

# TIME OUT

THE OFFICIAL NEWSLETTER OF THE  
WISCONSIN BASKETBALL COACHES ASSOCIATION  
WISBCA.ORG

DECEMBER 2021

## WBCA CORPORATE SPONSORS



## FAST BREAK NOTES

### Yearbook

Mark Miller's WBBY yearbook is out. For 37 years, this has been the finest publication for high school basketball in the United States. Congratulations, Mark! Coaches can order the yearbook at [www.wbby.com](http://www.wbby.com)

### Basketball Legends

In the yearbook, Mark gives a tribute to two Wisconsin high school legends. "Hoops" and Ritchie Davis, who both passed away this year, loved the game of basketball and will be remembered for all they did to make high school basketball in our state the best it could be.

### Membership

At this time we have about 3,700 members. We have around 200 schools that have not joined. If we could get 100 of those schools to sign up for staff membership, we could hit the 5,000 mark in membership. Go to [wisbca.org](http://wisbca.org) to sign up.

### Early Nominations

Head coaches will be asked to nominate their players for the All-Star games earlier this year than in the past. In the second week of January 2022, we will be asking head coaches to nominate players. Also remember that you have to be a member to nominate said player.

## **FAST BREAK NOTES cont.**

### **Academic All-State**

The player All-State Banquet will be on April 24th and, for the first time, the academic all-state winners will be honored at this banquet. So we will have to have the nomination forms in by the middle of February. Also, remember that you have to be a member to make the nomination.

### **Fall Clinic**

We had about 700 coaches attend the clinic. Coach K spoke via zoom and all the other speakers did a great job! A big "thank you" to co-chairmen, Jon Nedelcoff and Jay Benish for making this clinic a success.

### **Hall of Fame – 2022**

The selection committee for the 2022 Hall of Fame will take place on January 9th. The release of the new inductees will be listed by the middle of January.

### **Executive Board Elections**

New executive board member position elections will be held online. Watch for it.

### **New Executive Board Members**

Joe Boucher: Legal Advisor; Megan Soderberg: Banquets' Assistant; Branden Joseph: Milwaukee City Rep

### **Newsletter**

I am happy to announce that Norbert Durst will be the new editor of the WBCA newsletter. It will be nice to have an experienced media person take over our newsletter.

### **Good Luck**

I want to wish everyone a successful season!

--Coach Petitgoue

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## **ESTATE OF THE LATE FRANK HLAVAC**

Dear WBCA members:

I have some very good news to relate to you. The estate of the late Frank Hlavac and his wife have left 2.5% of their estate trust to the WBCA. A check for nearly \$38,000 was sent to me and I deposited it in our account.

Coach Hlavac went into our Hall of Fame in 1979. He was the longtime basketball coach at Monona Grove.

I will meet with Dave Royston and will come up with a display in our Hall of Fame Museum to honor Coach Hlavac and his wife.

Hope you had a great Thanksgiving and a very happy holiday!

Sincerely,

Jerry Petitgoue, WBCA Executive Director



# WISCONSIN BASKETBALL WBCA COACHES ASSOCIATION

## **PRESIDENT'S MESSAGE**

Welcome to the 2021-2022 basketball season. Even though there are still some restrictions in certain places, we are pretty much back to having a regular season. It really amazes me the resilience of our kids and the willingness to adjust to whatever comes their way.

This is my last letter as the President of the WBCA. I will continue to be on the board as the Division 1 Rep. The last three years I have learned a lot and am grateful to be a part of and serve this great organization. The new president will be Todd Hanson of Kettle Moraine. I want to thank Jerry Petitgoue, Niki Sutter, Dan Burreson and others for helping me navigate the last three years.

I think this is a very exciting time for both our organization and the WIAA. The new leadership is eager to listen to ideas to make our sport better. The idea needs to have a plan for implementation, not just an idea. It also has to be what the membership of, not only the WBCA, but the whole WIAA membership, also. Send your ideas to anyone on the board and they can bring it forward at a meeting.

In closing I want to wish everyone good luck this year. Thank you for being leaders, and mentors to our student athletes, our schools and the communities you represent.

**YOU ARE MAKING A DIFFERENCE**

Yours in Basketball,  
Dan Witter

# RELATIONSHIP BUILDING AS AN OFFICIAL

By Terry Erickson, WBCA Executive Board Member  
Officials Assignor, Viterbo University Men's and Women's Basketball  
Officials Assignor, Emmaus College Men's and Women's Basketball

We all know that participating in sports can be a healthy relationship builder. Studies have shown that athletes often times have more finely developed social skills than those that did not have the ability or interest to compete in team sports. The value of competition, the acceptance of others, the building of trust, the support of peers, and the creation of life-long friends is an important by-product of being involved in athletics.

The same benefits can be realized for those of us that officiate basketball and other sports. Let's explore..

**Building trust** is the cornerstone of a strong bond between officials in your crew. It begins with trusting that your crew will be at the game site at the appropriate time with an attitude of positivity and eagerness to work the contest. The trust continues on the court with respect to staying in your primary and supporting the calls of other officials. Trust with coaches and assignors is earned through your ability to call the game with knowledge of the rules and through the professionalism that you display the minute you walk onto the court.

**Acceptance of others** is equally important as an official. That extends to players on the court who display a variety of skill-sets and intensity levels. Accepting coaches by understanding that they may be under a great deal of pressure from a variety of sources is important to know. That does not give players or coaches the right to cross the proverbial line of acceptable conduct. But, it may require an official to talk the player or coach off the proverbial cliff with the skill of defusing volatile situations.

**Relationship building** extends to the use of captains beginning in your pre-game conference. Asking players to assist if a degree of heightened awareness occurs builds trust before the game begins. Captains can have a calming effect on teammates and coaches by giving them some ownership of the game.

**Developing life-long friendships** is a special part of officiating. That extends from officials, to coaches, to assignors, and on to administrators. I feel truly blessed to have stretched my circle of friends to many parts of the world through the numerous opportunities that have come my way through officiating.

The special people that are part of the WBCA represent the true power of relationship building. Their passion for the game of basketball and for providing wholesome experiences for student athletes is highly rewarding. As a member of the WBCA, you are part of that circle of friends.

Thank you for being a valuable WBCA member. I would ask that you share this value with others to enhance growth in this powerful organization.

Enjoy the 2021-2022 season.



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## **A Coach's Guide to First Aid – Courtesy of ACLS Training Center**

### **First aid on the field. Any field**

As a coach, you want a winning team, and every parent wants their kids to be part said team, but we also want it to be a healthy winning team. As a coach, it is your job to teach the children how to play the sports they love to the best of their ability. It is also your job to keep them safe while they are doing it, and first aid is a vital part of that.

Very few coaches have formal medical training. Most of them are caring parents who are willing to make the necessary sacrifices to help their children and their friends have a great time while learning their favorite sport.

You don't have to be a physician or a paramedic to help to keep kids safe while playing sports, but a key component is preparation.

Preparation can be broken down into essentially two categories: Long-term preparation and immediate preparation. Long-term preparation is what happens long before a practice or a game. This includes having coaches and staff and, in the case of older teams, key players trained in first aid. It also includes regular inspection of equipment to ensure the safety of the participants and the development of proper form, techniques, and regimens to help reduce injuries due to repetitive movement associated with the sport.

Immediate preparation is what occurs the day of the practice or the game, but before any of the kids go out onto the playing area. It takes a few minutes to walk the field or court to assess for a safe sporting environment, look for damage caused by previous events, ensure that the goals and nets are secure, and check the weather for lightning or a high heat index.

Review each child's file for completeness. The following information should be contained in each file and be available to the coach at every practice and game:

Contact information for parents/legal guardians. Having an additional emergency contact person is always a good idea. It is also important to obtain pertinent information such as medical conditions, allergies and, pediatrician information.

Medical consent forms allowing the coach to seek treatment for the child while awaiting the arrival of the parents or legal guardians. This can save a lot of time, particularly in non-life threatening injuries that require transportation to the hospital. Without consent, the child cannot be treated.

Past medical history, e.g. asthma, seizures, prior heat related injuries

Importance of medical consent for coaches

## **A Coach's Guide to First Aid cont.**

Make sure that you and your staff are familiar with the emergency medical services (EMS) response to your facility.

### **During the event**

Each and every coach should be CPR and First Aid certified. This is not only so that you can treat those minor cuts and scrapes, but also so that you can assess injuries and make informed decisions regarding whether a child should continue to play or not. While serious injuries are rare during children's sporting events, the moment they happen, they are often very catastrophic. Even relatively minor injuries like strains and sprains can be less frightening if you know what to do when they happen.

One of the most difficult jobs of a coach is deciding whether a child can or cannot return to a game following an injury or if they require evaluation by a healthcare professional. The following is not a replacement for trained evaluation of an injury by a medical professional. It is meant to be a general guideline in helping you to assess illness and injury.

When in doubt about the seriousness of any injury, you should always have the child assessed by a healthcare professional before allowing them to return to the game or even to leave the facility at the end of a game. A child with any significant injury should not be permitted to return to the activity without a medical release from a physician. It is better to miss one game than to miss an entire season or worse. Remember, a minor cannot consent to a treatment and therefore cannot refuse said treatment. When a parent or legal guardian is not present, you have (or should have) his or her medical consent. That makes you the decision maker, not the child.

### **Head injuries**

Much research has surfaced over the past several years regarding the seriousness of concussions and head injuries in the sports community. They can have ramifications for many years following the injury. They can also be very difficult to assess at the time of the incident. For this reason careful evaluation is a must. When in doubt, always err on the side of caution and have the child be evaluated by a healthcare professional. Any significant blow to the head should result in the removal of the child from the activity and to be immediately evaluated by a healthcare professional.

If unconscious:

- Immediately call for EMS services.
- Evaluate if there are signs of shock or skull fracture — look for bleeding around the eyes, nose, or ears.

Observe for the length of time that unconsciousness lasts.

- Immobilize the child to prevent any further damage to the brain, spinal cord, or neck. Wait for EMS to arrive.

If the child is conscious:

- Check for alertness and orientation — assess whether or not the child knows where they are or what day it is.
- Assess for numbness, tingling or weakness of any extremity.
- Check for dizziness, or general weakness. If the child is unable to stand, allow him/her to assume a position of comfort and summon EMS.

## **A Coach's Guide to First Aid cont.**

- Check the child for slurred speech, ringing in the ears, a full feeling in his head, or memory loss.

If any of the above result in a positive finding the child must be transported to a hospital and be evaluated by a medical professional. Contact EMS and remain with the child until they arrive. If a concussion is left untreated it can lead to what is called Second-Impact Syndrome (SIS). Second-Impact Syndrome occurs when a player has sustained a second head injury before the symptoms of the first injury have subsided. This syndrome is life-threatening and causes brain swelling or herniation and death.

### **Bleeding**

Bleeding from cuts and scrapes are very common injuries in any sport. Remember that blood is potentially infectious which means that the child must be removed from the practice/game until the bleeding has been stopped and the wound has been cleaned and covered. This is done to protect the other children from potentially infectious exposure. Most bleeding is not considered an emergency and can be controlled rather efficiently by the coach.

### **Fractures**

Even though most of the time they are not life threatening injuries, they can be very serious in children because they can affect the bones' ability to grow over time. All fractures in children should be taken seriously until proven otherwise by a healthcare professional. In the case of fractures of the upper leg, they can be life threatening and require immediate attention, especially if there has been any injury to the femoral artery.

### **Sprains and strains**

While not generally considered medical emergencies, they can be pretty painful.

Do not allow the child to bear weight on the injured limb. He/she should be assisted off of the field.

Most sprains and/or strains can be treated with rest, ice, compression, and elevation (RICE).

If there is any doubt whether or not the injury represents a sprain/strain or a fracture, then it should always be treated as a fracture until proven otherwise by an x-ray.

The player can return to play when he/she can run figure eights without pain or limp and can hop on the injured foot.

### **Abdominal pain**

If abdominal pain is present without any injury, then the child should be evaluated for dehydration and heat exhaustion/heat stroke. Abdominal pain following injury should be evaluated with a careful assessment of the presenting symptoms.

Abdominal injuries can range in severity from simple muscle strain to internal bleeding and can potentially be as dangerous as a head injury. Signs and symptoms include tenderness, rigidity, and bruising of the abdomen. There should be medical attention for the child if conditions worsen.

## **A Coach's Guide to First Aid cont.**

### **Heat exhaustion and heat stroke**

Both are very serious medical emergencies and can be prevented during sporting events.

An increase in body temperature and a decrease in the body's ability to get rid of the heat are complicated by dehydration and loss of electrolytes. Heat exhaustion begins with profuse sweating, cramping of the extremities and the abdomen (sometimes referred to as heat cramps), nausea/vomiting, headache, dizziness, and cool, clammy skin. If left untreated it will quickly progress to heat stroke which is a life threatening emergency.

Heat stroke is characterized by the body's inability to deal with its increasing temperature. The skin becomes hot and dry because the body can no longer sweat. The patient begins to have difficulty breathing, becomes agitated and confused, and sometimes loses consciousness. This can quickly lead to irreversible brain damage and even death.

Prevention of dehydration is key to preventing heat stroke and heat exhaustion. Children should always remain hydrated. They should be drinking plenty of water and taking frequent breaks on hot days. Everyone should be drinking water during non-playing times. You should remember that even on a day that doesn't feel hot to us, if you are coaching a sport that requires protective gear such as football, body heat can be trapped and become exaggerated. If it is a hot day, players should be switched frequently to provide rest and to replenish fluids.

Treatment is aimed at cooling the child down. Interventions such as removing clothing, applying cool water to the skin, and placing ice packs to their underarms and groin should assist with reducing their temperature. Heat stroke is an extreme emergency and requires emergency medical treatment at a hospital. EMS should be summoned immediately if a heat stroke is suspected.

For more information, go to [acls.net](http://acls.net).