

STUDY OF COMPETITIVE ATHLETICS
FOR THE ELEMENTARY AND JUNIOR HIGH AGE YOUNGSTER

by 6408

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INTRODUCTION

In the United States, competitive athletics for youngsters below high school is firmly entrenched at present. Over 85 percent of the junior high schools throughout the nation have some form of interschool athletics. Common sense decrees that the nature of the athletic program for elementary and junior high students should not be identical with that of the senior high school. For the sake of safety, consideration should be given to individual differences in maturity, height, weight, and speed within the same chronological ages. It would be wise to field teams according to size ability and maturity, rather than by grade level alone. Coaches for this age level should be individuals who not only know the sport but understand youngsters. Their job security should in no way be affected by the won-lost records of their teams, but a supervisor should judge their work by the quality of organization and teaching displayed.

It would be wrong to force young children into the hot crucible of competition before they are ready, but if the concept of continuity is observed, this will not take place. There should be a sequence of competitive experiences offered, progressing from the simple to the complex, having the objective of promoting emotional and social growth each step of the way.

Statement of the Purpose

At the elementary and junior high age level, athletics should be well supervised. The over-emphasis on winning and losing, the interference of the parents, and the ultimate choice of a certain number of

children for an all-star team should be studied because of the emotional and psychological impact. Pressure for elementary and junior high competitive sports results largely from well-meaning lay people. Too much organization of the child's life tends to defeat his individual abilities. Boys and girls are not miniature adults. The need is for better athletic leadership from adults who understand the desires, needs, and limitations of the growing child. The purpose of this paper is to present these problem areas and submit suggestions for improvement in the program.

Method of Study

Much time has been spent in studying the locally and nationally sponsored competitive sports for young children. This study has been possible through the use of a large personal library, the Kansas State University library, material from the American Medical Association, Little League Baseball Association, National Safety Council, National Federation of State High Schools Athletic Associations, and many newspaper articles and books.

Limitations of Study

This study of competitive athletic programs will be limited to the elementary and junior high youngster between the ages of 7 and 13. Several problem areas are involved during this age, but this study will involve the discussion of the following major areas: the medical examination, professional leadership, proper fitting and protective equipment, matching of participants, qualified officials, proper parental attitude and support, and proper medical assistance for injuries.

Definition of Terms Used

Highly organized competitive athletics. Highly organized competitive athletics are programs in which teams are developed through a series of elimination games, and which represent a school or a community in championship schedules of inter-school, inter-community, regional, and national games or tournaments. The chief stress is placed on winning, and excessive emotional pressures are applied by parents, teachers, and others.

Chronological Age. Chronological age is the age of a youngster according to calendar days.

Agency-Sponsored Athletic Team. Agency-sponsored athletic teams are groups competing in an organized fashion outside the school curriculum. Little League Baseball, Pop Warner Football, and Silver Mittens Boxing are examples.

Ligamentous laxity. Ligamentous laxity is a condition in some youngsters involving the joints. Due to rapid growth or injury, the ligaments may be stretched and unusual movement may be found in the joint.

Electroencephalograms. The electroencephalogram is a tracing showing the changes in electric potential produced by the brain. If injury has occurred, the tracing will indicate the changes.

Albuminuria. Albuminuria is a test to determine the presence of albumin (a class of complex proteins found in milk, egg, muscle, blood, and in many vegetable tissues and fluids) in the urine.

Adolescence. Adolescence is the period of development between childhood and maturity.

Pubescence. Pubescence is the stage of physical development when it is first possible to bear children. In most cases, puberty for boys is legally 14 years of age.

Carpal Bones. Carpal bones are the tiny bones forming the wrist. They are excellent guides in determining maturity.

Skeletal Age. Skeletal age is the true measure of age determined by using the x-ray and finding the amount of calcification in the carpal bones.

Orthopedic Specialist. The orthopedic specialist is an individual specializing in the treatment of deformities, diseases, and injuries of the bones and joints.

THOROUGH MEDICAL EXAMINATION

It is every athlete's right and obligation to have a medical examination before training and competition, and it is the obligation of coaches and trainers to require it. The examination must be comprehensive, thorough, and should include a careful medical history and several laboratory tests.

The best and most complete examinations are the result of combined efforts from the family physician and a special examination group. The family physician should be relied upon for information related to any injury or illness, old or new, that might have a bearing as to the physical fitness of the youth. With respect to the health requirements of specific sports, and the interest of the medical profession in promoting healthful sports experiences, the aims of the examination are:

1. determine the health status of each youngster prior to exposure to participation and competition.
2. provide appropriate medical advice to promote optimum health and fitness.
3. arrange for further evaluation and prompt treatment of remediable conditions.
4. counsel the candidate as to the sports or modification of sports which for him would provide suitable activity.
5. restrict from participation those whose physical limitations present undue risk.

It is important that each participant receive individual attention to his physical and mental needs prior to competition. Yet when a 6 to 13 year old boy joins a school-sponsored or agency-sponsored athletic team, the requirement of a medical examination is often neglected. According to the study by the American Association of Health, Physical Education, and Recreation, only 31 percent of school-

sponsored athletic programs require a medical examination. Agency-sponsored athletics could muster only a 17 percent compulsory requirement for medical examinations.¹ In many cases, athletes are examined so casually that they don't have to undress. In many schools the pre-season examination is the only one given. Unless an injury occurs, the athlete is never checked during or after the season. With this type of procedure, examinations are too lax to disclose any serious defects. Dr. O. Charles Olson in Spokane, Washington, has established a system for all junior high athletes. "It's mandatory for all athletes who wish to participate in sports to have a complete physical examination by their own family physician. This is taken in the 7th, 9th, and 11th grades. In the intervals, a shorter-type physical examination is done," he said. "A special history and physical examination form is kept on file by the athletic director of each school, and the athlete takes it with him to each annual examination so that the examining doctor can refer to it."²

A private examination by the family physician places him in good position to obtain an adequate history, to meet the pressures of over-ambitious parents, and to help correct the improper selections of sports made on emotional grounds and inconsistent with the physical endowments of the particular adolescent.

In fairness to both the physician and the athlete, the examination should be conducted in a quiet room of ample space, with reasonable privacy, and with no demands for undue haste. An average of 12 to 15 minutes per individual would be required unless assistants carry out some of the procedures. The examination should be scheduled far enough before the beginning of the first practice to allow appropriate

consultation, diagnosis, and treatment if needed. The evaluation, however, should still be close enough to the onset of the season to minimize the chance of a change in health status in the interim period.

The examination or appraisal goes beyond a medical checkup. The history should give special attention to past illnesses, injuries, and surgery. A review of the immunization record should be included to determine whether the candidate is protected adequately against tetanus, polio, and any other locally significant hazards. The history should give any information of past concussions, defective vision, defects of chest, cardiovascular system, or abdomen. The presence of hernia, joint injury, whether healed or repaired, undescended or loss of one testicle should be recorded. Eyes, skin, ears, nose, throat, lungs, heart, abdomen, extremities, and spine should be examined. It is especially important to check for ligamentous laxity in the examination of the extremities and for the presence of enlarged organs such as kidneys, spleen, and liver.

A number of laboratory tests assist in revealing what cannot be determined by observation alone. A urinalysis, hemoglobin test, tuberculin test, and chest x-ray are recommended. The chest x-ray is recommended for its screening advantage in detecting possible heart problems as well as pulmonary disease. Dr. Max Novich, writing in the Journal of the American Medical Association, recommends that electroencephalograms be made before, during, and after a season to detect possible intracranial damage.³

Disqualifying conditions are subject to individual circumstances and peculiarities of various sports. Disqualification should not imply

automatic restriction from all sports at that time nor from the sport in question in the future. Examples of conditions which are not definitely disqualifying but merit further evaluation are heart murmur, elevated blood pressure, impaired vision or hearing, controlled diabetes, and albuminuria. If the decision is disqualification, however, the physician vested by the school with the authority to disqualify should not be overruled by any other person. This is a direct and unavoidable responsibility and needs the full support of the institution and personnel involved.

The health examination is only one of the links in the chain of medical athletic supervision. The use of team doctors and handling of injuries will be covered later in this report. The most desirable plan for obtaining coordinated continuous medical attention is the one that best fits the local community and its existing policies, procedures, and available personnel. The American Medical Association Committee on the Medical Aspects of Sports recommends that local school officials and medical society representatives jointly work out mutually acceptable arrangements.⁴

PROFESSIONAL LEADERSHIP

The coach exerts a tremendous influence, not only on the boy's physical development, but on his mental attitudes as well. The majority of high school coaches are sincere men, genuinely interested in the welfare of youth. They view athletics as a means to an end, a method to develop fine boys as well as good athletes. They talk about "their boys" and take as much pride in a youngster's success as do his own parents.

Proper leadership places the interest and welfare of children first. Supervision should be through individuals who understand the desires, needs, and limitations of growing children. Such leadership will promote wholesome attitudes, encourage good health standards, and play an important role in the planning of proper programs. With proper leadership, an excellent conditioning program will be set up, safe fundamental skills will be developed, the athlete will be selected and placed in his proper position, and techniques will be taught to excel in any sport. Any youngster, no matter where he is rated on the squad, should get into all the scheduled games. If a school cannot provide a man who is properly trained to supervise a sport, that activity should not be included in its athletic program. The coach is responsible to see that the desire to win must never be allowed to take the fun out of athletics nor cause neglect of the basic safeguards of health. There is no justification for over-emphasis on winning. This means jeopardizing a boy's welfare, both physical and mental, in an attempt to insure or achieve victory. When any sport ceases to be fun, there is no place for this activity in the athletic program. Many coaches work on flashy

intricate plays at the expense of time that should be devoted to teaching fundamentals and skills. Where the coach is out to build a reputation, presses his boys to win at all cost, and has the power to hire officials, his influence can encourage flagrant rule violations.

Leadership in organized athletic competition for the elementary and junior high children needs careful consideration. For instance, in Little League Baseball, the number of teams has increased from 24,000 in 1958 to over 50,000 in 1968. The projection based on census indicators for the next 10 years indicates that it will accommodate approximately 5,000,000 boys.⁵ Qualified leadership for this program is not increasing at the same rate. According to a 1968 report by the American Association of Health, Physical Education and Recreation entitled "Desirable Athletic Competition for Children", 72 percent of "agency" sponsored programs (such as Little League) do not have an adult leader qualified by training to teach and supervise the sport.⁶ The report emphasized that the issue in question is not whether athletics are good for youngsters, but rather the kind of leadership provided for children of elementary and junior high age and the conditions under which the programs are conducted. Also, high pressure practices such as highly organized competition in the form of inter-school or inter-city leagues, championship tournaments, little bowl games, and commercial promotions which groom players for high school and college teams are to be avoided.

Many of the competitive sports for younger children have deteriorated into a dangerous madness. This has affected not only the children but those responsible for their well-being: parents, public officials,

coaches and spectators. They have come to confuse Little League with big league, as if the pennants and the world's championship were all that counted. The drive to win is traditional in America and must be preserved, but this should not be the only factor under consideration. A grade school or junior high youngster obviously does not have the stability and maturity of a high school youngster. In other words, it is the way in which some sports are conducted, and not the sports themselves, that should be improved. This question must be asked: are the children regarded as growing individuals or just little adults, playing with a lighter bat, lower goal posts, or a shorter field?

Most men coaching in summer programs are good men, many of them with children of their own. They are well-respected citizens with good intentions. They volunteer their efforts and time. But all this does not qualify them to teach and train young boys. As Fran Tarkenton is quoted, "Many coaches have many good intentions, but I've found that most of them are frustrated athletes who always wanted to be a head coach. They watch football on television and read about Paul 'Bear' Bryant, that tough disciplinarian who has coached Alabama to so many college football championships. All of a sudden they picture themselves as 'Bear' Bryants, and that is the way they try to coach 10-year-old boys."⁷

Leaders of young children in competitive sports are not meeting certain qualifications. The responsibility for improving this problem lies with all those people involved including parents, coaches, spectators, public officials, physicians, and school administrators. The members of this team must understand and believe in one another completely.

If any one breaks down, problems are sure to occur. According to a survey conducted by New York University among 38 outstanding psychologists, educators, pediatricians, and other experts in child study, the minimum qualifications for coaching a particular sport should include training in desirable health practices, physiology of exercise and conditioning, principles of first aid and accident prevention, adolescent psychology (a thorough knowledge of child growth and development), training in physical education and recreation, and the knowledge of all sport skills to be taught. A program requires professionally trained personnel who understand the needs and interests of children. It is important during these preadolescent years that their recreation be guided toward several objectives including an emphasis on the fun of playing rather than the winning, the child rather than the game, the many rather than the few, informal activity rather than formal, and development of skills in many activities rather than specialization.

It is firmly believed there are many times when a coach is called upon to act as much more than a coach. He may have to wipe tears, answer questions, and solve personal problems. Flexibility and patience is the price he must pay for a child's love and respect.

PROPER PROTECTING AND FITTING EQUIPMENT

"In virtually all athletic games there is a degree of hazard to those who participate. In order to reduce the possibility of injury, participants wear equipment suitable to the contest. The incidence of injury resulting from athletic activity has been reduced continuously during the past decade. There is every reason to believe this trend will continue. The reduction is due to the efforts and cooperation of six groups: namely, the rules committees, the coaches, the athletes, the manufacturers, the American Medical Association, and the American Dental Association. No group has made greater contributions towards reducing injuries than equipment manufacturers."⁸

In considering proper equipment, dramatic strides concerning safety in sports can be made with relatively little organizational effort. It stands to reason that if the players are better protected, they are going to sustain fewer injuries. A good example is the adoption, within recent years, of the hard shell football helmet. Between 1948 and 1964, the incidence of head and neck injuries decreased by 57 percent. According to Dr. Richard H. Alley, Jr. of Pasadena, California, reporting in the Journal of American Medical Association: "With the more widespread use of the hard shell helmet and double-bar face guard, injuries have dropped considerably. In 1948, only 21 percent of players wore hard shell helmets, compared to more than 99 percent in 1964. In the same period, the use of face guards increased from 3 percent to 100 percent, causing facial and dental injuries to decrease by 73.4 percent."⁹

The selection of equipment for any sports program should not be dictated by reasons of economy. If the program can not afford the proper

equipment, then the program can not be afforded. Equipment is one place where one can't scrimp. The best line of any established manufacturer should be required, whether it be a batting helmet or a mat for the gymnastics area. By "best" this does not necessarily mean the price tag. Differences in price can be due to the frills of style and other costs not directly related to differences in protective effectiveness of the equipment. Dr. Floyd R. Eastwood, Committee on Injuries and Fatalities for the American Football Coaches Association, has recommended a minimum annual expenditure of one hundred dollars per player.¹⁰

Equipment should be carefully fitted to the individual. The best helmets or shoulder pads may be obtained that money can buy, but unless they are fitted to the individual player, they will offer insufficient protection. A loosely fitted helmet could be a distinct hazard to the player wearing it. The same might be said about other items of equipment. Two football players may be the same body width from shoulder to shoulder, but not able to wear the same size of contoured shoulder pads because of different neck sizes. All too often, equipment, particularly that used in a school program, does not fit because of the tradition of "handing it down" from one squad to another. To do this is a grave mistake, for the varsity always has the newest and best equipment, not necessarily best from the standpoint of material and workmanship, but best from the standpoint of fit and state of repair. All boys deserve and are entitled to the best protection possible. One is as valuable as another and none are expendable. In the athletic program of an educational institution, the so-called star should have no more protection than the boy with less native ability.

In baseball, the Little League developed a helmet which reduces the force of a baseball to a tolerable level by covering the areas of the head vulnerable to brain injury, but many dislike wearing this protective equipment. They hold to the pre-conceived notions that such equipment hampers their effectiveness, it is considered a sign of weakness to wear it, they think it's smart or stylish to leave it off, or they are just plain ignorant. Too often these attitudes are fostered by a permissive attitude on the part of the coach, or even the coach's ill-concealed personal feeling that the equipment is really a nuisance and that he really doesn't want to enforce its use.

It is believed that if protective equipment is to do its job effectively, it must not only be designed carefully of durable materials but that it must be fitted individually to the player, that the player must wear it properly, and that it must be replaced when it has lost a significant amount of its protective efficiency. The author feels reasonably sure that if all of our deficiencies in these areas of injury control were eliminated -- the occurrence of serious injuries could be curtailed without any new principles being established or new products being developed.

QUALIFIED OFFICIALS

The most important persons connected with an athletic contest, next to the players and coaches, are the sports officials. Of all individuals connected with the contest, the officials are probably the least appreciated. Very few people attend an athletic contest primarily to see the officials in operation. For this reason, perhaps, if an official functions effectively, his work goes entirely unheeded. If, on the other hand, the work of the official meets with disfavor, he becomes the object of ridicule and abuse. Hence, it's true that an official is known primarily by his mistakes. Modern spectators have become so vocal in their displeasure at the work of officials that promising young men are reluctant to set out upon a career of officiating. Because of this problem, it is becoming increasingly difficult to obtain competent officials who retain the amateur and educational viewpoints which are so essential.

Before the season or sport begins, considerable time should be spent covering the basic aspects of the game. From these meetings, officials are expected to know the rules of the game and the interpretations which have been agreed upon. They are expected to be competent in performing the mechanical aspects of officiating. Officials are to be in good physical condition and possess such personal qualities as integrity, fairness, courage, good judgment, and courtesy.

After dressing in the uniform prescribed for the sport, the field or court should be inspected and all necessary equipment checked. The official is to see that the contest begins on time and proceeds in

an orderly, businesslike manner. Once the game is under way, officials perform their work as inconspicuously as possible, while at the same time moving with the play in such a manner that they will be in the best possible position to observe the actions of the players. Officials must realize that overall hustle and proper positioning to make a call can amend many mistakes. Decisions should be made fearlessly and firmly, but without actions designed to bring attention to themselves. If mistakes are made they should be promptly rectified if possible. In no case should the official resort to the process of evening up the original error by committing another one. All conduct on the part of officials should be dignified and courteous. They should remain calm and unaffected by demonstrations from the spectators. It is virtually impossible for any official to perform at a level of efficiency without confidence in his own ability. An official without confidence in himself is little better than no official at all.¹¹

The players, if they are properly instructed, will accept the rulings of officials as final, and will not by word or action give evidence of disapproval of the decisions rendered. Youngsters should treat officials with the same degree of courtesy and respect which they, in turn, expect from officials.

Athletic contests cannot be conducted without officials; they are indispensable to sport. The official has a right to expect considerate treatment from players, coaches, and spectators. In turn, it is the personal responsibility of each official to develop the greatest degree of competence of which he is capable.

MATCHING OF PARTICIPANTS

Athletic programs for children often do not measure up to minimum safety standards, and one reason is that they often fail to take into consideration aspects of growth, development, and maturity. Dr. Thomas C. Cock, a pediatrician from Berkeley, California, stated, "Boys and girls are not miniaturized adults. They need better athletic leadership from adults who understand the desires, needs, and limitations of the growing child. The remarkable lack of uniformity in growth and development among children of the same age must be carefully considered in competitive athletics. No coach, trainer, or parent can objectively make the decision as to who is or who isn't physically or emotionally able to play."¹² Dr. Edward D. Henderson, of the Mayo Clinic, also said that the best way to prevent injuries in child athletic programs is to avoid mixing mature and immature children in competitive and combat sports.¹³

Much of the injury, both physical and emotional, could be avoided if the opponents were equally matched. Matching by chronologic age or by size is not adequate. During this growth period, there are wide variations in the rate of physical and emotional maturation. Studies by Pryor and Smith¹⁴ show the differences in size, body build, and physiological maturity that can exist between girls of the same chronological age. They have also demonstrated the wide differences in achievement between the lateral and linear type of girl of the same age. Although there is a difference in time as to maturation in boys and girls, the same physiologic principles apply to boys at a somewhat

later age. In our competitive programs, we have large and small boys, heavy and light, muscular and slender, as well as fast and slow growers, early and late maturers. Two twelve-year-old boys who are well matched as to height and build may be years apart in their physical development and stamina and perhaps more important, in the maturity of their judgment. The boys most likely to be picked for a football team, particularly the linemen, are usually the tallest and heaviest. These "fast growers" may be the least mature physiologically and emotionally, and consequently, the least able to stand up under bruising contact sports.

The immature boy is no match for his more mature opponent. Not only is he more likely to lose, but he can be injured in the process. A striking example of this was demonstrated in a recent study by Dr. C. J. Hale.¹⁵ He found that the majority of boys who played in the 1955 Little League World Series, boys of 10, 11, and 12 years, were adolescent, and not as their chronologic age would indicate, pre-adolescent. In other words, in the elimination games, the tendency was for the more mature boys to win out over the immature ones.

There are several technical methods of judging the developmental level of the child. Dr. T. E. Shaffer classifies boys as pre-pubescent, pubescent, and post-pubescent depending on the presence or absence of pubic hair, and the amount of kinking or curling of the hair.¹⁶ This is a good measure of sexual development, but it is felt there is not enough correlation with the stage of intellectual or emotional maturity to make it useful as a matching test. Another method is the bone age, which is determined by x-rays of the carpal bones. The bones are an important means of judging maturity. The rate of growth and of

maturation is the true rate of the individual's progress toward maturity. That the individual "is as old as his bones" is not too far from wrong. With the use of x-ray, this is an excellent means of telling biologic time. By this method, the calendar or chronological age can be removed from consideration. The true measure of age is biological or skeletal age.

PROPER PARENTAL SUPPORT AND ATTITUDE

The thrill and adventure found in athletics have an unparalleled appeal for youth. When this compelling force is properly directed by adults, it can bring improved health and moral stamina to every youngster involved. Wrongly handled it can result in physical depletion and a totally distorted sense of values. Some physicians express concern about competition affecting the physical and emotional well-being of the child. A physician is not afraid of children being hurt physically or emotionally if the end result is of benefit to the child. This is in reference to a youngster being subject to vaccines and toxoids to protect his life. But if the child is to suffer insults, the insults must be the kind that will strengthen him, not those that will permanently harm him.

Many child psychologists are contending that elementary and junior high competitive athletics are creating too much pressure and tension for youngsters. Former major league pitcher Joey Jay, the first Little League graduate to reach the major leagues, expressed himself, "I feel there is too much parental activity in the Little League and am certainly not in sympathy with the way it has developed. It is frightening to watch a normally serene parent transformed into a raging wild man while watching his 10-year-old son compete in a Little League game."¹⁷ These reactions can lead to abnormal psychologic responses both in parents and children in many ways. The hero worship of the star, the sense of failure in the boy who does not make the team, or who fails to make the crucial point in the game, the obvious disappointment of the parent when the boy fails, or the excessive pride and praise

when he wins, the apparent difference in social acceptance by playmates and adults between the winners and the loser -- all these can have a profound effect on a child's emotional development and his social adjustment. Much of the harmful results engendered by highly competitive sports is due to the fact that they are organized on an adult level. The parades, the uniforms, the prizes, the general spirit of a Roman holiday presumably glorify the child. But these exhibitions are actually aimed at the parent who is vicariously glorified, an experience he may have craved but missed in childhood. Fran Tarkenton has said, "I'm against any program that has parents coming to the games screaming and yelling and showing their frustrations to the kids,"¹⁸ Many parents are working out their own inadequacies through their children. They spur their children on to feats that in fantasy, they would like to perform themselves. Many parents are convinced their sons have big league potentialities and drive them toward that goal. Some youngsters make it, but the odds are about 2500 to 1 against them.¹⁹

Until parents develop the proper supporting attitude, many youngsters will suffer much physical and emotional harm. The objective of competitive athletics for elementary and junior high youngsters is to play and enjoy many games, but especially games and sports they can continue to take part in throughout life. It means not emphasizing just one child and not developing a star at an early age. A primary consideration should be to develop the habit of good sportsmanship early. The fact that each contest is no more than a game should never be forgotten. It is vastly more important for youngsters to develop a love for the game rather than an intense desire to win. The limitations and

assets of sport should be realized by coaches, players, spectators, educators, family, and the public in general. Weaknesses must be overcome and controversial areas ironed out. Many people are not aware of the contributions of sport to the total development of the participants. Honesty, the ability to win and lose graciously, fair play, ethics, leadership, spirit, etc., are just a few of the many character traits which can and should be developed in each player under the guidance of parents and coaches with the proper attitude.

INJURIES AND MEDICAL ASSISTANCE

When an athletic program has been well-conducted and the safeguards taken to protect each youngster, the chances for serious injury are minimal. During this age some authorities claim there may be injury to rapidly growing bones, the joint areas, and the heart area.

In considering injury to growing bones, it is true the epiphysis (end-portion of bone where growth occurs) is a potential site of injury. But epiphyseal injuries do not occur frequently. Furthermore, there is no general agreement among orthopedic specialists that such injuries happen more often in athletics than in casual, informal play. This may even happen jumping out of trees, down steps, or riding bikes out in streets and getting knocked down by cars. Disorders of the growing bones occur at this age from a variety of causes and not all are due to sports injuries or even to trauma. The essential point is to heed any symptoms of bone or joint disease so that further harm can be avoided. According to Dr. Merritt B. Low, "Epiphysial injuries are not as great as supposed by some. The real hazard is not the injury, but failure to recognize it and provide proper treatment."²⁰

Some opponents of competitive athletics programs are fearful about the possibility of damage to the heart from severe exercise. One of the reasons for requiring a physical examination before participating in a sports program is to find those children who have impairments requiring restricted activity. When the health history and a thorough examination do not reveal any abnormalities, there should be no hesitation about permitting full activity. There is no currently accepted

evidence to support the notion that a normal heart can be damaged by strenuous activity, even during the years of rapid growth.²¹ Boys and girls of all ages, but especially preadolescents and adolescents, dislike prolonged rest and restriction from action. An innate need for physical activity and the basic drive to be respected by peers make children resist the suggestion that they should "drop out" or "take it easy". It is desirable to find some sport or activity in which even a child with a health impairment may engage rather than relegate him to the role of a spectator.

In the investigation of damage to the joint area of bones, Dr. G. L. Rarick conducted tests where persons were subject to heavy physical work in childhood and adolescence. The two concluding statements made by the study were that the individuals tended to be taller, heavier, and have more robust builds than those with less vigorous childhoods and that heavy physical activity favorably affects growth of bone and muscle tissue.

In the study of injuries, many people over-estimate the amount of force involved in the impact when two elementary or junior high youngsters collide. They see and hear the impact when topflight high schoolers, college, and pro players come together in contact. They imagine that the same conditions exist for these younger children. Speed is the greatest factor in football injuries and elementary-junior high boys do not have that damaging speed. Most of their contact is merely hanging on and there is seldom a real collision. Any boy who participates in elementary and junior high competitive football learns the skills of the game and how to protect himself. Any boy who has not

played prior to the ninth grade and begins then should be closely supervised by his coaches. This is the age when critics of elementary competitive football recommend that boys should start. This inexperienced ninth grader is the boy who most often gets hit from the blind side, does not instinctively get his cleats out of the ground when hit, and freezes when he should relax. He is at an age when showing courage is of tremendous importance to him and he now has the speed to cause injury when he collides with others. Thus, to display courage, he extends himself beyond his ability to protect himself, and the incidence of injury begins to rise. Comparing the statistics on deaths caused by football, the National Safety Council reports high schoolers have been averaging 13 deaths per year, whereas elementary and junior high athletes, with more participants, have been averaging less than one death per year.²³

There will always be a few injuries in any activity. Many critics, using figures and slanting the statistics, have tried to steer people away from some very worthwhile activities. To exemplify this statement, consider skiing. According to the National Safety Council two million skiers, skiing for a total of two days (with most of this time being spent on tows) will incur, this winter, between sixty and eighty thousand disabling injuries. This injury ratio is one for every thirty-three participants. This number of disabling injuries will exceed the number of all accidents reported from all schools in the United States in 1964.²⁴ Most of the skiing injuries are to young people - novice skiers. It is doubtful that children will be recommended to give up skiing. It is a wonderful activity and well worth the risk that one

must take if he is to participate in it. The same applies to other competitive and recreational activities. A little further study would show that the most dangerous place for a woman to be is in the kitchen but no one would ever recommend that women should stay clear of the kitchen!

During recent years, much progress has been made regarding the prevention and treatment of athletic injuries. Competitive athletic programs have organized with interested medical groups to insure adequate medical care before and during such programs. This includes, as mentioned before, a thorough physical examination at specified intervals, teaching of health observation to teachers and coaches, as well as attention to factors such as: a) injury, b) response to fatigue, c) individual emotional needs, and d) the risks of undue emotional strains. Every competitive sport needs a doctor sitting on the bench or close to it. The doctor should travel with the team, if possible. During the contest if the doctor is unable to be in attendance, his location must be known and made quickly available if an emergency arises. In all cases of injury, the doctor's word is final and no coach or parent should dispute the word or judgment of the doctor on the bench.

SUMMARY AND RECOMMENDATIONS

Every elementary and junior high youngster can profit both educationally and physically from participation in well-conducted programs of athletic activities of a competitive nature.

A program of competitive athletics in the elementary and junior high age groups can be justified only if the following statements are carried out:

The school officials and community must greatly desire to offer to the students the experience of participation in competitive athletics.

Funds must be available to support a program that offers the highest type of educational experience without jeopardizing the other phases of the physical education program.

In developing a program of competitive activities, an important duty is to provide opportunities for all students to participate.

The competitive athletic program should make definite contributions toward the accomplishment of the educational objectives of the school and community.

The competitive program should supplement rather than serve as a substitute for an adequate program of required physical education, intramurals, and physical recreation for all students.

The competitive program should, under the administration and the supervision of the appropriate school officials, be conducted by men with adequate professional preparation in physical education.

The competitive program should be conducted so the physical welfare of the participants is protected and fostered. Each individual, before being allowed to report for practice or participation, should

have a thorough medical examination which includes a careful review of his health history.

Every participant should be furnished with complete, well-fitted protective equipment of the highest quality, no "hand-me-downs" or equipment of inferior grade. Also, each individual should be matched in terms of height, weight, physiological maturity, and ability so that he may to a reasonable degree participate with safety and satisfaction.

The rules, equipment, and playing area for each competitive activity should be modified according to the capacities and interests of the age participating. This would include length of season and number of games played during each season. Tournaments, all-star contests, bowl games, and attempts by special scheduling of games to attract adult spectators should be prohibited.

A physician should be present during all competitive contests in which injuries are likely to occur. Procedures should be established for obtaining a physician to care for injuries during both contests and practice sessions without undue delay in case the physician is not in attendance.

Competitive athletics for elementary and junior high youth are important to their physical and social development. When athletic program supervisors rigidly observe the standards set forth by medical and educational authorities, the end result will be good for the child and risks to his physical and mental well-being will be negligible.

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STUDY OF COMPETITIVE ATHLETICS
FOR THE ELEMENTARY AND JUNIOR HIGH AGE YOUNGSTER

by

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AN ABSTRACT OF A MASTER'S REPORT

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Competitive athletics for youngsters below high school is firmly entrenched at present in the United States. According to many authorities in the field of physical education, athletic programs for elementary and junior high students should not be identical with that of the senior high school.

It would be wrong to force young children into the hot crucible of competition before they are ready, but if the concept of continuity is observed, this will not take place. There should be a sequence of competitive experiences offered, progressing from the simple to the complex, having the objective of promoting emotional and social growth each step of the way. The purpose of this paper is to present some of the problem areas and submit suggestions for improvement in the program.

A program of competitive athletics in the elementary and junior high age groups can be justified only if the following statements are carried out:

The school officials and community must desire to offer to the students the experience of participation in competitive athletics.

Funds must be available to support a program that offers the highest type of educational experience without jeopardizing the other phases of the physical education program.

In developing a program of competitive activities, an important duty is to provide opportunities for all students to participate.

The competitive athletic program should make definite contributions toward the accomplishment of the educational objectives of the school and community.

The competitive program should supplement rather than serve as a substitute for an adequate program of required physical education, intramurals, and physical recreation for all students.

The competitive program should, under the administration and the supervision of the appropriate school officials, be conducted by men with adequate professional preparation in physical education.

The competitive program should be conducted so the physical welfare of the participants is protected and fostered. Each individual, before being allowed to report for practice or participation, should have a thorough medical examination which includes a careful review of his health history.

Every participant should be furnished with complete, well-fitted protective equipment of the highest quality, no "hand-me-downs" or equipment of inferior grade. Also, each individual should be matched in terms of height, weight, physiological maturity, and ability so that they may to a reasonable degree participate with safety and satisfaction.

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Competitive athletics for elementary and junior high youth are important to their physical and social development. When athletic program supervisors rigidly observe the standards set forth by medical and educational authorities, the end result will be good for the child and risks to his physical and mental well-being will be negligible.