatization

When official practices begin in August, the following schedule **MUST** be adhered to, to insure player safety and to achieve heat acclimatization. Coaches may restrict practice further at their discretion, but may never practice beyond the limitations below during the first 4 days of practice:

KYF® 2017 Approved Acclimatization Guidelines

Practice Day	Equipment
Day 1	Shorts & Helmets Only – 90 min max
Day 2	Shorts & Helmets Only – 90 min max
Day 3	Shorts, Helmets, and Shoulder Pads
Day 4 and after	Full Pads Allowed (Optional)

Be sure to check the Weather Frequently and Follow All KYF® H&S Guidelines



Achieving Heat Acclimatization

Overview:

Safely participating in practices and games in the Texas heat requires advance preparation and on-the-spot knowledge and management of how an athlete’s body reacts to physical exertion in hot, humid weather. To insure that KYF® athletes are able to perform safely at their highest level, the following information is provided.

Information for Parents & Coaches:

The first step in achieving a safe practice environment for players and coaches, is acclimating the body to the heat of summer. KYF® encourages coaches to hold conditioning-only practices in July to help in this regard. These practices can be no longer than 90 minutes, twice each week, and no football-specific training or coaching may be performed. These sessions are to be used solely to help athletes get in shape for the season, and to help achieve heat acclimatization prior to donning full pads. Please refer to the KYF® Rules & Administrative Guidelines for more information on conditioning practices.

When official practices begin in August, the following schedule must be adhered to, to insure player safety and to achieve heat acclimatization. Coaches may restrict practice further at their discretion, but may never practice beyond the limitations below during the first 4 days of practice:

<u>Practice Day</u>	<u>Equipment</u>
Day 1	Shorts & Helmets Only – 90 min max
Day 2	Shorts & Helmets Only – 90 min max
Day 3	Shorts, Helmets, and Shoulder Pads
Day 4 and after	Full Pads Allowed (Optional)

- *Practice is defined as time on the football field (including warm-up, stretching, break time, cool down, and any conditioning, and should never exceed two hours*
- *During the first two days, practices must be limited to 90 minutes. Practice should never exceed 2 hours on any day.*
- *Heat acclimatization days should be continuous, if possible, meaning few days off. However, if your practice schedule is only a few days a week, then remember that the days between your practices (the days off) do NOT count toward acclimatization days. It will take longer to acclimatize in situations like this.*



Heat & Hydration

Overview:

The second step in achieving a safe practice environment for players and coaches, is proper hydration before, during, and after practices and games.

(please visit <http://ksi.uconn.edu/information/parents/> for more information).

Information for Parents & Coaches:

Hydration, or fluid replacement, plays a crucial role in physiological functioning, athletic performance and heat illnesses. Numerous research studies state that increased dehydration levels elevate the risk for heat illness. Other factors that increase fluid loss include intensity of exercise, inappropriate work-to-rest ratios, inaccessible fluids or inadequate fluid sources, acclimatization to heat and fitness level.

Dehydration can lead to increased heart rate and overall strain on the heart. It will also increase the core body temperature to a level higher than if an individual is optimally hydrated. This cardiovascular strain combined with a higher core body temperature puts an athlete at increased risk for heat illness. To avoid heat-related illnesses, it is imperative that athletes minimize core body temperature increases, and decrease cardiovascular strain during exercise. **Proper hydration is one way to accomplish this.**

Maintaining Hydration

- Encourage your child to stay well hydrated before, during, and after practice sessions.
- Encourage your child to drink both water and fluids containing sodium (for example sports drinks), especially for heavy or salty sweaters.
- Drinking water throughout the day is also important, especially when having multiple practices.
- One way to determine how much fluid your child needs to drink during a workout is by measuring his or her sweat rate.
- Participate in adequate water breaks throughout practice sessions. These sessions should be every 15-20 minutes, and they should allow athletes to drink as much as they wish.



****As the temperature increases, rest/water breaks should be taken more frequently****

- Water and rest breaks should be in shaded/cooler areas, if possible.
- To make sure your child is hydrated, have him or her observe the color of their urine, which should be a “straw” yellow or the color of lemonade and NOT the color of apple juice.
- Your child should never be denied or discouraged from drinking water/fluids. Fluids should be readily accessible throughout practice. Your child should NOT be punished by withholding water/fluids.

Sports Drinks

Exercise in warm, humid environments increases core body temperature and can cause heat storage in the body. Heat storage increases sweat rate, which may induce dehydration. Fluid ingestion is a strategy that minimizes dehydration and slows the rise in core temperature by sustaining blood flow for heat dissipation. Ingesting sufficient fluid to minimize dehydration during exercise optimizes heat dissipation.

Intense endurance exercise promotes dehydration and depletion glucose and electrolytes. Fluid-energy-electrolyte replacement beverages (i.e., sports drinks) improve endurance because they satisfy these needs, particularly in hot and humid environments with exercise lasting over one hour. Electrolytes also stimulate thirst and promote absorption in the gastrointestinal (GI) tract.

Any fluid deficit that is incurred during one exercise session can potentially compromise the next exercise session if adequate fluid replacement does not occur. Therefore, it is important to replace fluid and electrolyte losses, and replenish energy stores in order to achieve recovery before the next bout of exercise.

Ingestion of non-caffeinated sport drinks containing vital nutrients such as water, electrolytes and carbohydrate during exercise may help enhance performance and reduced physiological stress on an athlete’s cardiovascular, central nervous and muscular systems.

Both the volume of the drink and its composition are critical. Carbohydrates improve the rate of intestinal uptake of sodium, which in turn favors the retention of water. When proper



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hydration status is maintained, including carbohydrates in the sports drink delays the onset of fatigue during a the next bout of intense exercise in a warm environment. Even modest (up to 2% of body weight) exercise-induced dehydration decreases aerobic performance capacity and compromises cognitive capability.

Tips to Stay Cool

Staying cool in the heat when exercising is important. Increased body temperature when exercising can lead to heat illnesses such as exertional heat stroke, heat exhaustion, and heat syncope. Body temperature can increase for many reasons besides exercise alone. They include:

- Illness
- Lack of acclimatization to the heat
- Dehydration
- Long-term lack of sleep
- Poor physical fitness
- Amount of equipment being worn in heat
- Certain medications (ADHD medications, Sudafed, Ephedra, recreational drugs)

It is not hard to stay cool when exercising if you take the proper steps beforehand such as:

- Avoid practicing during the hottest part of the day
- Take time to adapt to hot environments over the course of 10-14 days (acclimatization)
- Take frequent breaks (every 20 minutes or so)
- Stay hydrated before, during and after practice
- Maintain a minimum level of physical fitness even when not practicing
- Avoid practicing when you are sick
- Make sure you practice where there is a shaded or cool area nearby
- Don't use full heavy gear until you have acclimatized to the heat
- Have ice towels available to use during rest breaks
- Have accurate temperature monitors available to prevent exertional heat stroke
- Monitor body temperature more closely if using medications that increase body temperature
- Avoid recreational drugs



- In a competition scenario, minimize warm-up or warm up in cool or air conditioned environment

Prevention of Heat Illnesses

Before your child starts playing a sport, he or she should have a physical examination by a medical doctor that includes specific questions about any history of exertional heat illness (EHI).

- Tell your child's coach about any history of EHI.
- Make sure your child is properly hydrated before he or she heads to practice or a game.
- Be sure your child feels comfortable with expressing if they do not feel well to others, especially coaches.
- Give your children their own water bottles to take to practice everyday.
- Make sure your child's coach has your emergency contact numbers.
- Check that your child's league/team has an emergency action plan (EAP).
- Make sure your child is acclimatized to the heat by gradually phasing in the amount of activity they are performing in the heat, over the course of 10–14 days, especially when wearing equipment.
- Be aware of the intrinsic factors (mostly your child's control / items (s)he can adjust) and extrinsic factors (mostly outside of your child's control) that cause EHI.
- To aid in preventing EHI, proper hydration should be monitored and encouraged along with other preventive methods.

Exercise extra caution if your child has any of these intrinsic factors or you are concerned regarding any of the extrinsic factors.

Intrinsic Factors:

- History of heat illness
- Inadequate heat acclimatization
- Low fitness level
- Overweight or obese
- Inadequate hydration
- Lack of sleep
- Fever
- Stomach illness
- Highly motivated/ultra-competitive



Pre-pubescent



Extrinsic Factors:

Wet Bulb Globe Temperature (WBGT)

Intense or prolonged exercise with minimal breaks

High temperature/humidity/sun exposure & over multiple days

Inappropriate work/rest ratios based on intensity

Clothing

Equipment

Fitness

No or limited access to fluids or breaks during practice

Delay in recognition of signs and symptoms associated with EHS



Hot Weather Policy

Overview:

Practice or competition in hot and humid environmental conditions poses special problems for athletes. Heat stress and resulting heat illness is a primary concern in these conditions. Although deaths from heat illness are rare, constant surveillance and education are necessary to prevent heat-related problems. The following practices should be observed.

General Considerations for Risk Reductions

1. Encourage proper education regarding heat illnesses (for athletes, coaches, parents, medical staff, etc.) Education about risk factors should focus on hydration needs; acclimatization, work/rest ratio, signs and symptoms of heat illnesses, treatment, dietary supplements, nutritional issues, and fitness status.

General Guidelines:

1. An initial complete medical history and physical exam (see section on Medical Release and Physicals, elsewhere in this packet)
2. Gradual acclimatization of the athlete to hot/humid conditions is a must. We advise that athletes should gradually increase exposure to hot and/or humid environmental conditions over a period of seven to 10 days to achieve acclimatization.
3. Clothing and protective gear can increase heat stress. Dark colors absorb solar radiation, clothing and protective gear interfere with the evaporation of sweat and other avenues of heat loss. During acclimatization process, athletes should practice in T-shirts, shorts, socks and shoes. Rubberized suits should never be worn.
4. To identify heat stress conditions, regular measurements of environmental conditions will be taken daily.
5. Players who miss practice for extended periods MUST repeat the acclimatization procedure upon their return.



Specific Guidelines

Heat index of less than 100:

- No restrictions

Heat index of 100-105:

- Workouts limited to 1 1/2 hours, 10 minute break every 30 minutes.
- Conditioning should take place without helmets/shoulder pads.
- Athletes allowed to remove helmets if not actively participating

Heat index of 105-110:

- Workouts limited to 1 1/2 hours, 10 minute break every 30 minutes
- Unrestricted access to water at all times
- A 10 minute break should precede all conditioning
- Conditioning should take place without helmets/shoulder pads
- Conditioning should not exceed 10 minutes
- Decrease repetitions and practice for overweight individuals
- Asthmatic athletes may remove themselves from workout without penalties or repercussions

Heat Index of 110-115

- Shorts and T-shirts, no helmets for practice
- Practice shortened to 1 hour
- Unrestricted access to water at all times
- 10 minute break every 20 minutes
- Conditioning should take place indoors
- Decrease repetitions and practice for overweight individuals
- Asthmatic athletes may remove themselves from workout without penalties

Heat index of greater than 115:

- No outdoor workouts



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SUDDEN CARDIAC ARREST

While other injuries receive more attention, sudden cardiac arrest (SCA) is the No. 1 cause of death¹ for youth and teen athletes during sports. With proper preparation and training, school and league administrators can greatly reduce tragic outcomes when an incident occurs.

Sudden cardiac arrest is not the same as a heart attack. It is the result of structural or electrical disorders in the heart that lead to a lethal arrhythmia. Structural disorders can be heart muscle diseases such as hypertrophic cardiomyopathy, where the heart muscle becomes unnaturally thick, making it more prone to arrhythmias and harder to pump blood. Sometimes the heart is structurally normal, but electrical impulses in the heart become abnormal, leading to SCA.

Through preseason medical checks and regular doctor's visits, parents and coaches sometimes have advanced knowledge of an athlete's heart disorder. However, one of the main challenges for parents and the medical community is that the majority of young athletes who suffer sudden cardiac arrest on the playing field have no warning symptoms. The first sign of their heart condition could be collapse during exercise and the cardiac arrest itself.

? — What can parents and leagues do to help prevent sudden cardiac arrest?

It is important to recognize that no screening program is perfect. Screening certainly can identify some individuals at risk, and because of that it is recommended that young athletes be examined by a doctor before participating in sports. At the high school and college levels, athletes are required to have a pre-participating sports physical. Ideally, a comprehensive cardiac screen aimed at detecting heart disorders at risk of SCA should contain:

- ✓ Comprehensive physical evaluation
- ✓ Comprehensive symptom and family heart health history such as:
 - Passing out with exercise
 - Heart related death(s) in a relative before the age 40
- ✓ Electrocardiogram (EKG) screening
 - Performed by qualified medical professionals knowledgeable in modern standards for EKG interpretation in athletes

It also is of paramount importance that adults supervising youth athletes during sports be prepared to respond to someone who collapses in sudden cardiac arrest.

? — Why is it important to have a defibrillator available at all athletic events?

Putting an automated external defibrillator (AED) in schools and youth sports settings is a public safety measure. You may use it to save a child's life, but these devices also can be used to save the life of an adult – a coach, teacher or spectator. USA Football recommends that all youth practice and game fields have an AED available nearby and accessible to team personnel. Members of your team or league staff should receive formal training on how to operate the device.



When AEDs become more accessible, it becomes safer for everyone. While formal training is recommended, just having access to an AED increases the likelihood of bystander CPR and response. Eventually, defibrillators should be like fire extinguishers. We only use them in emergencies, but we know there is one close by if we need it.

? How can coaches and parents tell the difference between sudden cardiac arrest and a player collapsing because of exhaustion or other causes?

Any child who collapses and is unresponsive on the playing field should be assumed to be in cardiac arrest until proven otherwise. About 50 percent² of young athletes with sudden cardiac arrest will have brief seizure-like activity with arm or leg jerking movements. People think it's just a seizure, but it's really SCA.

An athlete passing out during exercise is not normal. If an athlete collapses while running and is unconscious without any recent trauma, you have to assume cardiac arrest. Some athletes may have warning symptoms of a heart condition, such as:

- Chest pain
- A racing heart when it shouldn't
- Prior episodes of passing out
- Shortness of breath that is disproportionate to the level of exertion

A child who normally has no problem keeping up with his or her peers but is suddenly struggling could be showing warning signs.

REMEMBER: The majority of SCA cases occur with no warning signs. That is why assuming SCA first in a downed athlete is of vital importance.

PLAN AHEAD

Every youth football organization should develop an emergency action plan, including these steps to address sudden cardiac arrest:

- The location of AEDs at your practice and game fields
- A mechanism to call 9-1-1 in case of an emergency during football activities
- Training in CPR and AED use for designated coaches
- Defining emergency routes to practice and game facilities and designating personnel to meet and direct emergency responders from the entrance to the individual
- Designate personnel to stay with the child to the hospital if a parent or guardian is not present
- Player/parent phone numbers should be available and personnel designated to contact the parents if one is not present

It is critical to practice and review your emergency response during the preseason with all personnel who may be involved in the emergency action plan.



USA Football and Physio-Control are dedicated to providing youth and high school programs easy access to AEDs. USA Football members get special pricing on two LIFEPAK CR® Plus AED packages.

Learn more, visit www.physio-control.com/usafotball

TREATMENT



What should coaches and parents should do if they suspect sudden cardiac arrest?

Call 9-1-1.

Then as soon as possible, begin hands only CPR with chest compressions and have someone close by get the AED if there is one available. Apply the AED as soon as possible and follow the voice prompts and instructions.

Treatment of SCA begins with early recognition. The American Heart Association outlines four steps in a “Chain of Survival” for SCA emergencies:

- Early recognition of the emergency and calling 9-1-1
- Early CPR
- Early defibrillation with an AED
- Early life support and cardiovascular care at a hospital

AEDs are safe, easy to use and provide voice and visual instructions so anyone can use them effectively if needed.

If you do these things, you have drastically improved your chance of saving someone who is in a life-threatening situation.

NOTE: If football shoulder pads are present, they can be cut and opened or removed to expose the chest.

It is also important to minimize interruptions in chest compressions both before and after defibrillation. This is why one adult is assigned to start CPR while a second person retrieves the AED.

Planning ahead can be the difference between life and death, so please train and practice the steps in your plan and ensure access to a defibrillator.

¹ Harmon KG, Asif IM, Klossner D, Drezner JA. Incidence of sudden cardiac death in national collegiate athletic association athletes. *Circulation*. 2011;123:1594-1600

²Drezner JA, Rao AL, Heistand J, Bloomingdale MK, Harmon KG. Effectiveness of Emergency Response Planning for Sudden Cardiac Arrest in United States High Schools With Automated External Defibrillators. *Circulation* 2009; 120: 518-525.



Weekly Equipment Checks

Overview:

Properly fitted and maintained equipment is an essential component of playing safe football. Unlike other sports, where equipment plays a secondary role in the activity, the helmet, mouth guard, shoulder pads, and leg pads play a critical role in keeping a player safe.

It has been a longstanding requirement in KYF® for coaches to check players' equipment for wear & tear and proper fit. It will now be a requirement that coaches document these checks (at minimum) on a weekly basis.

Information for Parents:

On the following pages are the specification sheets used by Katy ISD Football Players regarding the helmet checks they are required to do as part of participating in the sport. Please become comfortable with the particulars of how the different aspects of your player's helmet are intended to work. Regular helmet checks are highly required by the league, and we encourage you to teach your player how to do the same- it is a skill they will have to learn at higher levels of play, and teaching this to them when they're young develops good habits for later.

Information for Head Coaches:

It is the responsibility of each team's coaching staff to document, at minimum, that each player's equipment has been checked weekly. The form to document this process is included in this section. League officials may ask to see your equipment check log sheet at any time, and you are required to have it on your person at every KYF® practice or game. Failure to produce a sheet at a Board Member's request may result in disciplinary action.



Football Helmet Information Sheet

1. Warning Label

Your helmet should have a warning label in it. Whether the label has been removed or covered up, you should be aware of it and what it says:

Warning

Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules. Such use can result in severe head or neck injury, paralysis, or death to you, as well as possible injury to your opponent. No helmet can prevent all head or neck injuries a player might receive while participating in football.

2. N.O.C.S.A.E. Standards

All helmets must have a N.O.C.S.A.E. sticker inside or stamped on back of helmet.

3. Shell

- No visible cracks in shell.
- Fixtures or velcro to hold protective parts are intact and functional.
- All chin strap snap fixtures are in place and functional.

4. Mask

- Not bent out of shape.
- No excessive metal showing.
- Properly installed with correct hardware and hangers.
- No bolts, screws, nuts used other than type designed for this purpose.

5. Protective Parts

- No signs of cracks, deterioration, or compressed out of original shape.
- No alterations from original design.

- All securely fastened to shell with fixtures designed for this purpose.

6. Air Liners

Will hold air and is properly installed and inflated.

7. Alterations

- Only original manufactured parts are used when replacements are needed.
- No alterations from original manufacturers design permitted.

8. Jaw Pads

- Should have proper thickness to hold helmet firm against face.
- Snaps are intact and hold the pads securely.

9. Chin Straps

- Should be properly adjusted to give a firm pressure on the chin.
- All snaps in place and each snapped properly.

10. Paint and Touch Up

- No helmet shall be painted or touched up with any paint other than recommended by the manufacturer.
- No spray can substance, paint, polish, clear lacquer, or cleaner should be used on helmet unless approved by the manufacturer.

Warning

Paints, lacquers, or cleaners other than those approved by the manufacture may damage the helmet shell, causing it to crack or shatter on contact

Helmets should be checked:

- **Daily by the player**
- **Weekly by the coach (and documented!)**
- **As needed by the parent**



Football Equipment Inspection Checklist By Player

Week of: _____

Player #:																			
1. Warning Label																			
2. N.O.C.S.A.E.																			
3. Shell																			
4. Mask																			
5. Protection Parts																			
6. Air Lines																			
7. Alterations																			
8. Jaw pads																			
9. Chin Straps																			
10. Paint & Touch Up																			
11. Shoulder pads																			
12. Under-arm straps																			
13. Mouth guard																			
14. Leg/hip pads																			
Player Initial:																			
Coach Initial:																			

Player Responsibility:

Players should inspect their helmet before each and every use. If any inspection reveals the need for repair/replacement, notify parent/guardian and coach

Parent Responsibility:

Instruct your player that he is the person who should have the most concern about the safety and proper maintenance of his helmet. Demonstrate how the checks are to be done using the Helmet Information Sheet on the prior page. Check your player’s helmet on a regular basis.

Coach Responsibility:

- See that each player has a helmet that has a sticker or stamp showing it was manufactured to meet N.O.C.S.A.E. approved standards
- Take steps to see that through proper maintenance the helmet is maintained to meet these standards
- Check each helmet weekly with the player so both the coach and player are assured the helmet meets these standards through proper maintenance
- Each item of inspection has been thoroughly explained to each player so he can inspect his own helmet prior to each usage (refer to Football Helmet Information Sheet).
- The warning label has been thoroughly discussed and emphasis made that the player should never butt, ram, or spear an opposing player, and the consequences that could follow if he were to do so.



FOOTBALL HELMET

FITTING GUIDE



1. CHECKING HEAD SIZE



- Wrap a cloth measuring tape around the circumference of head
- Measure with tape approximately 1" above the player's eyebrows
- Record measurement
- Use the Riddell® circumference chart below to select proper helmet size
 - If measurement falls between helmet sizes, choose the smaller size

2. PUTTING ON / TAKING OFF HELMET



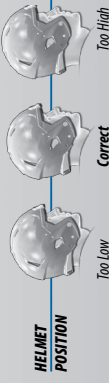
- Putting on helmet:**
- Hold helmet with thumbs over bottom of jaw pads
 - Place index fingers into ear holes
 - Pull helmet down into position
- Taking off helmet:**
- Unbuckle chin strap from bottom snaps
 - Place index fingers into ear holes
 - Press thumbs into bottom of jaw pads
 - Lift helmet up and off the head

3. ADJUSTING HELMET HEIGHT



* Use glycerin to lubricate needle

- Adjust inflatable pads using a Riddell inflation bulb and a well-lubricated Riddell inflation needle
- Insert needle
- Pump Riddell inflation bulb to achieve proper height
- Remove needle
- Front of helmet should be approximately 1" above the player's eyebrows



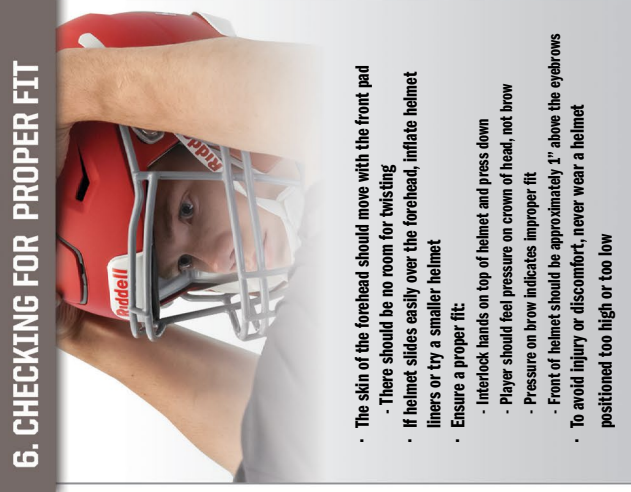
- Inflate for snug, comfortable fit front-to-back and side-to-side

* Use glycerin to lubricate needle



- Jaw pads should feel firm against the face
- Insert needle into valve at exterior jaw flap
- Inflate jaw pad
- If non-inflatable jaw pads feel loose, change to a thicker size
- If non-inflatable jaw pads feel tight, change to a thinner size

* Use glycerin to lubricate needle



6. CHECKING FOR PROPER FIT

- The skin of the forehead should move with the front pad
 - There should be no room for twisting
 - If helmet slides easily over the forehead, inflate helmet liners or try a smaller helmet
- Ensure a proper fit:
 - Interlock hands on top of helmet and press down
 - Player should feel pressure on crown of head, not brow
 - Pressure on brow indicates improper fit
 - Front of helmet should be approximately 1" above the eyebrows
- To avoid injury or discomfort, never wear a helmet positioned too high or too low



7. ENSURE COVERAGE IN BACK

- To adjust chin straps:**
- Buckle top and bottom of chin strap into the snaps above and below ear holes
 - Cup should be centered and snug over chin
 - Adjust chin strap until cup is firmly pressed against chin
 - When buckled, helmet should feel comfortable and snug
 - Chin straps are available in multiple sizes & styles

Varsity & Youth: Riddell Edge, Victor

HELMET SIZES	Small	Medium	Large	X-Large
HAT SIZE	up to 6 1/2	6 1/2 - 7	7 - 7 1/2	7 1/2 and up
CIRCUMFERENCE	up to 20 3/8"	20 3/8" - 22"	22" - 23 1/2"	23 1/2" and up

Youth: Riddell Edge, Victor

HELMET SIZES	2X-Small	X-Small	Small	Medium	Large	X-Large
HAT SIZE	6 1/8 - 6 1/4	6 3/8 - 6 1/2	6 5/8 - 6 3/4	6 7/8 - 7	7 1/8 - 7 1/4	7 3/8 - 7 1/2
CIRCUMFERENCE	19 1/4" - 19 5/8"	20" - 20 3/8"	20 3/4" - 21 1/4"	21 5/8" - 22"	22 3/8" - 22 7/8"	23 1/8" - 23 1/2"

Youth: Riddell Victor-I

HELMET SIZES	XS/NS	SM/MD	LG/XL
HAT SIZE	6 1/8 - 6 1/2	6 5/8 - 7	7 1/8 - 7 1/2
CIRCUMFERENCE	19 1/4" - 20 3/8"	20 3/8" - 22"	22 3/8" - 23 1/2"

For further helmet fitting guidelines, videos and in-depth details go to: RIDDELL.COM



SHOULDER PAD FITTING GUIDE



1. MEASURE CHEST



- Wrap measuring tape around upper torso
- Record measurements

2. MEASURE SHOULDERS



- Stretch tape over contour of shoulders (As shown above)
- Measure from tip of left humerus to tip of right humerus
- Record measurements

3. SELECT PADS / PUT ON PADS



- Select pads:**
- Identify player position and select corresponding Riddell® pad style
 - Use the Riddell® pad chart below to select proper pad size

Put on pads:

 - Bring pads down over head
 - Be careful of eyes and nose

4. SECURE STRAPS



- Buckle belts and connect elastic straps (if applicable)
- Establish tight fit in chest and back area

5. CHECK FOR PROPER FIT



- Ensure there is no pinching in collar

6. ENSURE COVERAGE IN FRONT



- Pads should cover sternum
- Pads should cover front-upper shoulders

7. ENSURE COVERAGE IN BACK



- Confirm coverage
- Confirm optimal range of motion

FLAT PADS: Professional / College / Varsity

PAD SIZES	Small	Medium	Large	X-Large	2X-Large	3X-Large	4X-Large	5X-Large	6X-Large
SHOULDER WIDTH	17" - 18"	18" - 19"	19" - 20"	20" - 21"	21" - 22"	22" - 23"	23" - 24"	24" - 25"	25" - 26"
CHEST CIRCUMFERENCE	38" - 40"	42" - 44"	46" - 48"	48" - 50"	50" - 52"	52" - 54"	54" - 56"	56" - 58"	58" - 60"

FLAT PADS: Junior Varsity

PAD SIZES	X-Small	Small	Medium	Large	X-Large
SHOULDER WIDTH	14" - 15"	15" - 16"	16" - 17"	17" - 18"	18" - 19"
CHEST CIRCUMFERENCE	30" - 32"	34" - 36"	36" - 38"	38" - 40"	40" - 42"

FLAT PADS: Youth

PAD SIZES	X-Small	Small	Medium	Large	X-Large	2X-Large	3X-Large
SHOULDER WIDTH	10" - 11"	11" - 12"	12" - 13"	13" - 14"	14" - 15"	15" - 16"	16" - 17"
WEIGHT RECOMMENDATION	40 lbs.	60 lbs.	80 lbs.	100 lbs.	130 lbs.	150 lbs.	170 lbs.

* These charts are only guides. Athletes' measurements, shoulder pad sizes, and actual fit may vary.

For further helmet fitting guidelines, videos and in-depth details go to: RIDDELL.COM



CONTACT PSYCHOLOGY

Some players are instinctively aggressive and eager for contact. Many more may have some initial reservations.

- This initial fear is real

Overcome this fear by:

- Gaining players' trust
- Speak on their level
- Be positive, enthusiastic and encouraging
- Build them up at every opportunity

Confidence comes through repeated successes

- Drills they are developmentally ready for
 - Age, skill, ability
 - Space, distance, speed, complexity
- Proper matchups
 - Size, temperament, skill level
- Levels of Contact

Look for behavior signs in youngsters who lack confidence

- Head down
- Lack of eye contact
- Skipping to the back of line or avoiding a particular matchup
- Lack of enthusiasm for contact drills



**HEADS UP
FOOTBALL**

LEVELS OF CONTACT

0 - AIR



Players run a drill unopposed without contact.

1 - BAGS



Drill is run against a bag or another soft-contact surface.

2 - CONTROL



Drill is run at assigned speed until the moment of contact. One player is pre-determined "winner" by the coach. Contact remains above the waist and players stay on their feet.

3 - THUD



Drill is run at full speed through the moment of contact. No pre-determined "winner." Contact remains above the waist, players stay on their feet and a quick whistle ends the drill.

4 - LIVE ACTION



Drill is run in game-like conditions and is the only time that players are taken to the ground.



NATIONAL PRACTICE GUIDELINES FOR YOUTH TACKLE FOOTBALL



BACKGROUND

USA Football is committed to advancing player safety to protect the health and well-being of every child. In addition to coaching education, a key element of player health and safety is the responsibility of all coaches to conduct organized practices and teach proper fundamentals in a safer environment. There are approximately 9,300 youth tackle football organizations in the United States. Within these are approximately 2.5 million young athletes who play and 400,000 adults who coach.

PURPOSE

The purpose of these guidelines is to provide youth football organizations (players age 6 to 14) with recommendations to establish consistent methods designed to limit the chance for injury during structured practice sessions. This document provides youth football commissioners and coaches with heat acclimatization guidelines, clear definitions of contact and recommendations on the number of practices per week and time limits on player-to-player full contact.

There is much to be learned about helmet impacts in youth sports. We remain committed to adopting the best evidence-based practices. We recognize that even with the latest research available, there is no clear consensus in this area. Accordingly, we will update these recommendations and guidelines in accordance with the evidence. Ideally, this emerging data will help us understand the potential for long-term adverse cognitive, emotional and/or neurological effects from concussions and/or other repeated head contact without associated symptoms. Based on what is known about concussions today, the guiding principles in developing these recommendations were to reasonably limit head contact and thus concussion risk.

GUIDELINE 1

Implementing a preseason youth football heat acclimatization period

Reported cases of exertional heat stroke (EHS) currently rank among the top-three causes of sport participation fatalities. Setting mandatory guidelines for heat acclimatization provides a vital standard to protect athletes against exertional heat illnesses and possibly save lives. The majority of EHS cases occur during summer workouts when athletes are unprepared to cope with environmental conditions and physiological demands placed upon them. Heat acclimatization guidelines recommend that athletes be introduced slowly to environmental stresses during practice sessions, resulting in a lowered risk for EHS. These guidelines call for a two-week period (10-14 days) when coaches gradually increase the length and intensity of practice and the amount of equipment that can be worn. At all times, athletes should have access to fluids and have periods of rest throughout a practice.

Recommendations include:

1. At no time throughout the preseason or regular season should teams practice more than once per day (No two-a-day practices). Teams should be allowed to practice a maximum of four times per week during the preseason.
2. During practice days 1 and 2 of the heat-acclimatization period, no more than 90 minutes of practice are allowed, a helmet should be the only protective equipment permitted. No form of player-to-player contact should occur during the first two practices.
3. During practice days 3 and 4, two hours of total practice time is allowed. Only helmets and shoulder pads should be worn. No full-contact drills should be allowed. USA Football defines full-contact as drills being run at “Thud” and “Live” tempo. Coaches are encouraged to limit player-to-player contact up to “Control” using USA Football’s Levels of Contact.
4. On practice days 5 and 6, two hours of practice time is allowed which would occur within the second week of a youth organization’s preseason schedule according to these guidelines. Teams have the option to wear full pads and full contact drills can begin and should be utilized within the recommended time allocation discussed below.
5. If a practice is interrupted by inclement weather or heat restrictions on any of the practice days, the practice should resume once conditions are deemed safe.
6. On days when environmental conditions (heat index or WBGT) are extreme, modifications should be made to the work-to-rest ratio (to allow for cool-down periods and rehydration) or rescheduled to cooler parts of the day (i.e. before 10 a.m. or after 6 p.m.).

GUIDELINE 2

Ensure all youth coaches understand the definition of “full contact”

Full-contact drills should be limited during the preseason and regular season as the number of exposures may increase the chance for injury to youth players. For purposes of these guidelines, full-contact consists of both “Thud” and “Live Action” using USA Football’s definitions of Levels of Contact.

Rationale: By definition, “Thud” involves initiation of contact at full speed with no predetermined winner, but no take-down to the ground. Initial contact, particularly with linemen, is just as physical with “Thud” as with “Live Action.” USA Football recognizes that “Live Action” likely carries a higher injury risk to the body than does “Thud.” The first three levels of USA Football Levels of Contact “Air,” “Bags,” and “Control” are considered no or controlled-contact, and thus no limitations are placed on their use in practice.

GUIDELINE 3

Recommended number of team practices and amount of “full contact” drills per week

Preseason Recommendation

Following the preseason acclimatization period, it is recommended youth teams conduct no more than four practices per week. Coaches are to limit the amount of full-contact to no more than 30 minutes per day and no more than 120 minutes per week. No two-a-day practices should be allowed at any point throughout the preseason.

Rationale: USA Football recognizes preseason practices may require more full-contact time than practices occurring in the regular season to allow for teaching fundamentals with sufficient repetition to prepare for the season. Coaches are encouraged to introduce contact through a progressive manner to ensure they are using proper technique before full-contact (Thud & Live Action) drills are allowed.

Regular Season Recommendation

Once the regular season begins and games commence, USA Football recommends the number of practices per week is decreased to three to account for the weekly game. Coaches are to limit the amount of full-contact to no more than 30 minutes per day and no more than 90 minutes per week.

Rationale: At this point in the season, games have begun and full-contact exposure rates have increased on a weekly basis for players. To account for this, the recommendation to eliminate one practice per week and decrease the amount of time dedicated to full-contact drills decreases the number of exposures per week.

GUIDELINE 4

Coaches need to use a practice plan and assign a “level of contact” for every drill according to USA Football’s Level of Contact chart

USA Football defines contact using its Levels of Contact chart (see below) to help coaches assign a level of resistance for each drill period within their practice plan.

Properly employing the levels of contact during a football practice is an important skill for youth coaches to learn. This is completed by adjusting the distance between players, the speed at which they conduct a drill and modifying the “winner” of a drill. In doing this, coaches can better accomplish specific teaching objectives during practices and decrease the chance for injury.

Planning when to teach, when to compete and when to adjust contact promotes a better experience for players and coaches. Proper usage of the Levels of Contact system will help players perform their contact skills at a high level while instilling confidence. Employing the Levels of Contact system also helps reduce player fatigue, which can advance player safety.

Explaining Levels of Contact

Levels of Contact focuses on varying intensity levels throughout practices to build player confidence, ensure their safety and prevent both physical and mental exhaustion.

CONTACT	DESCRIPTION
Air	Players run a drill unopposed without contact.
Bags	Drill is run against a bag or another soft-contact surface.
Control	Drill is run at assigned speed until the moment of contact; one player is pre-determined the ‘winner’ by the coach. Contact remains above the waist and players stay on their feet.
Thud	Drill is run at assigned speed to competitive speed through the moment of contact; no pre-determined “winner.” Contact remains above the waist, players stay on their feet and a quick whistle ends the drill.
Live Action	Drill is run in game-like conditions and is the only time that players are taken to the ground.

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1. Armstrong LA, Casa D, Millard-Stafford MMS, Moran DM, Pyne SP, Roberts WR. "Exertional Heat Illness during Training and Competition." *Med. Sci. Sports Exerc.* 556-572, 2007.
2. Casa D, Csillan D: "Preseason Heat-Acclimatization Guidelines for Secondary School Athletics." *The Journal of Athletic Training*; 44(3): 332-333, 2009.
3. Casa D, Guskiewicz K, Anderson S, Courson R, Heck J, Jimenez C, McDermott B, Miller M, Stearns R, Swartz E, Walsh K, "National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports." *Journal of Athletic Training*; 96-118, 2012.
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5. Martini DJ, Eckner JT, Kutcher JS, Broglio SP, "Sub concussive Head Impact Biomechanics: Comparing Differing Offensive Schemes." *Med. Sci. Sport Exerc.* 45 (4): 755-761, 2013.
6. National Federation of State High School Associations Recommendations and Guidelines for Minimizing Head Impact Exposure and Concussion Risk in Football <http://www.nfhs.org/media/1014079/2014-nfhs-recommendations-and-guidelines-for-minimizing-head-impact-final-october-2014.pdf>



Practice Guidelines – Levels of Contact

Overview:

As part of our comprehensive coaching education program, KYF® believes practice guidelines are essential in lowering injury potential. We believe limiting the amount of contact time during practice will lower the overall exposure time, and thereby reduce the overall risk potential for injury. Therefore, we have adopted the following Levels of Contact guidelines and requirements.

Guidelines and Requirements:

KYF® Head Coaches must submit an initial practice plan to the KYF® Health & Safety Director utilizing the USA Football Online Practice Planner Tool. Plan must be submitted by deadline communicated via league operations. This tool contains a built in Player Contact Meter that calculates Full Contact. KYF® recommends all coaches utilize the online practice planner to develop practice plans for all practices throughout the season.

Review Sample Practice Plans Here: <http://www.katyyouthfootball.com/wp-content/uploads/KYF-Practice-Plan-Samples.xlsx>

Please review the sample practice plans and take note of the Player Contact Meter - KYF® defines "Full Contact" as "Thud" work or "Live" work to the ground.

USA Football Practice Planner: <https://usafootball.com/resources-tools/coach/practice-planner/>

KYF® will allow no more than 90 minutes of Full Contact (Thud / Live) practice per week, up until 9/4/2017. Starting 9/4/2017, KYF® recommends no more than 60 minutes of Full Contact (Thud / Live) practice per week. Under no circumstance should any team exceed 90 minutes of Full Contact (Thud / Live) practice in any week. KYF® recommends no more than 30 minutes of Full Contact (Thud / Live) time during any single practice.

KYF® PRACTICE GUIDELINES

Guideline 1

- Follow the KYF® heat acclimatization guidelines

Guideline 2

- All KYF® coaches must understand the definition of “full contact”
KYF® Defines Live (to the ground) and Thud as “full contact”

Guideline 3

- KYF® Rules specify the amount of team practice time and amount of “full contact” time allowed per week – Review all Rules!

Guideline 4

- Allocate a level of contact for each drill period in practice. Use Levels of Contact within the daily practice plan

KYF® PRACTICE GUIDELINES

- KYF® is recommending all head coaches utilize the USA Football Online Practice Planner to plan ALL practices
- All head coaches **MUST** submit an initial practice plan, utilizing the online USA Football Practice Planner, outlining a typical practice week to the KYF® Health & Safety Director, Dave Perez. You must submit an electronic copy from the online tool
 - **DEADLINE TO SUBMIT PRACTICE PLAN IS JULY 29, 2017!**
To: Safety@KatyYouthFootball.com
- For the 2017 Season - KYF® will allow no more than 90 minutes of Contact (Thud / Live) practice per week, up until 9/4/2017. Starting 9/4/2017, KYF® recommends no more than 60 minutes of contact (Thud / Live) practice per week. Under no circumstance should any team exceed 90 minutes of Contact (Thud / Live) practice in any week. KYF® recommends no more than 30 minutes of Full Contact time in any single practice



**HEADS UP
FOOTBALL**

INTRODUCTION TO USA FOOTBALL'S SHOULDER TACKLING FRAMEWORK

USA Football's Shoulder Tackling framework is a key element of the Heads Up Football program as it's a way for coaches to teach, practice and correct proper mechanics for this important all-player skill. Used by thousands of youth and high school teams, this framework lays the foundation for proper tackles.

Developed in conjunction with USA Football's Medical and Football Advisory Committees, this framework consists of five components; fundamentals, leverage, form tackle, thigh & drive tackle and thigh & roll tackle.





**HEADS UP
FOOTBALL**

SHOULDER TACKLING

1 - BREAKDOWN



The foundational starting point for all movements and drills.

2 - SWOOP



Technique for coming to balance prior to contact.

3 - NEAR FOOT



Correct body posture at moment of impact for safer tackling. Head and eyes are up using the front of shoulder as point of contact.

4 - UPPERCUTS



With head to the side and out of contact, throw double uppercuts and grab cloth on the back of jersey to secure the tackle.

5 - SHOOT



Explode the hips to generate power and create an ascending tackle.



**HEADS UP
FOOTBALL**

SHOULDER TACKLING DRILLS



BREAKDOWN

- A** Knees bent, feet shoulder-width apart, upper body in a 45-degree forward lean, chin up and weight on the balls of your feet (not your toes).
- B** Shoulders over knees, knees over toes.
- C** Able to move in any direction.

Teach progression:

- D** Feet → Squeeze → Sink → Hands

NOTES



**HEADS UP
FOOTBALL**

SHOULDER TACKLING DRILLS



SWOOP

- A** Come to balance. Regain lower pad level.
- B** Take quick, choppy steps to bring the body under control while continuing to gain ground toward the ball-carrier with the leverage foot forward.
- C** Once the defender is within “striking distance” of the ball-carrier, the defender widens his base and sinks his hips.

NOTES



**HEADS UP
FOOTBALL**

SHOULDER TACKLING DRILLS



NEAR FOOT

- A** After closing to the ball-carrier, the final step is a short downhill power step.
- B** Staggered stance with a bend in both knees. With your back foot directly under your hips.
- C** Head and eyes up, shoulders square to contact. Back flat, spine-in-line.
- D** Leverage foot up to declare “same foot, same shoulder” concept.

NOTES



HEADS UP
FOOTBALL

SHOULDER TACKLING DRILLS



UPPERCUTS

- A** Upper body movement to secure tackle.
- B** Forcefully club both arms in an upper-cut motion: “Thumbs up and elbows down.”
- C** After the **Rip**, secure the tackle by “grabbing cloth” (the back of the ball-carrier’s jersey); you should have your elbows tight to ball-carrier’s sides.

NOTES



**HEADS UP
FOOTBALL**

SHOULDER TACKLING DRILLS



SHOOT

- A** Forcefully explode your hips open and upward.
- B** Using the larger muscle groups of the lower body produces a powerful tackle.
- C** To finish the tackle, continue to drive your legs while working up and through opponents.

NOTES



HEADS UP
FOOTBALL

SHOULDER TACKLING DRILLS



LEVERAGE

- A** The defensive player targets the ball-carrier's near hip.
- B** The defensive player changes speeds appropriately – shuffle, run and gather, sprint, stop and go – to close the space on the ball-carrier and stay in alignment with the near hip.
 - The tackler must not get out in front of the ball-carrier which would open up a cutback lane.
- C** The near foot and near shoulder (nearest to the ball-carrier's target hip) are slightly forward while closing distance to declare leverage and force the offensive player in one direction.
- D** Once the defender is within the contact zone, he or she **Swoops to Near Foot** position to maintain a strong base and ensure footwork remains under control, striking with the same foot and same shoulder.

NOTES



HEADS UP
FOOTBALL

SHOULDER TACKLING DRILLS



FORM TACKLE

- A** This is a leverage tackle with a near foot and near shoulder strike.
- B** The shoulder strike is to the near pec.
- C** Head and eyes are up, spine is in line with strong posture which allows the defender to transfer power into the opponent from the **Near Foot position**.
- D** A great **Shoot** with **Uppercuts** in which the defender grabs cloth, secures the tackle and dominates contact to generate power to reverse momentum.
- E** Finish by driving the feet through contact to take the ball-carrier backwards and to the ground.

NOTES



**HEADS UP
FOOTBALL**

SHOULDER TACKLING DRILLS



THIGH AND DRIVE TACKLE

- A** This is a leverage tackle with near foot and near shoulder.
- B** Often referred to as “eyes through the thighs,” this is a low strike zone tackle (hips to knees).
- C** The shoulder makes contact with the thigh board.
- D** Arms are “ripped” aggressively around the legs to wrap and squeeze, trapping the legs together.
- E** The tackler drives through the legs, maintaining posture and keeping the head up to take the ball-carrier to the ground.

NOTES



**HEADS UP
FOOTBALL**

SHOULDER TACKLING DRILLS



THIGH AND ROLL TACKLE

- A** This is a leverage tackle with near foot and near shoulder.
- B** This is a low strike zone tackle. The shoulder makes contact with runner's thigh board.
 - The aiming point is often described as “eyes through the thighs.”
- C** Arms are “ripped” aggressively around the legs to wrap and squeeze, trapping the legs together.
- D** The defender rolls away from the leverage side by aggressively dropping his or her opposite shoulder and hip.
- E** Defenders should try to roll enough times to end up on top of the runner as a way of ensuring enough power during the roll.

NOTES



**HEADS UP
FOOTBALL**

SHOULDER TACKLING DRILLS

FUNDAMENTAL DRILLS

1. Breakdown
2. Swoop
3. Near Foot
4. Uppercuts
5. Shoot

LEVERAGE DRILLS

1. Near Foot, Near Shoulder
2. Near Hip
3. Run and Gather
4. Two Man Leverage
5. Two Man Rabbit

FORM TACKLE

1. Pop Up Tackle
2. Tight Angle Tackle
3. Angle Tackle
4. Sprint Form

THIGH AND DRIVE TACKLE

1. Kneeling Drive
2. Standing Drive
3. Two Step Drive
4. Running Drive

THIGH AND ROLL TACKLE

1. Kneeling Roll
2. Standing Roll
3. Two Step Roll
4. Running Roll



**HEADS UP
FOOTBALL**

TACKLE CIRCUIT

Integrate this period into your Practice Plan

- Proper tackling is the most important all-player skill you will teach your players
- Dedicating a separate period to developing this skill conveys its importance
- Tackle circuits can be conducted using contact and non-contact drills

BASICS

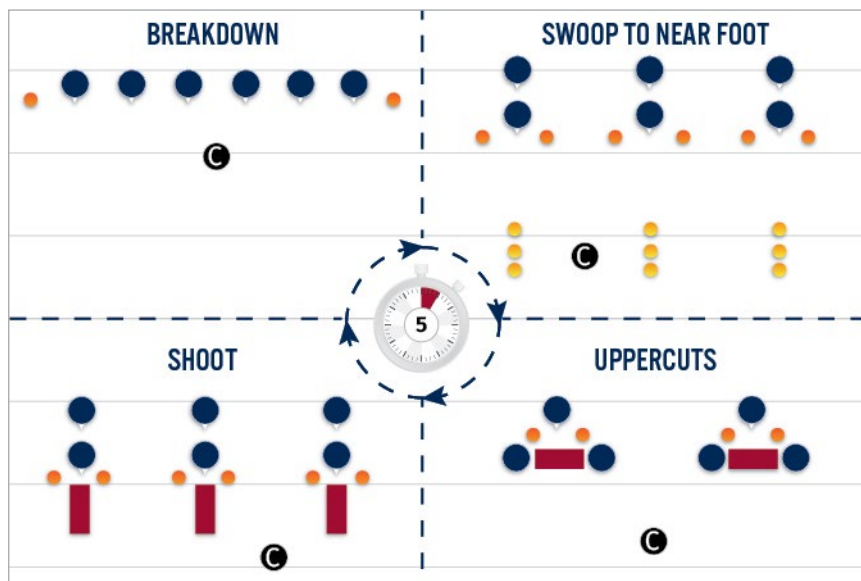
10-20 minutes every practice

Multiple stations

- Maximize number of reps
- Small groups = individual attention
- At least one coach per station

Change levels of contact

- Air, Bags, Control, Thud
- Keep athletes on their feet





**HEADS UP
FOOTBALL**

TACKLE CIRCUIT

PROGRAMMING

EARLY TO PRESEASON

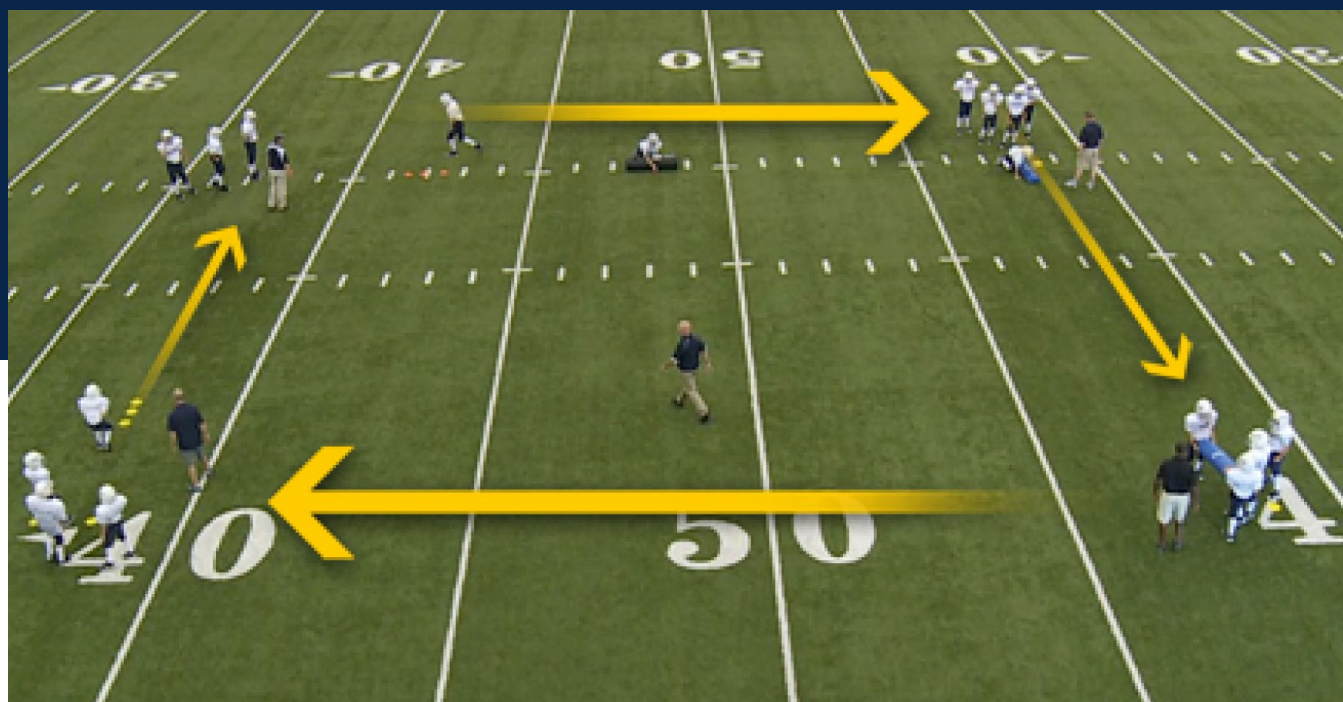
- Install circuit to create good habits
- Acclimate using different levels of contact
- Follow a linear skill progression
- Create energy and make it fun

IN-SEASON

- Different drills at each station
- Focus on multiple skills per session
- In-week contact guidelines
- Seasonal control of contact

TROUBLESHOOTING

- Why players/teams miss tackles?
- Circuit drills as the “fix”
 - Use drill that teaches that fundamental
 - Part-to-whole





**HEADS UP
FOOTBALL**

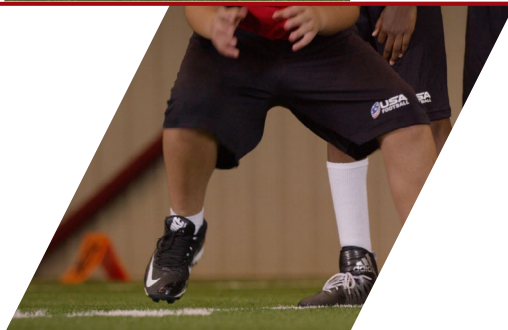
BLOCKING

1 - STANCE



The foundational platform for all blocks off the line.

2 - GET OFF



The initial two steps for all blocks. The first step is short positional step and the second is the contact step.

3 - STRIKE



Explosive contact with the hands or surface (front of shoulder, upper arm and forearm) not using the head.

4 - STICK



“Seating” on the block by rolling the hips into the defender while staying low and taking away the opponent’s space.

5 - FINISH



Short, strong and powerful steps with “cleats in the ground” to take the defender backward.



**HEADS UP
FOOTBALL**

BLOCKING



STANCE

- A** Chin up. Eyes open. Knees bent. Feet shoulder-width apart with a toe-to-instep stagger.
- B** Back flat with rear end slightly below the shoulders.
- C** Hands comfortably down with minimal weight, fingers extended to create a five-pointed base of support.
- D** Weight on balls of the feet keeping heels down. Should be able to slide a piece of paper under heels.

NOTES



**HEADS UP
FOOTBALL**

BLOCKING



GET OFF

- A** Explode out of the stance with a four-to six-inch directional step. Head and eyes up.
- B** Hands explode to ready position to prepare to strike defender.
- C** Get second step down before contact, always want two feet on ground when engaged. Maintain posture working to second level; keep wide base, head up and flat back.

NOTES



**HEADS UP
FOOTBALL**

BLOCKING

STRIKE



A Depending on the type of block, the blocker will drive the:

- Heels of both hands into the defensive player chest plate or
- Surface (front of shoulder, chest and forearm)

B Aiming point for an upward strike is just below the base of the defender's shoulder pads.

C Goal is to "lift" the defender's chest with pad under pad, raising his center of gravity and controlling him.

NOTES



**HEADS UP
FOOTBALL**

BLOCKING

STICK



- A** After the strike, forcefully sink the hips to maintain leverage and create a power angle in the lower body.
- B** Create a wide base and use proper balance to stay on the block.
- C** Roll hips into the block while staying compact to take away space between blocker's hips and defender.

NOTES



**HEADS UP
FOOTBALL**

BLOCKING



FINISH

- A** With a wide base, accelerate feet and continue leg drive to capitalize on strike and stick. Weight should be on the instep with “cleats in the ground.” Steps are short and controlled.
- B** Continue to work body and hand position during finish phase to stay connected to the defender and maintain sustained control of opponent.
- C** Work hips and hands to steer defender away from point of attack and the ball-carrier’s path.

NOTES
