



MEMBER OF  
THE NATIONAL FEDERATION  
OF STATE HIGH SCHOOL  
ASSOCIATIONS

MARYLAND STATE DEPARTMENT OF EDUCATION  
200 WEST BALTIMORE STREET  
BALTIMORE, MARYLAND 21201-1595

R. ANDREW WARNER  
EXECUTIVE DIRECTOR

**Minutes from the MPSSAA Wrestling Committee  
October 13, 2016**

In Attendance: Brian Layman (Chair), Michael Duffy (Tournament Director), Dave Dodson (Dual Meet Tournament Director), Bill Hyson (1A/2A Dual Meet Coordinator), Brandon Lauer (3A/4A Dual Meet Coordinator), Joe Dietrich (District 1), Odist Felder (District 3), Troy Stevenson (District 5), Chad Vosburg (District 5), Brett Baier (District 6), Craig Reddish (District 7), Tim Frey (District 8), Wavie Gibson (District 9)

Also Present: R. Andrew Warner, Executive Director, MPSSAA  
Jason Bursick, Assistant Director, MPSSAA  
Jill Masterman, Program Specialist, MPSSAA  
Donnee Gray, Coordinator of Officials, MPSSAA  
Bruce Malinowski, Rules Interpreter, MPSSAA  
Joe Vukovich, Northwest High School, District 2 (Sit-in Representative)  
Mike Sye, Coordinator of Athletics, Baltimore County Public Schools  
John Davis, Coordinator of Athletics, Howard County Public Schools  
Duke Beattie, Director of Athletics, Montgomery County Public Schools

Excused: Rob Pinsky (District 2), Rich Paoule (District 4)

Materials Distributed

1. Agenda
  2. 2016-17 MPSSAA Wrestling Bulletin (Draft)
  3. 2016-17 NFHS Wrestling Rules Changes
  4. 2016-17 Wrestling Assignors Contact Information
  5. MPSSAA Athlete/Coach Ejection and/or Incident Form
  6. Contact List for Committee Members and Region Directors
  7. MPSSAA Weight Certification/Management Program\*
  8. Verification of Minimum Certified Wrestling Weight\*
  9. Wrestling Team Weight Chart (TWC)\*
  10. Regional Seed Form\*
  11. Communicable Disease Program/Chart\*
- \* Indicates form is available on MPSSAA website under wrestling.

Information Items/Discussion/Action

1. Mr. Layman commenced the meeting at 9:30 a.m. with introductions of all committee members, MPSSAA, and Supervisors of Athletics present.

2. Committee reviewed the Contact List of members/regional directors (tournament/dual)/regional tournament sites.

Regional Tournament information/changes:

- 4A/3A West: 2 Day Tournament at Sherwood HS
- 4A/3A North: 1 Day Tournament at Site TBA
- 4A/3A South: 2Day Tournament at CH Flowers HS
- 4A/3A East: 2 Day Tournament at Northeast (AA) HS
- 2A/1A West: 1 Day Tournament at Middletown HS
- 2A/1A North: 1 Day Tournament at Pikesville HS
- 2A/1A South: 2 Day Tournament at Thomas Stone HS
- 2A/1A East: 1 Day Tournament at Harford Technical HS

All one (1) day regional tournaments must adhere to the NFHS Standards when using three (3) mats. There must be a minimum of five (5) feet space from the outside circle for safety reasons.

3. Mr. Gray provided all committee members contacts for official's assignors for their district as well as the evaluation form for members to review what officials are evaluated on at the state tournament series.
4. Mr. Malinowski informed the committee the NFHS Rules Book now states shoelaces without zipper/Velcro covers must be taped. The tape on the shoelaces must be new for each match to help reduce bacteria/virus infections.

He is focusing on stalling and for associations to use second officials as much as possible during his rules interpreter clinics.

Regarding the communicable disease chart – Coaches should have copies available to provide to athletes when needed to take to their physician. This form is mandatory for any skin infection. Officials focus on the date of exam – good for 14 days and earliest date the wrestler may return to participate.

5. The committee agreed the verification of minimum certified wrestling weight must be signed by a licensed physician – which the MPSSAA defines as a medical doctor.
6. The site of the State Tournament will be the Show Place Arena – Upper Marlboro, MD.
7. Track Wrestling will be used at the State Duals, Regional Tournaments, and State Tournament.

Rosters for State Duals will be uploaded Thursday night.

Regional Tournament – All eight (8) tournaments will be run on Track Wrestling – Must have internet connection for the program. Two ways of running the tournament with Track: 1. Immediate Mat side results: All mat tables have laptops connected to Track via internet that run the tournament with live results. 2. Use of paper/printed bout sheets with a computer with Track Wrestling software uploaded. Bout results would be inputted by computer operator/tournament director after each match. (Similar to the Wrestling Tourney program).

Mr. Duffy will set up each regional tournament and send all information to regional directors as to how to run the tournament through Track Wrestling. Track Wrestling is creating a regional bracket just for Maryland – 16 line bracket with first round no scoring and single elimination.

Mr. Lauer recommends each region tournament director to print off results/brackets after each round for back up purposes.

Mr. Warner asked Mr. Layman/Mr. Duffy to provide a tutorial/educational learning session for computer operators/regional tournament directors after the January Wrestling Committee meeting.

8. Hall of Fame Recipients/Service to Wrestling Awards – Mr. Dodson notified the committee a nominee can appear for four (4) years on the Hall of Fame ballot and can be nominated again if not selected. Nominee must be included on six (6) ballots to be selected for the Hall of Fame.

The following nominees were voted into the MPSSAA Wrestling Hall of Fame by the wrestling committee:

John Dolch  
Vince Taweel

9. Mr. Gibson and Mr. Lauer will design a proposal/plan about expanding the state duals.
10. Mr. Vosburg create language in the hopes of changing the interpretation of COMAR language regarding the number of events allotted per week.
11. The meeting was adjourned at 11:15 a.m.

# MPSSAA Wrestling Committee Meeting Agenda

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October 13, 2016

## Items:

1. Welcome and Introductions
2. Review of Regional Tournament Sites/Tournament Directors
3. 2016-17 Regional/State Tournaments
4. 2016-17 Dual Meet Regional/State Tournaments
5. Officials update Donnee Gray
6. Forms/Processes
  - MPSSAA Weight Certification/Management Program
  - Verification of Minimum Certified Wrestling Weight
  - Wrestling Team Weight Chart (TWC)
  - Regional Seed Form
  - MPSSAA Wrestling Weigh-in Form
  - Communicable Disease Program/Chart
7. State Championship Venue- Showplace Arena in Upper Marlboro
8. New Business Michael Duffy  
Bruce Malinowski
  - Track Wrestling
  - Rule Changes, updates and interpretations
9. Winter, 2016-17 State Tournament Bulletin Revisions/Review Jill Masterman
10. 2017 Hall-of-Fame Recipients / Service to Wrestling Awards Dave Dodson

## Materials Distributed:

- Contact List for Committee and Regionals
- \**MPSSAA Weight Certification/Management Program*
- \*Form: *Verification of Minimum Certified Wrestling Weight*
- \*Form: *Wrestling Team Weight Chart (TWC)*
- \*Form: *Regional Seed Form*
- \*Form: *MPSSAA Wrestling Weigh-in Form*
- \*Form: *Communicable Disease Program/Chart*

\*Indicates that form is available on MPSSAA website.

## Wrestling Rules Changes - 2016-17

By NFHS on August 24, 2016

wrestling

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5-11-2i: Clarified when a wrestler shall be awarded penalty point(s).

7-2-2g,h: Clarified an additional potentially dangerous hold when an arm trap is applied.

### 2016-17 Points of Emphasis

1. Communicable Skin Conditions and Skin Checks
2. Control
3. Arm Trap
4. Sportsmanship/Good Sporting Behavior

### NFHS



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## MPSSAA Weight Certification/Management Program

The MPSSAA Weight Certification/Management Program has three components: (I) Weight Certification Plan, (II) Weight Management Plan, and (III) Nutritional Education Plan.

### I. Weight Certification Plan

Wrestlers must have their minimum weight class certified on or after November 1, and prior to their first competition. After their first competition, wrestlers may not certify to a lower weight classification. The Weight Certification Plan involves three steps:

- *Hydration Testing*, with a specific gravity not greater than 1.025. Hydration testing occurs immediately prior to a body fat assessment. A specific gravity of 1.025 or lower will assure that the wrestler is properly hydrated prior to a body-fat assessment.
- *Body-fat Assessment*, using various factors including height and current weight, to predict what the wrestler would weigh in a hydrated state at a 7% level of body fat (12% for females). Wrestlers must be sufficiently hydrated at the time of their body-fat assessment.
- *Medical Doctor's Signature*, certifying a minimum weight class in which a wrestler may compete. The medical doctor must utilize the results of the body-fat assessment to certify a minimum weight classification for the wrestler. If a wrestler's projected minimum weight at a 7% level of body-fat (12% for females) is within 2% of a lower weight class, the medical doctor, at his or her discretion, may certify the wrestler at the lower weight class; otherwise, the minimum weight class will be the next higher weight class.

Schools should use the MPSSAA Verification of Minimum Wrestling Weight document as verification of each wrestler's minimum weight class. This document is available on the MPSSAA website.

### II. Weight Management Plan

Coaches/schools must monitor the weight descent of wrestlers throughout the season. If wrestlers lose weight, they should do so gradually, with an average descent of no more than 1.5% per week. Wrestlers must be within one weight class of their minimum certified weight class beginning with the 9<sup>th</sup> week of the season (late January/early February) or be recertified to a higher weight class. There are four important aspects to the Weight Management Plan:

#### 1. MPSSAA Wrestling Team Weight Chart (TWC)

- The TWC is an interactive form, obtained online from the MPSSAA website, that includes columns to record the actual weight of all wrestlers on the team at the time of weight certification and their minimum certified weight class.
- The TWC is programmed so that once the wrestler's actual weight at the time of weight certification is entered, the chart automatically projects what each wrestler's minimum weight class could be for each week of the season through week 9.
- Each school will complete the TWC and submit a copy to the local supervisor of athletics prior to the first match. Coaches must take a copy of the TWC to all matches and tournaments to verify the minimum weight class in which their wrestlers may compete for that week.

## 2. Minimum Weekly Weight Class

- A wrestler may not compete in a weight class lower than the minimum weight class indicated on the TWC for that week.
- The MPSSAA Wrestling Weigh-in Form should be completed for each competition and completed forms should be taken to all contests.

## 3. Maximum Descent

- A wrestler may not drop more than one weight class per week (Weeks are defined on the TWC). Also, a wrestler may not drop more than one weight class from one week to the next week. If a wrestler weighs-in for two or more contests in a week, the highest weigh-in for that week will apply.
- The MPSSAA Wrestling Weigh-in Form will be used to verify previous weights/weight classes in which the wrestler has weighed-in.

4. Beginning with the 9<sup>th</sup> week of the season (late January/early February), and through the remainder of the season, wrestlers who weigh-in more than one weight above their minimum certified weight class will automatically be recertified to a higher weight class.

### III. Nutritional Education

Proper nutrition and managing proper weight loss are extremely important to the health and performance of the wrestler.

1. The coach/school must provide nutritional information to wrestlers. Nutritional information for wrestlers may be found on the MPSSAA website. In addition, nutritional information and a complete nutritional program can be obtained through the National Wrestling Coaches Association (NWCA) weight management plan.
2. The goal of the MPSSAA Weight Certification and Management Plan is for wrestlers to achieve and compete at a safe weight classification while maintaining maximum health and strength.
3. There are three important components involved in achieving a safe, healthy weight while maintaining maximum strength: proper nutrition, proper hydration, and a graduated plan for losing body fat.
4. A guiding principle behind the plan is that wrestlers lose body fat to achieve a desired weight class – not water weight. Researchers have found that most individuals can lose approximately 1.5% of their body-fat per week while maintaining a healthy diet. A sound, healthy diet is necessary to maintain proper health and maximum strength.

Maryland Public Secondary Schools Athletic Association  
(MPSSAA)

**VERIFICATION OF MINIMUM CERTIFIED WRESTLING WEIGHT**

School Name: \_\_\_\_\_ Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

**Note to Physicians and Parents**

The National Federation of State High School Associations (NFHS) requires that each state high school association develop and utilize a weight-control program which discourages excessive weight reduction and wide variations in weight. An important component in this requirement is the establishment of a safe minimum weight class for the wrestler. NFHS regulations require that a wrestler's minimum weight correspond to at least a 7% level of body fat (12% for females). Stated otherwise, the lowest weight class that a wrestler is allowed to compete shall be one where the wrestler retains a minimum of 7% body fat (12% for females).

Wrestlers must have their minimum weight class certified on or after November 1 and prior to their first competition. After their first competition, wrestlers may not certify to a lower weight classification. The MPSSAA Weight Certification Plan involves three steps:

- *Hydration Testing*, with a specific gravity not greater than 1.025. Hydration testing occurs immediately prior to a body fat assessment. A specific gravity of 1.025 or lower will assure that the wrestler is properly hydrated at the time of the body-fat assessment.
- *Body-fat Assessment*, using various factors including height and current weight, to predict what the wrestler would weigh in a hydrated state at a 7% level of body fat (12% for females). Wrestlers must be sufficiently hydrated before their body-fat assessment.
- *Medical Doctor's Signature*, certifying a minimum weight class in which a wrestler may compete. The medical doctor must utilize the results of the body-fat assessment to certify a minimum weight classification for the wrestler. If a wrestler's projected minimum weight at a 7% level of body-fat (12% for females) is within 2% of a lower weight classification, the medical doctor, at his or her discretion, may certify the wrestler at the lower weight class; otherwise, the minimum weight class should be the next higher weight class.

**Note to Physician**

Using the results of the hydration test and body fat analysis conducted for this wrestler, please circle one of the weight classes below. That weight class will be the minimum weight class in which the wrestler may participate for the season.

**Current Weight Classes Used for High School Competition:**

106    113    120    126    132    138    145    152    160    170    182    195    220    285

The weight class circled above is the minimum weight class in which \_\_\_\_\_  
may participate for the 2015-16 wrestling season. \_\_\_\_\_ Name of Wrestler

Physician Signature: \_\_\_\_\_ Physician Stamp/Seal:

Date: \_\_\_\_\_







## **NFHS MEDICAL RELEASE FORM FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)**

The National Federation of State High School State Associations' (NFHS) Sports Medicine Advisory Committee has developed a medical release form for wrestlers to participate with skin lesion(s) as a suggested model you may consider adopting for your state. The NFHS Sports Medicine Advisory Committee (SMAC) conducted a survey among specialty, academic, public health and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allow us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another wrestler. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

Neither the NFHS nor the NFHS SMAC presumes to dictate to professionals how to practice medicine. Nor is the information on this form meant to establish a standard of care. The NFHS SMAC does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers and appropriate health-care professionals that led to the research into this subject and to the development of this form.

### **GOALS FOR ESTABLISHING A WIDELY USED FORM:**

1. Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long term consequences and are not life threatening, some do have morbidity associated with them and student-athletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.
2. Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
3. Establish guidelines to help minimize major differences in management among appropriate health-care professionals who are signing "return to competition forms". Consistent use of these guidelines should reduce the likelihood of wrestlers catching a skin disease from participation and suffering from inequalities as to who can or cannot participate.
4. Provide a basis to support appropriate health-care professional decisions on when a wrestler can or cannot participate. This should help the appropriate health-care professional who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve any student athlete who never wins a match or the next state champion with a scholarship pending.

### **IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:**

1. Each state association needs to determine which appropriate health-care professional can sign off on this form.
2. Inclusion of the applicable NFHS wrestling rule so appropriate health-care professionals will understand that covering a contagious lesion is not an option that is allowed by rule. Covering a non-contagious lesion after adequate therapy to prevent injury to lesion is acceptable.
3. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should mitigate the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of wrestling as some do.
4. Inclusion of a "bodygram" with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict. Also including the number of lesions protects against spread after a visit with an appropriate health-care professional.
5. Inclusion of guidelines for minimum treatment before returning the wrestler to action as discussed above. This should enhance the likelihood that all wrestlers are managed safely and fairly.
6. Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee's role could appropriately be only to see if the coach can provide a fully completed medical release form allowing the wrestler to wrestle.

This form may be reproduced, if desired, and can be edited in anyway for use by various individuals or organizations. In addition, the NFHS SMAC would welcome comments for inclusion in future versions as this will continue to be a work in progress.

National Federation of State High School Associations  
Sports Medicine Advisory Committee

MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: \_\_\_\_\_

Date of Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis \_\_\_\_\_

Mark Location AND Number of Lesion(s)

Location AND Number of Lesion(s) \_\_\_\_\_

Medication(s) Used to Treat Lesion(s): \_\_\_\_\_

Date Treatment Started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

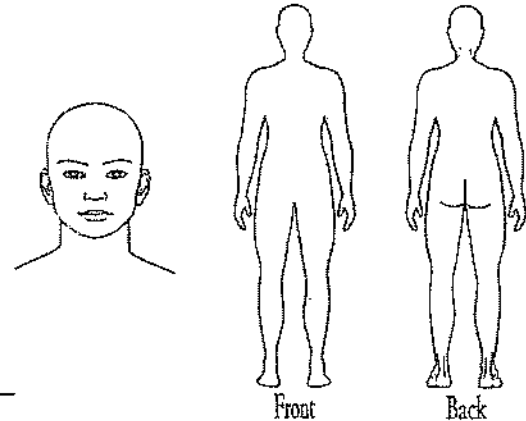
Form Expiration Date for this Lesion (Note on Diagram(s)): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Earliest Date the Wrestler May Return to Participation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider Signature \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Provider Name (Must Be Legible) \_\_\_\_\_

Office Address \_\_\_\_\_



Below are some treatment guidelines that suggest MINIMUM TREATMENT before return to wrestling:

**Bacterial Diseases (impetigo, boils):** To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, MRSA (Methicillin Resistant Staphylococcus Aureus) should be considered.

**Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatum):** To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

**Tinea Lesions (ringworm on scalp or skin):** Oral or topical treatment for 72 hours on skin and oral treatment for 14 days on scalp.

**Scabies, Head Lice:** 24 hours after appropriate topical management.

**Conjunctivitis (Pink Eye):** 24 hours of topical or oral medication and no discharge.

**Molluscum Contagiosum:** Upon treatment with curettage and hyfrecator, may cover with bioocclusive and wrestle immediately.

**Note to Appropriate Health-Care Professionals:** Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Wrestling Rules 4-2-3, 4-2-4 and 4-2-5 which states:

*"ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from an appropriate health-care professional stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated, on-site meet appropriate health-care professional is present and is able to examine the wrestler either immediately prior to or immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate."*

*"ART. 4 . . . If a designated on-site meet appropriate health-care professional is present, he/she may overrule the diagnosis of the appropriate health-care professional signing the medical release form for a wrestler to participate or not participate with a particular skin condition."*

*"ART. 5 . . . A contestant may have documentation from an appropriate health-care professional only indicating a specific condition such as a birthmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation."*

Once a lesion is considered non-contagious, it may be covered to allow participation.

**DISCLAIMER:** The National Federation of State High School Associations (NFHS) shall not be liable or responsible, in any way, for any diagnosis or other evaluation made herein, or exam performed in connection therewith, by the above named provider, or for any subsequent action taken, in whole or part, in reliance upon the accuracy or veracity of the information provided herein.

Revised/Approved by NFHS SMAC - April 2015