

A SURVEY OF CERTAIN HEALTH SERVICES AS FOUND
IN SELECTED CLASS B HIGH SCHOOLS IN KANSAS

by

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INTRODUCTION

This survey is an endeavor to show the status of the school health service program as found in Class B high schools in Kansas. More specifically, the provision for health examinations, medical facilities and personnel, health records, and insurance policies for students and athletes will be discussed.

In recent years most schools have adopted some type of health program to help meet the needs of the individual. This health program should include health services. Basically, school health services are preventive, advisory, and educational in function. Many questions and discussions have arisen concerning the adequacy of school health services in the smaller high schools and especially in the four areas mentioned in the opening statement. From discussions with other coaches, administrators, parents, and from classroom discussions, it was the general opinion that the small high schools often do not provide an adequate health service program.

With this in mind, the author made a survey to examine the conditions as they now exist in some of the small high schools in Kansas.

METHOD OF STUDY

An investigation of literature relative to this subject area was conducted and it was found that very little material pertaining to school health services in the small high schools of Kansas was available; therefore, a method of surveying the

conditions in the small schools of Kansas was devised in the form of a questionnaire.

The questionnaire was designed to attempt to discover the information necessary to determine the practices followed by the small high schools in relation to school health services. The questionnaire was constructed so that a simple short answer could be used. Sixty-five Class B high schools were selected from the Kansas State High School Activities Association Directory. All Class B high schools are listed in this Directory alphabetically according to the name of the school. In order to insure an unbiased sampling of all Class B high schools in Kansas, the alphabetical list was used and every third school was selected. Sixty-five schools were chosen in this manner and these schools were sent the questionnaire.

These sixty-five schools represented every section of Kansas. A letter of explanation and a copy of the questionnaire along with a stamped return envelope were sent to each school's administrator. The replies to each question were recorded as the returned questionnaires were received.

Questionnaires mailed	65
Questionnaires returned	58
Percent of returns	89.2%

It is felt that the high percentage of returns indicates an interest in this problem and the outcome of this survey. The data collected by this survey might serve as an incentive for

improving and raising standards in the health services offered by the small high schools of Kansas.

PURPOSE OF PROBLEM

The purpose of this problem was to determine the overall situation in selected Class B high schools of Kansas with respect to the practices followed in relation to school health services. The intention was to determine the status of these schools and to present a relatively clear picture of this situation as it now exists in the smaller high schools in Kansas.

There is almost unanimous agreement among physical education authorities that optimum health is a prized possession. If good health is one of our most prized possessions, it seems obvious that the development and maintenance of school health services should be up-to-date and complete. However, as will be noted in the information taken from the questionnaire, not all schools have up-to-date and complete school health services. This situation may be due to many different factors, including such things as lack of facilities, limited finances, and a lack of understanding of the importance of such a health program.

DEFINITION OF TERMS

The following terms are used freely throughout the paper and it is felt that a definition of each term will enable the reader to better understand the material and content of this survey.

Athletics are games and physical contests engaged in on a competitive basis between teams or individuals representing organizations or groups most commonly from schools or colleges.¹

Health is that complete fitness of body, soundness of mind, and wholesomeness of emotions, which makes possible the highest quality of effective living and of service.²

Health educators are the personnel that handle the health education program, including classroom instruction and applied activities in health education.

Health examination is the diagnosis of departures from the normal as well as of the different diseases and is made by a study of the condition and relations of the various parts of the body.³

Health records are a systematic collection of data concerning illnesses, immunizations, physical and health activities, and the general physical conditions of a pupil, periodically brought up-to-date by repeated physical examinations; sometimes kept as a separate record and sometimes as a part of the cumulative record.⁴

¹Carter V. Good, Dictionary of Education, (New York, Toronto, London: McGraw-Hill Book Company, Inc., 1959), p. 45.

²C. Morley Sellery, M.D., School Health and Education, (C. V. Mosby Company, St. Louis, 1947), p. 24.

³W. R. Morrison, and L. B. Chenoweth, Normal and Elementary Physical Diagnosis, (Fifth edition, Philadelphia, Lea and Febiger, 1955), p. 9.

⁴Good, op. cit., p. 450.

Health service includes services which are aimed primarily at disease prevention, health protection, health appraisal, and follow-up.

Physical education is that phase of education which comes about through or in connection with vigorous muscular activities.⁵

Public health is the science and the art of preventing disease, prolonging life, and promoting health and efficiency through organized community efforts.⁶

REVIEW OF RELATED LITERATURE

The material in this unit was compiled to present a brief review of recommended practices in the area of school health services as recommended by the leading health educators of today. This information was obtained from a review of current literature in the area of school health services.

Health Examinations. Leading educators have advocated the importance of health examinations for physical education classes and athletic programs in the high school. The only requirement for the state of Kansas is established by the Kansas State High School Activities Association. It states:

⁵Jesse Ferring Williams, Clifford L. Brownell, and Elmer L. Vernier, The Administration of Health Education and Physical Education, (Fifth edition, Philadelphia: W. B. Saunders Company, 1958), p. 10.

⁶E. C. Turner, C. M. Sellery, and S. L. Smith, School Health and Health Education, (C. V. Mosby Company, St. Louis, 1961), p. 37.

Physical examinations and parental consent cards for all pupils participating in any form of interscholastic athletics must be filled out properly and signed by the examining physician and the parents before he may participate.

Although the state law of Kansas requires no physical examinations for physical education classes, it recommends a desirable standard, which would be an annual examination by a physician for each student. The minimum requirement should be a health examination at the beginning of the prescribed course of physical education. This is a safeguard for both the students and the school. No one should be allowed to participate in any physical activity conducted by the school unless he has had an examination.

This examination should include these areas: heart, lungs, vision, hearing, teeth, nose and throat, nutrition, skin, feet, spinal deviations, general posture, hernia, height, and weight.⁸

The present tendency of examinations seems to vary from the recommended practices of the Kansas State High School Activities Association with physical examinations being given to students in special need of attention rather than routine examinations for the masses. It would be ideal if all students could be given a thorough health examination every year.

⁷Kansas State High School Activities Journal, Official Publication of the Kansas State High School Activities Association, Vol. XX., September, 1957, No. 1.

⁸A Curriculum Guide for the Secondary Schools of Kansas, Issued by Adel F. Throckmorton, State Superintendent of Public Instruction, 1960.

Williams, Brownell, and Vernier have developed a list of functions that the health examinations should serve:

(1) To determine health status; (2) to acquaint parents with the nature of deviations from normal; (3) to secure correction of remediable conditions; (4) to acquaint school pupils with the purposes of health examinations; and (5) to develop a scientific attitude toward health. Children have a great variety of disabilities and communicable diseases. To permit children to carry these conditions through the critical years of growth and development is to ignore education of the whole child and to neglect the school's rich opportunities to improve the health of future citizens.⁹

In support of the ideas presented by Williams, Brownell, and Vernier are the writings of Lois Broady and Esther French. This writing recommends at least one complete physical-medical examination each year through the junior high school period. An examination upon entrance into the tenth grade should suffice for the remainder of the high school period unless additional defects are discovered or serious illnesses occur. In these cases, students should be re-examined at the first opportunity. However, if physical education classes are included in the program, every pupil participating in the class must be examined each year.¹⁰

First-Aid Facilities. Every school, regardless of size, should have adequate facilities and equipment to administer

⁹Williams, Brownell, and Vernier, op. cit., p. 103.

¹⁰Lois P. Broady and Esther French, Health and Physical Education in Small Schools, (Lincoln, Nebraska: University of Nebraska Press, 1937), p. 43.

first-aid for any accidents, both major and minor. The larger schools often have a health office which is part of the administrative unit. The first-aid facility should include a medicine cabinet, hot and cold running water, blankets, a cot and stretcher, a heating unit, and a counter or dressing table. An adequate supply of first-aid equipment and supplies should be kept on hand.

The most qualified person available should administer first-aid in serious accidents. This would be a school doctor or nurse where available.

Health Records. Today no school system should be without some type of health record. This enables the classroom teacher to have a better understanding of his students. The following is a summary of the information that should be kept on the health record.

The health record cards should call for the facts of which use will be made. An investigation of a sampling of cards used in public schools shows a variation of from six to one hundred and fifteen items. The value lies not in the number of facts but in the interpretation of the facts at hand and the use made in planning the child's daily program. The information called for should include: (a) name; (b) age and grade in school; (c) date of examination; (d) height; (e) weight; (f) posture; (g) condition of heart and lungs; (h) thyroid gland, kidneys; (i) vision; (j) hearing; (k) nose (adenoids); (l) throat (tonsils); (l) skin.¹¹

¹¹Broady, op. cit., p. 45.

These records should be kept on light cardboard so they can be filed and will last for a period of the child's school life. The cards should be placed in a file separate from other records and left in the health director's office, or in the desk of her room. There should also be a list of health needs for every pupil.

Accurate record keeping assists the school and the nurse in the remedial and preventive areas of the child's health program, and also provides statistical data required for evaluation by such groups as the Board of Education, Health Department, and the State Department of Education.¹²

RESULTS AND DISCUSSIONS OF THE QUESTIONNAIRE

The high schools in Kansas are classed into four groups for interscholastic activity purposes. This classification is done according to enrollment. The four classes include Class AA, A, B, and BB.

Article 9: Sec. I. For interscholastic activities, all member high schools shall be divided into three classes, AA, A, and B. Class AA shall include the 56 high schools with the largest enrollment: Class A the next 64; and Class B the remainder.

Article 9: Sec. II. For basketball tournaments, track and music purposes, the high schools in Class B shall be divided into two divisions designated as B and BB. Class B shall include the next 224 in size after Class AA and A have been determined based on enrollment figures as of September 15: Class BB shall include the rest.¹³

¹²Ann T. Graber, R.N., "School Health Record Keeping," The Journal of School Health, XXXIII (March, 1963), p. 125.

¹³Erice B. Durbin and Others, The Kansas State High School Activities Association Handbook, 1965-1966, Art. 9: Sec. I and II, p. 21.

The schools selected for this survey came from the list of schools designated as Class B schools for the school year 1965-1966. From the 224 Class B schools, 65 were selected and sent the questionnaire. The manner of selection of these schools was discussed previously in the Method of Study.

Question 1. What is the enrollment of the school?

Table 1. Number of schools grouped in enrollment from 80 to 250 by divisions of 10.

Enrollment	Number of Class B Schools
240 - 250	1
230 - 239	4
220 - 229	1
210 - 219	5
200 - 209	1
190 - 199	7
180 - 189	2
170 - 179	0
160 - 169	5
150 - 159	5
140 - 149	1
130 - 139	8
120 - 129	3
110 - 119	3
100 - 109	3
90 - 99	6
80 - 89	3

The fifty-eight Class B schools had a total enrollment of 9,025 students for an average of 155.5 students per school. The largest Class B school had an enrollment of 240 students while the smallest had an enrollment of 80 students. Of the fifty-eight schools returning the questionnaire, twelve had an enrollment of 200 to 250 students for 20.7 per cent of the total enrollment. Nineteen had an enrollment of 150 to 199 for 32.8

per cent of the total enrollment. Eighteen had an enrollment of 100 to 149 for 31.0 per cent of the total enrollment, and nine had an enrollment of 80 to 99 for 15.5 per cent of the total enrollment.

Question 2. Is the physical examination for athletes given by a medical doctor, an osteopath, or some other specialist?

Table 2. Type of physician giving physical examination.

Physical Given By	Number of Schools	Per cent of All Schools
Medical doctor	52	89.7 %
Osteopath	6	10.3 %
Other specialist	0	0.0 %

The results of this question show that the majority of the schools contacted engaged a medical doctor to perform the physical examinations for their athletes. Fifty-two of the fifty-six schools employed a medical doctor to give the examinations. This is equal to 89.7 per cent of all the schools involved in the survey. Six of the schools contacted engaged an osteopath to perform the examination. No schools employed any other specialist for administering the physical examination. According to the rule of the Kansas State High School Activities Association, "A physical examination by a practicing physician should be given before any athlete may participate in an interschool contest."¹⁴ It does not state the type of physician nor the qualifications of the physician.

¹⁴Ibid., p. 32.

Question 3. Does the doctor come to the school to give the examination or does the student go to the doctor's office?

Table 3. Location where physical examination was given.

Location	Number of Schools	Per cent of All Schools
Doctor came to school	23	39.7 %
Student went to doctor's office	35	60.3 %

The smaller schools seem to follow the policy of having the student go to the doctor's office for the physical examination. Thirty-five of the schools indicated that the student went to the doctor's office for the examination. This is equal to 60.3 per cent of all schools involved in the survey. Twenty-three schools indicated that the doctor was invited to come to the school to give the examination. This is equal to 39.7 per cent of all schools in the survey.

Question 4. Who finances the physical examination for the athletes?

Table 4. Method of financing the physical examination.

Method of Finance	Number of Schools	Per cent of All Schools
School	21	36.2 %
Student	20	34.5 %
School 50% and Student 50%	2	3.5 %
No charge	15	25.8 %

The fifty-eight administrators replying to this question related that twenty-one schools paid for all of the costs of the physical examination. Twenty schools did not pay for any of the physical examination. Two schools paid for one-half of the cost and the other half of the cost was paid by the student. Fifteen schools indicated that there was no cost for the examination. The no charge item meant that the examining physician did not charge the school or the student for the examination. In relation to percentages, 36.2 per cent of the schools paid for the examination, 34.5 per cent required payment by the students, 25.8 per cent indicated there was no charge and 3.5 per cent divided costs equally between student and school.

Question 5. Are athletes asked or required to get their examination from the same doctor, their family doctor, or any available doctor?

Table 5. Requirements as to which doctor gives examination.

Requirements	Number of Schools	Per cent of All Schools
All examinations given by the same doctor	6	10.3 %
Examinations given by family doctor	17	29.3 %
Examinations given by any doctor	35	60.3 %

The purpose of this question was to determine whether the schools involved in this survey felt that there was merit in having the physical examination given to all the athletes by

the same doctor, by each individuals family doctor, or if the schools felt that any available physician was adequate. Of the fifty-eight schools replying, only six attempted to have all the students get their physical examination from the same doctor. Seventeen schools asked or required that the students get their examination from their family doctor, and thirty-five did not make any request as to which doctor should give the examination.

Question 6. In your opinion, are your athletes receiving a complete and thorough physical examination?

Table 6. Opinion in regard to completeness of physical examination.

Reply	Number of Schools	Per cent of All Schools
Received complete examination	40	69.0 %
Did not receive complete examination	14	24.1 %
Unknown	4	6.9 %

In regard to the general opinion of the administrators as to the completeness and thoroughness of the physical examinations given their athletes, forty, or nearly 70 per cent, felt that the examination was adequate. Fourteen of the administrators felt that the examination was not adequate and the remaining four indicated that this information was unknown to them. It is unknown what factors caused 24.1 per cent of the administrators to feel that the examination given their athletes was inadequate. However, the answer to this question is strictly an opinion and would be

affected by many different experiences and beliefs.

Question 7. When an athlete is injured, is a doctor's written or verbal approval required before he can return to the activity or is this decision left to someone else?

Table 7. Approval of return of injured athlete to competition.

Method of Approval	Number of Schools	Per cent of All Schools
Doctor's approval required	34	58.6 %
Coach and/or parents okay return	19	32.8 %
Other	5	8.6 %

The results of the questionnaire showed that by far the most accepted method of determining the readiness of an injured athlete to return to active competition was by a doctor's check-up and approval. Thirty-four of the fifty-eight administrators replying indicated a doctor's approval was required before an athlete could return to competition. Nineteen administrators allowed the athlete to return on the consent of the coach and parents and five indicated that their policy was for the doctor and the parent to approve the return of the athlete.

This information indicates that most administrators feel the professional approval of a doctor is important in determining the time at which the rehabilitated athlete can safely return to active competition.

Question 8. Is a physical examination of any kind required of students in physical education classes?

Table 8. Physical examination requirements in physical education classes.

Requirement	Number of Schools	Per cent of All Schools
Physical examination is required	24	41.4 %
Physical examination is not required	34	58.6 %

A minority of the small schools required a physical examination for all physical education students. Physical examinations for physical education students are not required by the state of Kansas.

The results showed a total of twenty-four schools requiring physical education students to have physical examinations. Thirty-four schools did not require physical examinations. The schools requiring a physical examination of the physical education students totalled 41.4 per cent while the schools not requiring a physical examination equaled 58.6 per cent.

Question 9. How are students excused from the required physical education classes?

Table 9. A list of excuses releasing students from physical education class.

Student Excused By	Number of Schools	Per cent of All Schools
Excused by doctor	20	34.5 %
Excused by parents	8	13.8 %
Excused by parent and doctor	5	8.6 %
No excuse accepted	1	1.7 %
No reply	24	41.4 %

Twenty-four of the fifty-eight administrators replying did not answer this question. The reason for this stems from the fact that these twenty-four required physical examinations for the students enrolled in physical education and the students would only be excused from physical education when found physically unfit by this examination.

Twenty of the administrators excused the student on the request of a doctor while eight excused the student on the request of the parent. Five administrators indicated that either an excuse from a doctor or from a parent was honored.

One administrator indicated that no one was excused from the basic physical education class. It was indicated that any student unable to participate in some of the activities was given some task related to physical education which he could perform.

Question 10. If an intramural program is present in your school, are the participants required to take physical examinations?

Table 10. Physical examination requirements for intramurals.

Requirements	Number of Schools	Per cent of All Schools
Physical examinations required	12	20.7 %
No physical examination required	18	31.0 %
No intramural program in school	28	48.3 %

Approximately half of the small high schools involved in this survey offered an intramural program for their students. Thirty of the Class B high schools offered an intramural program while twenty-eight did not.

Of the thirty administrators who reported their school offered an intramural program, only twelve indicated the participants were required to take a physical examination. Eighteen, or the remainder of the schools who had intramural activities, did not require a physical examination of the participants.

Question 11. What type of medical facilities are available near your school? (If not within ten miles, mark none.)

Table 11. Local facilities available for treating injuries.

Local Facilities	Number of Schools	Per cent of All Schools
Hospital	29	50.0 %
Clinic	20	34.5 %
Doctor's Office	5	8.6 %
None	12	20.7 %

The facilities for caring for major injuries near the schools were relatively good. Within a time period of ten to fifteen minutes, an injured student could obtain medical help of some kind. Twelve administrators reported that no medical facilities were available within ten miles. Twenty-nine replies indicated that there was a hospital within ten miles of the school while twenty indicated that there was a clinic within ten miles of the school. Five administrators indicated that a doctor's office was within ten miles.

Question 12. What is the distance to the nearest medical facility from your school?

Table 12. Distance to nearest medical facility.

Distance in Miles	Number of Schools	Per cent of All Schools
One mile or less	35	60.3 %
Five miles	4	6.9 %
Ten miles	7	12.1 %
Over ten miles	12	20.7 %

The results of the questionnaires returned showed that thirty-five schools were within a mile of the nearest medical facility. This equals 60.3 per cent of all schools included in the survey. Four administrators reported their school was five miles from any medical facility while seven reported the school was ten miles from any medical facility. Twelve administrators indicated that their school was located over ten miles from any

type of medical facility. These twelve schools equaled 20.7 per cent of all schools involved in the survey.

Question 13. What facilities are used in your school to care for ill or injured students?

Table 13. Facilities used to care for ill or injured students.

Facilities	Number of Schools	Per cent of All Schools
Doctor's/Nurse's office	8	13.8 %
Sick room	27	46.6 %
Athletic training room	36	62.1 %
None available	7	12.1 %
Other	1	1.7 %

The results from this question indicated that eight schools had a doctor's or nurse's station in the school to care for ill or injured students. Twenty-seven replies indicated a sick room was available to handle ill or injured students while thirty-six reported that the athletic training room was used for this purpose. One school indicated that girls who required some special attention were treated in a girls lounge and the boys were treated in the athletic training room. Seven administrators reported that no facilities were available to give aid to ill or injured students.

Question 14. What school personnel are usually called on to take care of and treat ill or injured students?

Table 14. Personnel handling ill or injured students.

Personnel	Number of Schools	Per cent of All Schools
School doctor	4	6.9 %
School nurse	12	20.7 %
Teacher/coach	31	53.4 %
None	16	27.6 %
No reply	1	1.7 %

The response to this question indicated that the greatest majority of the schools expected their teachers or coaches to take care of any necessary treatment or give aid to ill or injured students. Thirty-one of the administrators reported that the teachers and coaches treated ill or injured students when necessary. Four replies indicated that a school doctor was available for this service and twelve reported that a school nurse was in attendance to treat ill or injured students. Of all fifty-eight administrators replying, sixteen reported that no special personnel was available to take care of ill or injured students. One school did not reply to this question.

Question 15. Is a physician present at most athletic events? (If yes, indicate those he is present at.)

Table 15. Number of schools having a physician present at athletic events.

Reply	Number of Schools	Per cent of All Schools
Yes	33	56.9 %
No	25	43.1 %

Table 15 (cont.)

Reply	Number of Schools	Per cent of All Schools
*Present at Football games	33	56.9 %
*Present at Basketball games	10	17.3 %
*Present at Track events	1	1.7 %

The results of this question showed a very unfavorable condition existing in the small schools of Kansas that were contacted. Of the fifty-eight administrators answering this question, only thirty-three indicated a physician was in attendance at their athletic games. Of the thirty-three reporting the presence of a physician, all indicated that a doctor was present at football games, but only ten reported that a physician was present at basketball games and one reported the physician in attendance at track meets.

Twenty-five of the administrators reported that no request was made of a physician to attend any athletic events held in or by the school.

Question 16. Is some type of medical record kept on each student in your school?

Table 16. Number of schools keeping medical records.

Reply	Number of Schools	Per cent of All Schools
Yes	26	44.8 %
No	32	55.2 %

The replies to this question indicated that only twenty-six of the fifty-eight schools contacted kept some type of medical record on each student in the school. This is equal to 44.8 per cent of the schools contacted. Thirty-two administrators reported that no medical records of any type were kept on the students in the high school.

This brings to light the fact that over half of the schools contacted did not know anything about the past health history of their students. Without this information, a complete school health service program can not be organized for the students by the school.

Question 17. If medical records are kept, do they include the student's medical history throughout his high school years?

Table 17. Number of schools keeping medical history on each student.

Reply	Number of Schools	Per cent of All Schools
Yes	15	25.8 %
No	11	19.0 %
No reply	32	55.2 %

The thirty-two schools that did not reply were the same schools that did not keep medical records as was disclosed in the previous question. Of the twenty-six schools who indicated medical records were kept, only fifteen reported that a medical

history was kept on each student throughout his high school years. The other eleven administrators indicated that the medical records kept in their school did not include a medical history on each student.

Question 18. If medical records are kept in the grade school, are they transferred to the high school as permanent cumulative records when the student graduates from grade school?

Table 18. Number of schools transferring grade school records.

Reply	Number of Schools	Per cent of All Schools
Yes	26	44.8 %
No	24	41.4 %
No records kept in grade school	8	13.8 %

The results of this question showed that twenty-six of the schools contacted did have a permanent cumulative record brought up from the grade school as each student graduated the eighth grade. Twenty-four schools reported that no permanent records were kept for the students. Eight schools reported that records were not kept in the grade school.

Question 19. Does your school require injury insurance for the students and athletes?

Table 19. Number of schools requiring injury insurance for students and athletes.

Requirements	Number of Schools	Per cent of All Schools
Required of both students and athletes	1	1.7 %
Required of athletes only (students optional)	56	96.6 %
No insurance required	1	1.7 %

The fifty-eight administrators replying to this question related that fifty-six of the schools required insurance for their athletes and offered the insurance as an option to the students. One reply indicated that injury insurance of both athletes and students not out for some type of athletic event was required. One administrator reported that no insurance was required of any of the students, regardless of whether they were participating in any form of athletics or not. There are no laws requiring the schools to have their athletes and students insured.

Question 20. Who finances the cost of the injury insurance?

Table 20. Method of financing injury insurance.

Method of financing	Number of Schools	Per cent of All Schools
School	14	24.1 %
Student	10	17.3 %
School/Student combination	34	58.6 %

The results of the questionnaires returned showed that by far the most popular method of financing injury insurance was by the student and the school sharing the cost of the insurance. Thirty-four administrators reported that the costs were divided in half with the student paying half and the school paying half. Fourteen replies indicated that the school shouldered the complete costs of the insurance for the students while in ten schools the student was expected to pay for the total costs of the insurance.

Question 21. What is the cost of your injury insurance?

Table 21. Cost of injury insurance.

Cost of Insurance	Number of Schools
A. Cost Per Student	
From \$ 1.00 - \$ 1.99	1
2.00 - 2.99	13
3.00 - 3.99	18
4.00 - 4.99	18
12.00 - 12.99	1
No reply	7
B. Cost Per Athlete	
From \$ 1.00 - \$ 3.99	3
4.00 - 7.99	6
8.00 - 11.99	19
12.00 - 15.99	14
16.00 - 19.99	4
20.00 - 23.99	3
24.00 - 27.99	3
No reply	6

The purpose of this question was not for comparison of insurance costs between the schools in this survey. For a valid comparison to be made, more information in regard to type and amount of coverage would be needed. The reason for including this question was to determine the amount of money paid out by each school for student and athletic insurance.

The lowest cost for student insurance was reported as \$1.50 per student while the highest cost reported was \$12.00 per student. The average cost for student insurance was found to be \$3.45 per student.

The lowest cost for athletic insurance reported was \$2.00 per athlete. The highest cost reported was \$26.50 per athlete. The average cost of insurance per athlete for all schools reporting was found to be \$10.25.

Question 22. What insurance company underwrites your school insurance?

Table 22. Name of insurance companies who underwrite school insurance policies.

Name of Insurance Company	Number of Schools Insured By This Company	
	(Type of Insurance)	
	Student	Athlete
Continental Casualty Insurance Co.	4	4
Farmers Insurance Exchange Co. (Local)	1	1
Hartford Insurance Co.	0	1

Table 22 (cont.)

Name of Insurance Company	Number of Schools Insured By This Company	
	(Type of Insurance)	
	<u>Student</u>	<u>Athlete</u>
Heritage Insurance Managers	1	1
Mutual Insurance of Omaha	19	18
Neihut Insurance Co. (Lyndon, Ks.)	1	1
Old Republic Life Insurance Co.	1	0
Southwestern States Insurance Co.	3	3
Standard Life and Accident Ins. Co.	1	1
Time Insurance of Milwaukee	18	19
Truckers Insurance Co. (Local)	2	2
Western Casualty Insurance Co.	2	2
No reply	5	5

Considering all fifty-eight schools returning questionnaires, there were twelve different insurance companies reported as underwriters of the school insurance.

The companies most widely used to provide injury insurance for the schools included Mutual of Omaha and Time Insurance Company of Milwaukee. There were several schools who reported local insurance companies as underwriters of their injury insurance. A total of five schools did not reply to this question.

Question 23. Would you like to receive a summary of this survey?

Of the fifty-eight administrators returning questionnaires, forty-one indicated that they would like to receive a summary of this survey and seventeen indicated they did not.

The primary purpose of this question was to find out how many administrators were interested with part or all of the information that was requested about schools of approximately the same enrollment. This material would give the school a means of comparing their health services program to other schools of the same class as well as presenting a total picture of school health service standards in selected Class B high schools in Kansas.

The forty-one administrators requesting a summary of this survey equal 70.6 per cent of all those returning the questionnaire. This high percentage seems to indicate that the schools are concerned with their health service program.

CONCLUSIONS

The conclusions formed regarding the school health service program in the small schools of Kansas are as follows.

The fifty-eight Class B schools showed an average enrollment of 155.5 students per school and a total enrollment of 9,025. The largest school contacted had an enrollment of 240 students while the smallest school had an enrollment of 80 students.

Of the fifty-eight administrators returning the questionnaire, fifty-two reported a medical doctor was engaged to give the physical examinations to the students in athletics and physical education classes. This is equal to 89.7 per cent of

all schools replying. Six administrators reported that an osteopath gave the physical examinations. No other medical specialist was listed as giving the physical examination.

Thirty-five administrators reported the student went to the doctor's office to receive the physical examination. The remaining twenty-three administrators indicated the doctor came to school to give the examination. Advantages can be found in both methods. The doctor has more equipment available in his office to aid in giving a thorough examination. However, having the doctor come to school enables all the students to get the examination at one time and eliminates the problem of scheduling an appointment for each student. This keeps the total time necessary to complete all the examinations at a minimum.

Secondly, having the doctor come to the school provides the opportunity for the coach to be present and to gain firsthand knowledge about any defects or problems that might be found.

The physical examination for athletes was financed mainly by the school. Twenty-one schools financed the examination. However, in twenty schools, the athlete financed his own examination and in fifteen schools, no charge was assessed by the doctor for the examination. Only two schools divided the cost of the examination with the athlete.

It was the general opinion of the administrators who returned the questionnaire that any doctor would give a thorough examination and that there was seemingly no merit in requiring the athletes to get their examination from the same doctor or from the family doctor.

Sixty-nine per cent of the administrators replying indicated it was their opinion the athletes in their school were receiving a complete and thorough physical examination. Only 24.1 per cent of the administrators felt their athletes were not receiving complete examinations. Four schools reported that this information was unknown to them.

A doctor's approval was required in thirty-four of the schools before an injured athlete could return to active competition. Nineteen schools required the approval of the coach or parents and five required the approval of the doctor and the parents.

Physical examinations for physical education students were required in twenty-four of the schools returning the questionnaire. However, this was only 41.4 per cent of all schools involved as thirty-four of the schools require no physical examination of the physical education students. This was equal to 58.6 per cent of all the schools returning the questionnaire. In the review of related material, it was disclosed that Kansas does not require a physical examination of students enrolled in physical education classes. However, a recommendation that desirable standards be attained is expressed by the state law. The schools involved in this survey are seemingly not following this recommendation.

Thirty-four schools required that permits allowing students to drop physical education had to be signed by a doctor. Only sixteen schools allowed the student to drop the course by an excuse from the parents.

Thirty schools provided an intramural program in their school and of these thirty, only twelve required that the participants get a physical examination. Eighteen schools did not require a physical examination of the students participating in the intramural program. Twenty-eight schools did not offer an intramural program for the students.

A hospital was located close to twenty-nine of the reporting schools while twenty schools indicated that a clinic was nearby. Five reported that a doctor had his office near and only twelve indicated that there were no medical facilities near the school.

Thirty-five administrators reported that medical facilities were only a mile or less away from the school. Twelve schools were more than ten miles from some type of medical facility. This indicates that the biggest percentage of schools in the survey were relatively close to some medical facility.

The results showed that eight schools had a doctor's or nurse's office in school to care for injured or ill students. Twenty-seven reported a sick room and thirty-six indicated that the athletic training room was used for this purpose. In sixteen schools, there was no facility available to treat students who were ill or injured.

Over half of the schools contacted reported that a physician was present at athletic events. Thirty-three schools reported that a physician was present all or part of the time at athletic events while twenty-five schools reported that no physician was present at athletic contests.

Only twenty-six schools reported that some type of medical record was kept on each student. In thirty-two schools, no medical records of any type were kept.

Of the twenty-six keeping medical records, only fifteen included medical histories for each student.

Of the fifty-eight schools replying, only twenty-six reported that permanent cumulative records for the students were advanced to the high school from the grade school. Twenty-four schools did not have a permanent cumulative record for each student from the grade school. The eight remaining schools did not have permanent cumulative records due to the fact that no records were kept in the grade school.

Fifty-six schools required injury insurance of the athletes and offered the insurance to the students if desired.

The results of the questionnaires returned showed that by far the most popular method of financing injury insurance was by the student and the school dividing the cost of the insurance.

The cost of injury insurance varied in the schools involved in this survey. For student insurance, the lowest cost reported was \$1.50 per student while the highest cost was \$12.00 per student. The average cost of student insurance for all schools was \$3.45 per student. Athletic insurance costs averaged \$10.25 per athlete. The lowest cost for athletic insurance reported was \$2.00 while the highest cost was \$26.50 per student.

The information disclosed in this question was not meant to be used to compare insurance costs between schools, but rather

to determine the money paid out for insurance by the schools in this survey.

Twelve insurance companies were listed as underwriters of school insurance policies for the schools replying to this question. The two most popular companies were Mutual Insurance of Omaha and Time Insurance of Milwaukee.

Forty-one of the schools contacted requested information from this survey.

RECOMMENDATIONS

On the basis of the research done, the data and statistics compiled, and the information gathered in the review of related literature the author would propose for consideration the following recommendations:

1. The physical examination should be given by a competent medical doctor, preferably the family doctor.
2. A follow-up examination or check-up and a medical doctor's approval obtained before an athlete who has been injured is allowed to return to practice and competition.
3. A thorough physical examination should be required of all students taking basic or advanced physical education.
4. A physical examination should be required of any intramural participant.
5. All schools should provide trained personnel and adequate facilities to care for students with sudden sickness or injury.

6. A physician should be in attendance at all athletic contests. If this is not possible, some means of communications should be established with the physician in a nearby area so that advice or immediate attendance by the physician might be obtained.

7. All schools should provide a complete set of medical records, including a medical history and a permanent cumulative record, for each student.

8. The school should provide for some form of injury insurance to cover all students in classroom activities as well as athletic activities.

9. A follow-up study should be made in the future to determine if advancements are apparent in health services in the Class B high schools in Kansas.

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APPENDIX

QUESTIONNAIRE

1. What is the enrollment of the school? _____
2. Is the physical examination for athletes given by a medical doctor, an osteopath, or some other specialist?
 - a. Medical doctor ()
 - b. Osteopath ()
 - c. Other ()
3. Does the doctor come to the school to give the examination or does the student go to the doctor's office?
 - a. Doctor comes to school ()
 - b. Student goes to doctor's office ()
4. Who finances the physical examination for the athletes?
 - a. School ()
 - b. Athlete ()
 - c. School 50% - Athlete 50% ()
 - d. No charge ()
5. Are athletes asked or required to get their examination from the same doctor, their family doctor, or any available doctor?
 - a. Same doctor ()
 - b. Family doctor ()
 - c. Any doctor ()
6. In your opinion, are your athletes receiving a complete and thorough physical examination?
 - a. Yes ()
 - b. No ()
7. When an athlete is injured, is a doctor's written or verbal approval required before he can return to the activity or is this decision left to someone else?
 - a. Doctors approval required ()
 - b. Coach and/or parents okay return ()
 - c. Other _____
8. Is a physical examination of any kind required of students in physical education classes?
 - a. Yes ()
 - b. No ()
9. How are students excused from the required physical education classes?
 - a. Only by written excuse from doctor ()
 - b. Excuse from parents ()
 - c. Excused by parents and doctor ()
 - d. No excuse accepted ()

10. If an intramural program is present in your school, are the participants required to take physical examinations?
- Physical examinations required ()
 - No physical examination required ()
 - No intramural program ()
11. What type of medical facilities are available near your school? (If not within ten miles, mark none.)
- Hospital ()
 - Clinic ()
 - Doctor's office in home ()
 - None ()
12. What is the distance to the nearest medical facility from your school?
- One mile or less ()
 - Five miles ()
 - Ten miles ()
 - Over ten miles ()
13. What facilities are used in your school to care for ill or injured students?
- Doctor's/Nurse's Office ()
 - Sick room ()
 - Athletic training room ()
 - None available ()
 - Other _____ ()
14. What school personnel are usually called on to take care of and treat ill or injured students?
- School doctor ()
 - School nurse ()
 - Teacher/coach ()
 - None ()
15. Is a physician present at most athletic events? (If yes, indicate those he is present at.)
- Yes () FB _____ BB _____ TR _____
 - No ()
16. Is some type of medical record kept on each student in your school?
- Yes ()
 - No ()
17. If medical records are kept, do they include the student's medical history throughout his high school years?
- Yes ()
 - No ()

18. If medical records are kept in the grade school, are they transferred to the high school as permanent cumulative records when the student graduates from grade school?
- a. Yes
 - b. No
 - c. No records kept in grade school
19. Does your school require injury insurance for the students and athletes?
- a. Required of both students and athletes
 - b. Required of athletes only (students optional)
 - c. No insurance required
20. Who finances the cost of the injury insurance?
- a. School
 - b. Student
 - c. School/Student combination
 - d. Other _____
21. What is the cost of your injury insurance?
- a. Per athlete _____
 - b. Per student _____
22. What insurance company underwrites your school insurance?
- a. Company insuring athletes _____
 - b. Company insuring students _____
23. Would you like to receive a summary of this survey?
- a. Yes
 - b. No

A SURVEY OF CERTAIN HEALTH SERVICES AS FOUND
IN SELECTED CLASS B HIGH SCHOOLS IN KANSAS

by

GARY DALE GRABER

B. S., Kansas State University, 1964

AN ABSTRACT OF A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Physical Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1966

This survey is an endeavor to show the status of Class B high schools in relation to their provision for health examinations, medical facilities, health records, and insurance policies for students and athletes. From discussions with coaches, administrators, parents, and from classroom discussions, it was the general opinion that the small high schools often do not provide an adequate health service program. Health examinations, medical facilities and personnel, health records, and insurance are an integral part of any health service program.

With this in mind, a questionnaire was sent to a select group of sixty-five Class B high schools in Kansas, and information concerning each school's policies and practices in regard to health examinations, medical facilities and personnel, health records, and insurance was requested. From the fifty-eight administrators who returned the questionnaires, a very brief and limited compilation was made to try to determine the status of small high schools in Kansas in regard to their health service program.

The information obtained from the fifty-eight administrators returning the questionnaires showed an average enrollment of 155.5 students per school and a total enrollment of 9,025. The largest school contacted had an enrollment of 240 students while the smallest school had an enrollment of 80 students.

In regard to health examinations, it was found that the majority of schools engaged a medical doctor to give the examinations. Only a few schools employed an osteopath and no school reported the use of any other specialist. The majority of the

schools sent the students to the doctor's office rather than having the doctor come to the school to give the examination. In most cases, the examination for the athletes was financed by the school. Few administrators felt there was merit in having all the athletes examined by the same doctor or their family doctor. Most administrators felt the examinations given to the athletes were adequate. Thirty-four replies indicated that a doctor's approval was required to allow an injured athlete to return to competition.

Only 41.4 per cent of the schools required physical examinations of the students in physical education. However, in most schools, a doctor's excuse was required for a student to drop the course. Of the thirty schools offering intramural programs, only twelve required that participants have physical examinations.

In regard to available medical facilities, twenty-nine schools were located near a hospital. A medical clinic was located near to twenty schools. Thirty-five schools were less than a mile from a hospital or clinic. There were only twelve schools over ten miles from some medical facility.

Eight schools had a doctor's or nurse's office within the school while twenty-seven had a sick room. Thirty-six used the athletic training room to administer aid to ill or injured students. Thirty-three administrators indicated that a physician was present at most of the athletic events.

Only twenty-six schools kept some type of medical records

on the students. Of these twenty-six, only fifteen schools included a medical history on the high school records. Twenty-six schools received medical records from the grade school and incorporated them in a permanent cumulative record for each student.

In regard to injury insurance, fifty-six schools required that athletes be insured, with the purchase of insurance optional to the students. In most cases, the school paid for half the cost of the insurance.

The average cost of student injury insurance was \$3.45 per student and the average cost of athletic insurance was \$10.25 per athlete. The two most popular insurance companies underwriting the injury insurance were Mutual of Omaha and Time Insurance of Milwaukee.

Of the fifty-eight administrators returning the questionnaires, forty-one requested information from the survey.