



**Delaware Jockey's Health & Welfare Benefit Board
Minutes of Regular Meeting Held On
January 22, 2019**

The Delaware Jockey's Health & Welfare Benefit Board held a Regular Meeting on Wednesday, January 22, 2019 at 9:05 a.m. in the Horseman's Office at Delaware Park, 777 Delaware Park Blvd, Wilmington, DE 19804

The following Board members were present:

Edward J. Stegemeier, Chairman
Duncan Patterson, Ex-Officio Member, DTRC Chair
John Mooney, Delaware Park Executive Director of Racing
Bessie Gruwell, DTHA Executive Director
Pedro Lizarzaburu, DJH & WBB Board Member
Heriberto Rivera, Jr., Jockeys' Guild

The following individuals also were present:

Robert E. Colton, Delaware Jockey's Association, Director
Samantha Cutrone, Premier Physical Therapy & Sports Performance, Athletic Trainer
Eric VanderHelm, HeadCheck Health Account Manager
Mandy Minutola, Premier Physical Therapy
Kevin DeLucia, Delaware Park CFO
John F. Wayne, DTRC Executive Director
Allyson Swartzentruber, DTRC (recording minutes)

1. WELCOME AND CALL TO ORDER

Chairman Stegemeier called the meeting to order at approximately 9:04 a.m.

2. APPROVAL OF MINUTES (October 10, 2019 Meeting)

Upon a motion duly made (Mooney) and seconded (Gruwell), the minutes from the October 10, 2019 meeting were unanimously approved.

3. OLD BUSINESS

A. State of the Fund

DJA Director Robert Colton gave the following report:

i. General Update

The projected 2020 Revenue Less Expense is a surplus of \$29,432. The 2020 year-to-date Revenue Less Expense is a surplus of \$2,901. The 2019 Revenue Less Expense was a surplus of \$6,138. The cash balance as of January 6, 2020 is \$515,093.68. There is an accounting change to the

financial reports: We will no longer be using an estimated interest income, and going forward the actual interest income will be reported when available.

The 2019 State Lottery Contribution was \$468,706. This annual contribution is received at the beginning of the State fiscal year (July 1st) and is the annual budget amount used for the following calendar year. The projected 2020 low balance should be \$235,000 at the end of June, and the projected high balance for 2020 should be \$705,000 after the State lottery contribution on July 1, 2020.

As of January 1, 2020 the Health Benefit Enrollment was 26 jockeys. 10 were active and 16 were retired. There were 6 active and 5 retired jockeys who were eligible, but non-participating. 3 of the jockeys technically eligible for retired benefits have active jockey licenses and are not eligible to enroll until they retire from riding, with 2 of those 3 currently enrolled for active benefits (Alex Cintron and Jeremy Rose).

So far in 2020 2 active jockeys enrolled during open enrollment, and 6 have declined coverage. 1 retired member declined to renew coverage during open enrollment. No jockeys dropped from the program during 2020. The retired jockey declined to renew coverage because of the small premium increase. This nonrenewal has made it increasingly difficult to accurately estimate the program cost.

At this time an accurate 2020 budget cannot be given, as we do not have a definitive number of riders that will be participating. All riders who are eligible for benefits in 2020 have been provided with an application. All but one has expressed interest in enrolling. Mr. Colton will give an update in late December when he receives the rates and the applications of enrolling riders.

ii. 2020 Budget

The 2020 insurance rates are as follows:

- Aetna (medical) increase of 8.5%
- Guardian (dental, life, vision, disability) – no change
- Chubb (excess on-track) reduction of 2.0%

There is no change in benefit levels for all coverage. The on-track insurance provider has changed to Chubb from AIG. The premium per day was reduced from \$1,460 to \$1,431 based on 85 days of racing for a 2020 premium of \$121,635. We will likely not see a refund from the 4 missed race days, as this was previously given as a credit for next year's coverage, and we switched providers. The credit would have been roughly

Separate member monthly Aetna rates for active and retired members are now in effect. Active members are subsidized at 80% of the lowest cost plan while retired members are subsidized at 75%. In the past all members were subsidized at the same rate. After discussion at the October 16, 2019 Board meeting on the increasing number of retired members making the plan unsustainable, creating different rates of subsidization for the two groups was deemed necessary.

2020 Subsidized Benefits per Category

	Member	w/Spouse	w/Children	w/Family
Active	\$6,531.84	\$13,307.52	\$12,664.92	\$19,696.32
Retired	\$6,030.12	\$12,433.80	\$11,863.20	\$18,486.60
Medicare	\$2,370.40			

There are no actionable items for the Board to consider at this time.

iii. Member Petition for Eligibility

At the October 16, 2019 meeting the Board approved health benefit eligibility for two jockeys who did not ride the minimum mounts required. David Amiss was granted eligibility through February 28, 2020. Mr. Amiss is requesting additional eligibility through 2020 due to a third back surgery that he will undergo in February. Estimated recover time is not currently known. Mr. Amiss is currently enrolled for the health benefits as a single member. The monthly subsidized cost to the Fund for his insurance is \$544.32. He has been totally disabled due to a racing injury he suffered on October 7,

2017 at Delaware Park. He has undergone two back surgeries since the injury. His weekly temporary disability income benefit expired on October 7, 2019. David rode 140 races at Delaware Park in 2017 and was enrolled for benefits in 2016 and 2018.

Motion Gruwell to extend Mr. Amiss' coverage until the June DJH&WBB meeting, as that carry him until after his February back surgery. Seconded Rivera. The motion passes unanimously.

iv. Athletic Trainer Program Update

The projected 2020 AT Program expense is \$31,500. This includes AT services of \$31,000 and supplies of \$500. This is based on the 2019 expenses of \$31,065 which was the first full year of the program and included \$29,400 for AT services, \$165 for supplies, and \$1,500 for travel to the Dubai conference.

The Board approved a multi-year contract at the end of 2018 with Premier Physical Therapy and Sports Performance [Premier] that expires at the end of the 2021 racing season. Under the current contract the agreement will automatically renew for consecutive racing seasons (each season being approximately from May to October "Renewal Terms") unless either Party provides at least 30 days' advance notice of its desire not to renew before the end of each renewal term.

In attendance with Ms. Cutrone in Dubai was Ms. Mandy Minutola of Premier. They will give a joint presentation on the International Conference for the Health, Safety, and Welfare of Jockeys (ICHSWJ) and their plans for the AT program for the 2020 racing season. A copy of their presentation is inserted at the end of the minutes, respectively.

v. HeadCheck

HeadCheck is the mobile and web-based platform we will be using to enable medical and non-medical personnel to follow any concussion protocol. It will integrate all individuals involved in concussion care, and allows the data collected to be analyzed for health and safety improvements. The data collected can be immediately shared by racetracks participating in HeadCheck. The Stewards and EMTs will also be able to instantly "flag" jockeys to be medically evaluated after an accident, remove and return injured jockeys from riding, and upload annual physicals.

Both Medstar (Laurel Racecourse) and Premier Physical Therapy have given approval for their employees to use HeadCheck. Dr. Ryan at Laurel has been testing the platform since December 2019.

Mr. Colton Presents the Board with an example one-year agreement from HeadCheck. The cost of the program will be \$10 per year, per jockey for the 2020 season. 156 jockeys rode at Delaware Park in 2019. If we have the same number this year, the cost will be \$1,560 for the season.

Mr. Kerber notes that there are a few things in the HeadCheck ten-page draft contract (which can be found online) that the State of Delaware will not allow us to agree to. There are no issues with the two-page order form presented at the meeting. The issues lie in the full contract. For example, the Board is prohibited from providing indemnification.

Mr. Colton suggests a motion to approve the contract dependent on legal changes to the contract proposed by Mr. Kerber, as long as the cost numbers and general details do not change. A copy of HeadCheck's presentation is included at the end of the minutes, respectively.

4. NEW BUSINESS

A. Insurance Program Rates/Premiums

5. PUBLIC COMMENT

There was no public comment at this time.

6. ADJOURNMENT

Upon a motion duly made (Stegemeier) and seconded (Gruwell), the meeting was adjourned at approximately 10:38 a.m.



Jockey Safety and Athletic Training at Delaware Park

Mandy Minutola, LAT, ATC, ITAT
Director of Athletic Training, Delaware Athletic
Trainers' Association President

Samantha Cutrone, LAT, ATC
Delaware Park Head Athletic Trainer

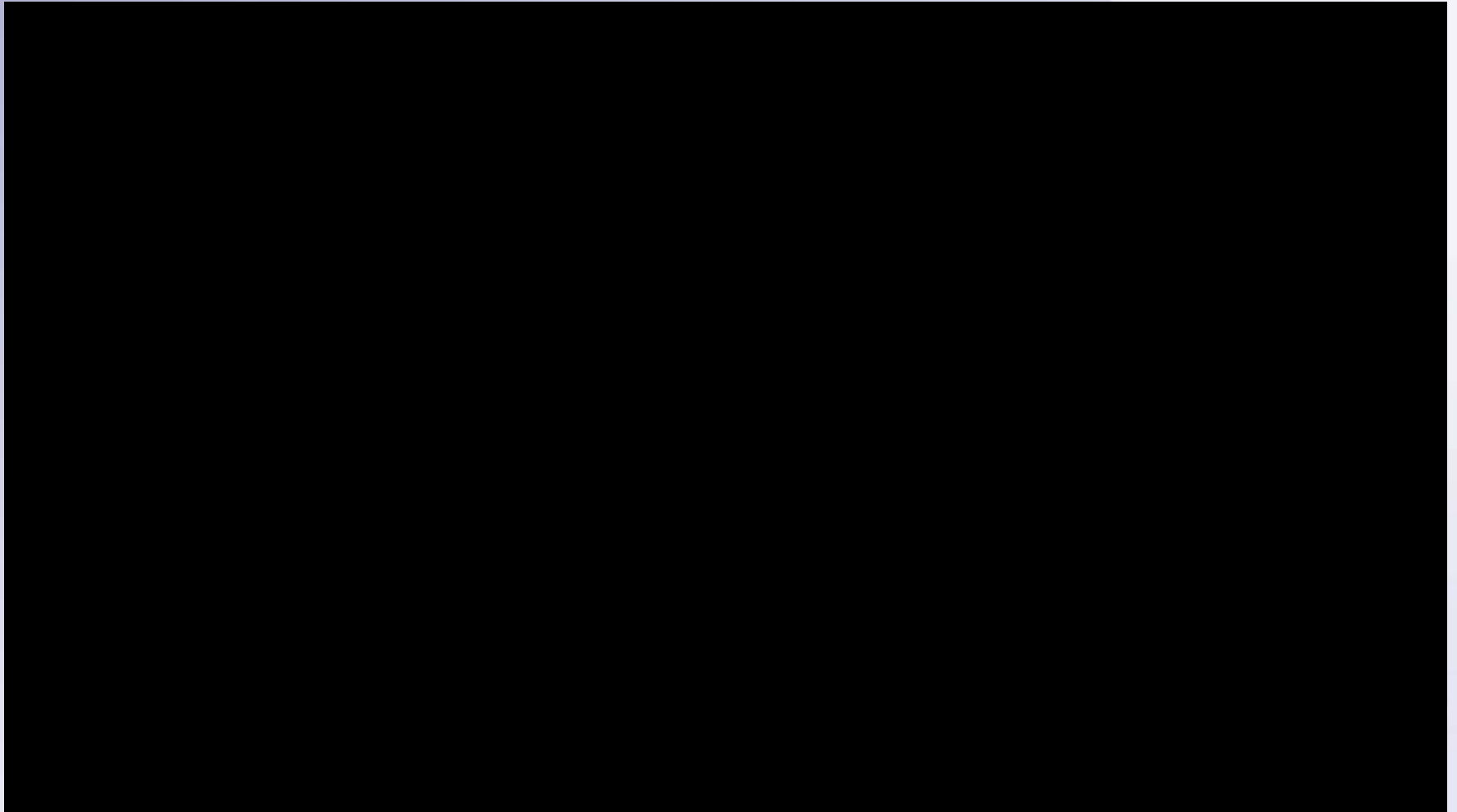
Dubai November 2019

Objectives

- Jockey Injury Epidemiological Review
- Current Standards of Medical Care
- Delaware Park Medical Care Model
- The Role of the Athletic Trainer a Delaware Park
- Concussion Guidelines
- Communication
- Future Directions



The Need for Athletic Trainers



Houston We Have a Problem!

- 4 years - 6,546 injuries with 3 fatalities (Waller et al., 2000)
- A jockey is injured every 9.5 racing hours (Press et al. 1995)
- Over 100 jockeys died from 1950 to the mid 1980s in the U.S. (Press et al. 1995)
- 152 deaths from 1940-2012 in U.S., Mexico and Canada (Hitchens et al. 2013)



Fall and Injury Rates

The Orthopaedic Journal of Sports Medicine

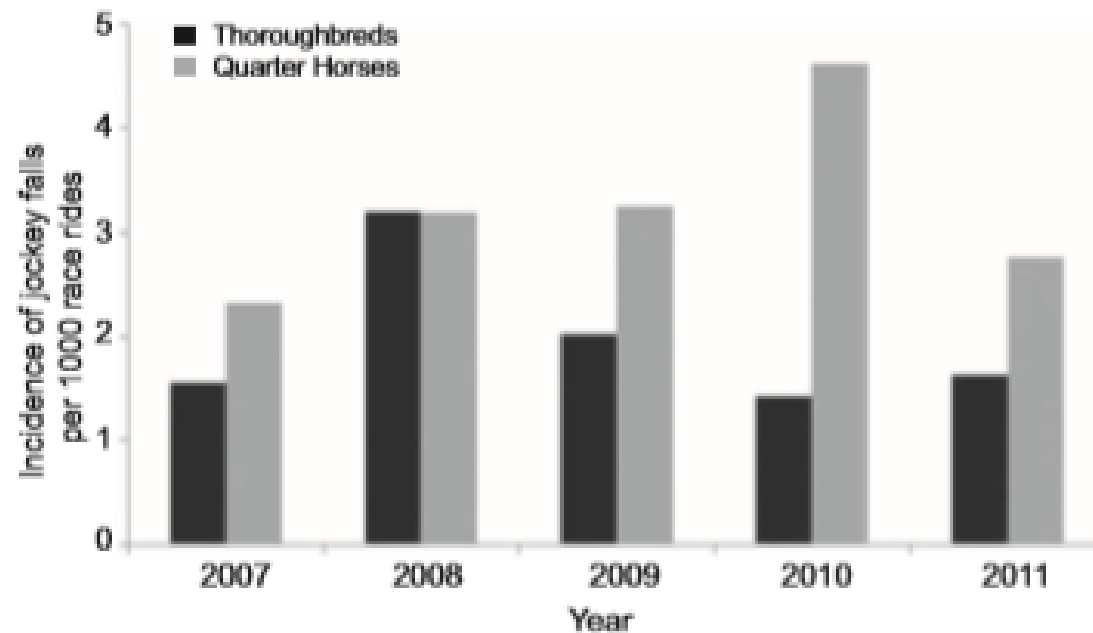


Figure 1. Jockey fall rates from 2007 to 2011 for horse races in California by racehorse breed.

(Hitchens et al. 2013)

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Mechanism of Injury

➤ U.S.

- 44% of injuries thrown from the horse (Hendricks et al. 2009)

➤ Japan

- Horse stumbling (26%), horse being injured (20%), error by the jockey (19%), accident involvement (12%), behavior of horse (11%), interference (11%) (Hitchens et al. 2013)

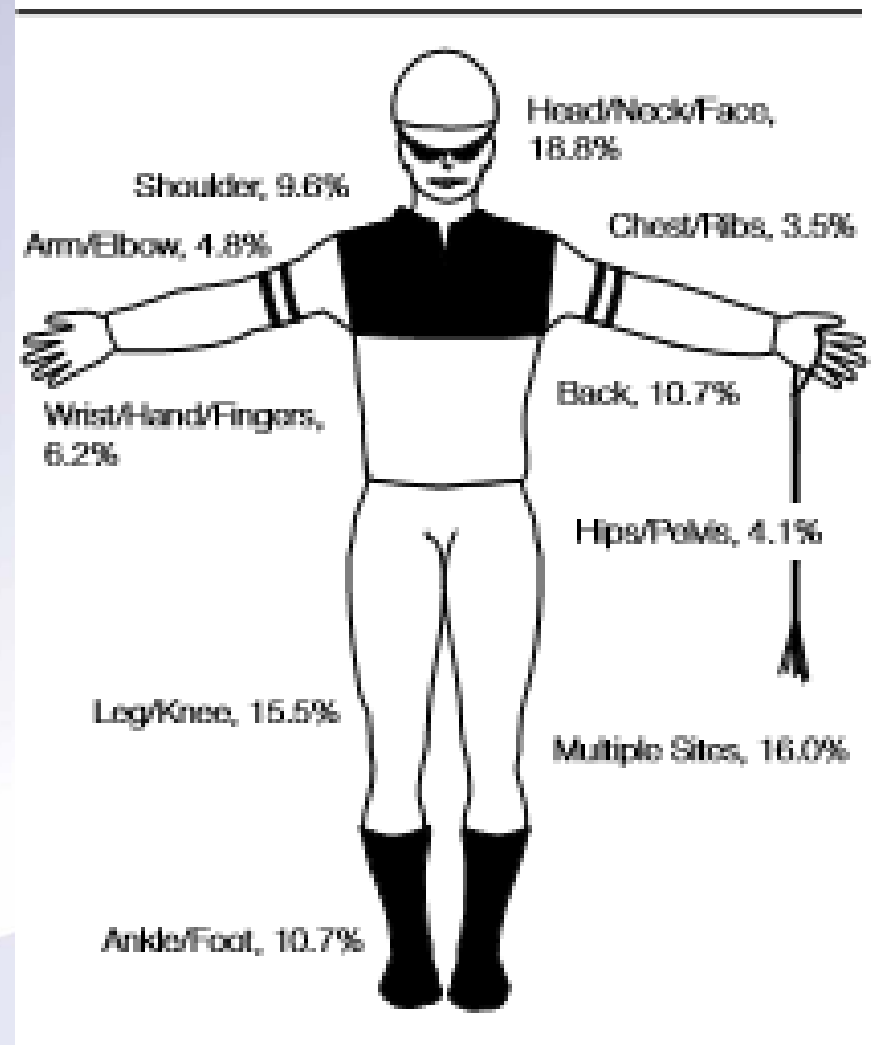
➤ Australia most falls pre-race but in California most during race (lead ponies used) (Hitchens et al. 2013)



Injury Type and Location

- Soft tissues injuries (45%), fractures (39%), concussions (15%) (O' Connor et al. 2018)
- Head, neck and face injuries are most common in the U.S. (Hendricks et al. 2009)

Figure 1. Body Part Injured, 1993-1996



Current Standards of Care

- Great Britain & Ireland- 2 doctors (Turner et al. 2002)
 - Riders covered by injury insurance scheme (Great Britain)
- France- 2 doctors (McCroory et al. 2006)
 - Injuries fall under workers compensation
- U.S. inconsistent medical procedures (Hendricks et al. 2009)
 - Few racetracks - doctors or athletic trainers on-site
 - Most injuries reported by stewards
 - Jockeys do not qualify for workers comp benefits in most states
 - Some states have injury compensation funds
 - Funds do not carry over state lines

Delaware Park

We Challenge the Status Quo!

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DE Park - Pre-Participation - Jockeys

- Yearly physical exam
- Signed assumption of risk, consent to treat and HIPAA forms
- Emergency medical card
- SCAT 5 concussion baseline test mandatory 2020

EMERGENCY MEDICAL CARD

Name
Street
City, State
Birth Date

Emergency Contact-Relationship Phone

Date Form Completed
ALLERGIES to Medicine/Food/Latex
State **NONE** if you do not know of any

Date of Last Tetanus Shot
Answer YES or NO to each question

Diabetes	Pregnant	Surgery
Seizures	Concussion (#)	
Heart Condition / High Blood Pressure		
Other Medical Condition(s)		
Implanted Medical Device / Hardware		

Helpful information & dates to any YES answers

CURRENT MEDICATIONS
Medicine - Reason - Date Started

DE Park – Current Medical Team

- 3 Emergency Medical Technicians (EMTs) on-site
 - First Responders to jockeys
 - 2 following the race and 1 at first aid station
- Ambulance and ambulette for transportation
- Christiana Care Hospital less than a mile away
- **One Athletic Trainer**



What is a Licensed Athletic Trainer?

- Expert in prevention, evaluation, rehabilitation, and return to activity after injuries and medical conditions sustained/related to sport
- Pass Board of Certification (BOC) Exam after graduation from accredited bachelors or masters program
- Recognized by the AMA, Health Resources Services Administration and Department of Health and Human Services - allied health care profession



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DE Park - Athletic Trainer Role

- On site before, during, after all race events
- Prevention
 - Jockey Education
 - Are Riders Fit to Ride?
 - Is the environment and equipment safe?
- Medical evaluation of injuries previous/current
 - Including communication with and/or referral to other medical providers as needed
- On site treatment and rehabilitation of injuries
- Return to ride planning and testing



Athletic Trainer Injury Evaluation

- Required for any jockey who falls during a race
- Required for injuries sustained away from the race track riding or not
- Includes symptom inventory, musculoskeletal and neurological exam, cognitive assessment, balance exam, and specific assessments for cervical spine trauma, skull fracture, and intracranial bleeding
- Decision for return to ride now and future
- Referral to other appropriate medical care as necessary

Athletic Trainer Rehab-Return to Ride

- Treated and rehabilitated on-site with the athletic trainer
- Require serial follow-ups until symptoms resolve
- If necessary, athletic trainer will refer jockey to the appropriate medical provider
 - Physicians, physical therapists, urgent care providers and specialists available
- Return to Ride involves specific activities that test the ability to ride symptom free followed by a return to ride progression

Concussions – The First Enemy!

- 1 in 5 jockey injuries in U.S. are head or neck injuries (Waller et al. 2000)
- Despite wearing helmets jockeys have a Concussion rate of 13% - which is higher than reported in American football and boxing (Forero Rueda et al. 2010)
- All suspected concussions are evaluated using SCAT 5 concussion tool
 - Any incident with a mechanism likely to cause concussion
 - Any jockey showing signs and symptoms must see a physician specialized in concussion management

Concussion Return to Ride


- Procedures modeled from Dr. Kelly Ryan at Laurel Park
 - Stage 1 is rest, activity begins with Stage 2
- Jockeys may continue progression when symptoms of concussion have resolved
- Each step must be symptom free in order to proceed
- Return of symptoms requires regression to previous stage
- Physician clearance is needed before advancing to final stage



Concussion Return-to-Ride

Return-to-Ride Tool

This tool is a guideline for managing a jockey to return-to-ride following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional.

STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5	STAGE 6
<p>No sporting activity</p> <p>Symptom-limited physical and cognitive rest</p> <p>Any person sustaining a head injury must be without symptoms prior to starting the Return to Ride (RTR) progression.</p>	<p>Light aerobic / cardiovascular exercise</p> <p>Walking, swimming, stationary cycling, 15-30 minutes</p> <p>No resistance training</p> <p>HR < 70% Max (Maximum Heart Rate)</p>	<p>Equine/Sport specific exercise</p> <p>Jump Rope/Squat Jump Jumping Jacks/Step Ups Burpees/Lunge Jump Mountain Climbers Bicycle Circles/Pushups</p> <p>Equicizer: 2 trials at 30-45 seconds each with 30 second rest</p> <p>No head-impact activities</p> <p>HR < 85% Max</p>	<p>Noncontact riding</p> <p>Equicizer: 6 trials 30 sec on/off 1 min on/off 1.5 min on/off 2 min on/off</p> <p>May start resistance training</p> <p>Increase Cardio</p> <p>HR < 95% Max</p>	<p>Re-introduction to horses</p> <p>Start with 1-2 galloping and breezing during morning workouts & slowly increase number under doctor supervision</p> <p>Release to all strength/endurance activities</p> <p>HR = 100% Max</p>	<p>Return to Ride</p> <p>Premature return to riding may cause a significant setback in recovery.</p> <p>Medical clearance by physician trained in concussion management is required to return to riding.</p>
Rest & Recovery	Light Exercise	Increase Strength and Balance	Increase Balance, Coordination and Cognition	Restore Confidence, Assess Functional Skills	
<p>Symptom-free for 24 hours?</p> <p>Yes: Begin Stage 2 No: Continue resting</p>	<p>Symptom-free for 24 hours?</p> <p>Yes: Begin Stage 3 No: Return to Stage 1</p>	<p>Symptom-free for 24 hours?</p> <p>Yes: Begin Stage 4 No: Return to Stage 2</p>	<p>Symptom-free for 24 hours?</p> <p>Yes: Begin Stage 5 No: Return to Stage 3</p>	<p>Symptom-free for 24 hours?</p> <p>Yes: Return to Riding No: Return to Stage 4</p>	<p>If symptoms reappear at any stage, go back to the previous stage until symptom free for 24 hours. You may need to move back a stage more than once during the recovery process.</p>

DOCTOR CLEARANCE REQUIRED BEFORE MOVING TO STAGE 5



Special thank you to
BC INJURY research and prevention unit

Communication–The Final Frontier

- Essential for jockey health and safety
- EMTs communicate morning injuries with athletic trainer and stewards
- Athletic trainer communicates status of rider with stewards and clerk of scales
- Working on improving communication between tracks



Future Plans for the United States

- Implementing a shared medical record system
 - Medical providers can view health information for any jockey riding at their track
 - Includes “flagging” feature
 - Different levels of access for different professionals
 - Allows jockey’s to upload their own documents
- Start with Mid-Atlantic tracks and expand across the country
 - Ultimate goal to reach every track in the United States!

References

- **Waller A**, Daniels J, Weaver N, Robinson P. Jockey injuries in the United States. *JAMA*, March 8, 2000-Volume 283, No. 10.
- **Press J**, Dietz Davis P, Wiesner S, Heinemann A, Semik P, Addison R. The National Jockey Injury Study: An Analysis of Injuries to Professional Horse-Racing Jockeys. *Clinical Journal of Sports Medicine* 1995;5:236-240.
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- **Forero Rueda M**, Halley W, Gilchrist M. Fall and injury incidence rates of jockeys while racing in Ireland, France and Britain. *Injury, Int. J. Care Injured* 41 (2010) 533–539.

Questions?



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HeadCheck
Health™

Delaware Jockeys Health and Welfare Benefits Board

Agenda



- Introductions
- What is HeadCheck?
- Story so far...
- Fall procedure
- Future goals



Introductions



Eric VanderHelm

Account Manager

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Mobile: 604-373-0035



Shaireen Cassamali

Customer Success

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Mobile: 604-245-7998

Support Team

(Olga & Taffy)

support@headcheckhealth.com

604-737-0053

Toll-free: 1-877-233-0363

[Support.headcheckhealth.com](https://support.headcheckhealth.com)

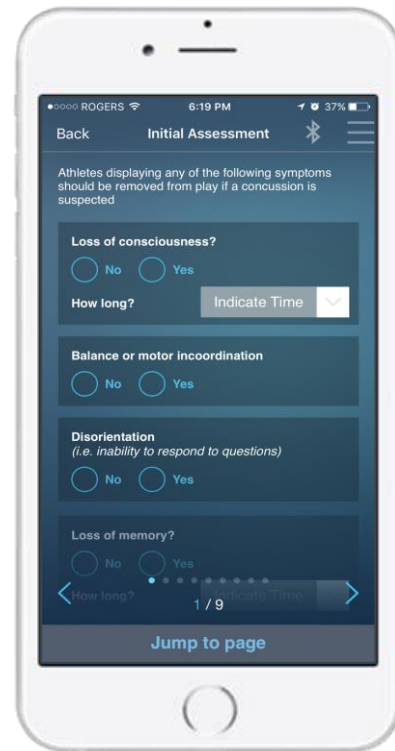
What is HeadCheck Health?



HeadCheck is a concussion management and identification tool used by trained professionals in sport.

With HeadCheck you can:

- Run pre-season and post-injury concussion assessments
- Share results with authorized parents/guardians/doctors
- Track concussions and other injuries over time
- Share clearance notes for players before they return to play
- Track athletes through Return-to-Play (testing)

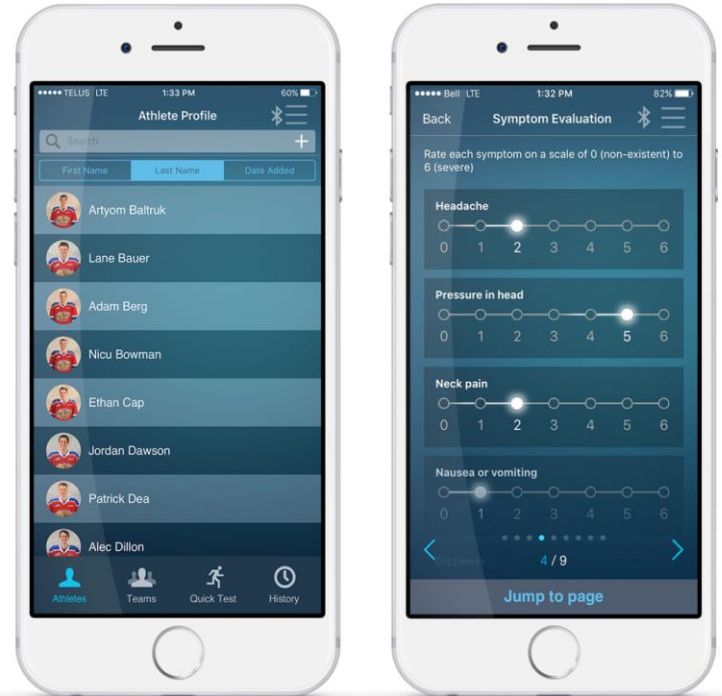


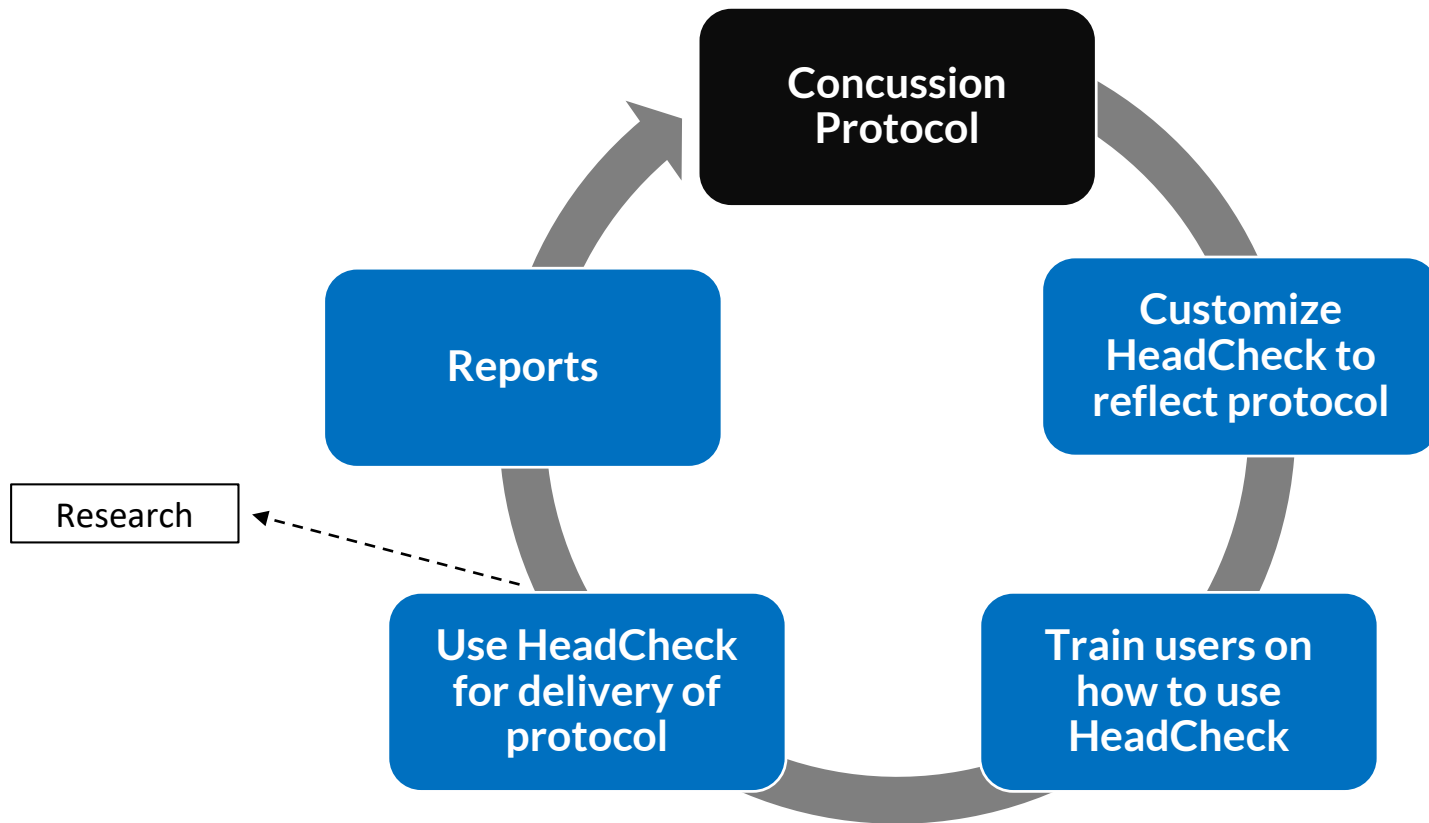
What We're Not

Don't change what should already be happening;
we make it easier and provide visibility

Not a test company; we provide a clear plan
to implement your protocol and the
tests/steps required by it

Not a “make work” project





Data privacy & security

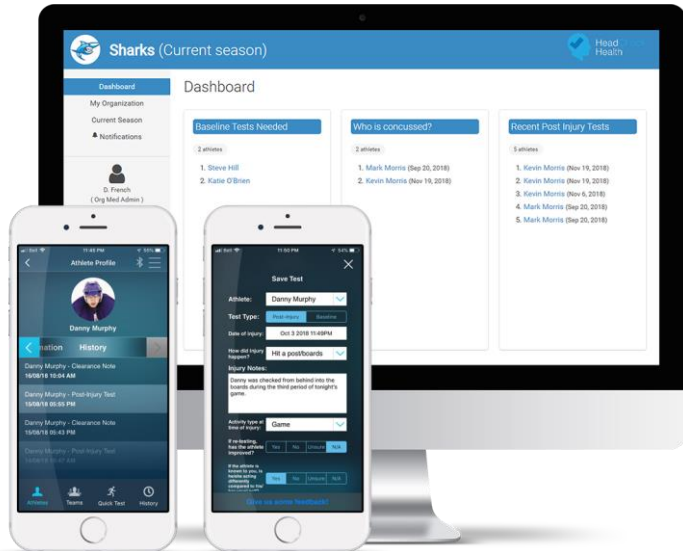
- HIPAA & PIPEDA compliant
- Advanced ACL (access control list) & logs

Facilitate communication

- Notifications to authorized individuals
- Streamline process

Data portability

- Data follows athlete
- Easy compilation for research



MARYLAND FIRST REPORT OF ACCIDENT

Track: _____ **Race #:** _____ **Accident Date:** ____/____/____ **Accident Time:** ____ : ____ AM PM

Name: _____ Male Female **Date of Birth:** ____/____/____ **CODE #:** _____
Internal Use Only

Person Involved: Professional Jockey Apprentice Jockey Other: _____

Race Details: **Size of Field:** _____ **Post Position:** _____ **Type:** Flat Steeplechase Other: _____

Category: Claiming Allowance Stakes Other: _____ **Race Distance:** _____

Weather: Clear Cloudy Rain Snow Fog Other: _____

Track Surface: Dirt Condition: Fast Good Sloppy Slow Muddy

Turf Condition: Firm Hard Yielding Soft Wet

Name of Trainer: _____ **Name of Owner:** _____

Accident Details: **Location of Incident:** Stables Paddock Post Parade Entering Gate In Gate Leaving Gate 1st Turn 2nd Turn
 3rd Turn Final Turn Homestretch Finish Post-Race Description: _____

Cause of Accident: *(select all that apply)* Mounted: Fall by Horse (breakdown) Fall by Horse (non-breakdown) Impact with Gate/Fence/Rail

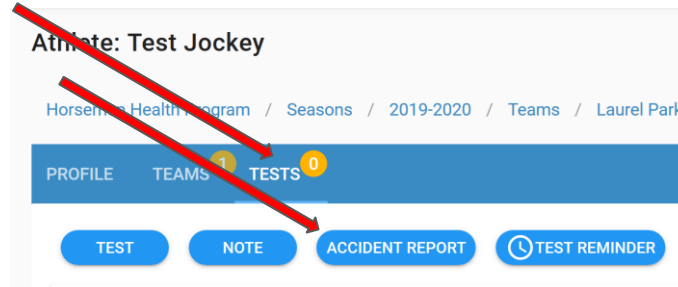
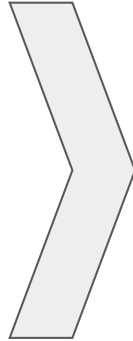
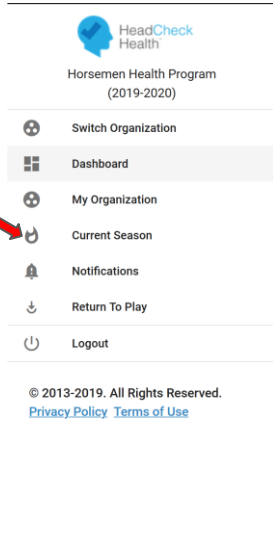
Clipped Heels Tack-Related Rolled On/Trampled by Horse Fell Over Fallen Horse

Bitten by Horse Headbutted by Horse Horse Spooked/Reared Struck by Object/Whip



STEP
1

After a fall or injury, an accident report will be filled out on HC
If you use paper, you can copy the results onto HC



Accident Report

1 Race Details

Date of Accident (dd/mm/yyyy) Time of Accident (hh:mm)
21/11/19 16:00

Track name

Race #

Person Involved

Size of field

Post Position

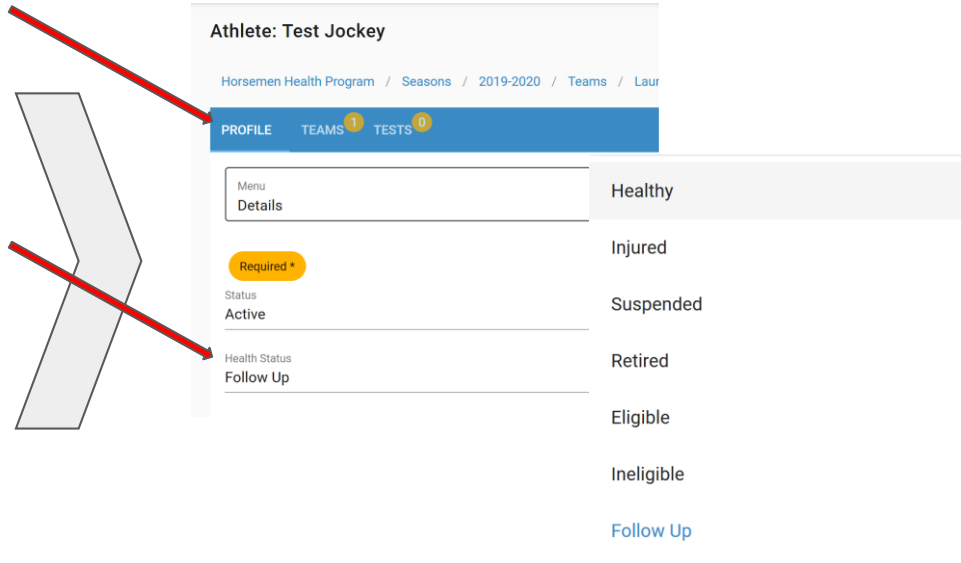
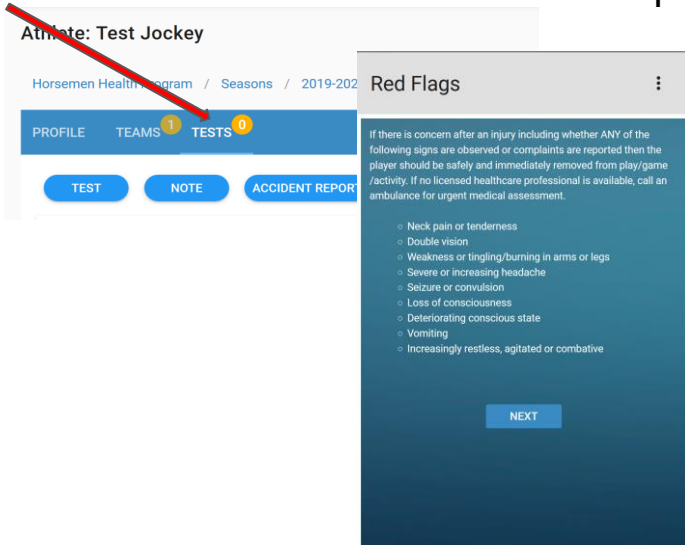
Type



STEP
2

Run a concussion assessment (if necessary) and update the athlete's health status

A notification is sent to the head medical staff after concussion assessment if suspected.





STEP

3

Doctors will log in to see results. Stewards log in to check player status.

May request the jockey to come into the clinic to determine next steps based on clinical judgment. Player status will be modified again (eligible/ineligible). Stewards log in to check player status.

Missing Physical Note	Health Status - Ineligible	Health Status - Follow Up
<p>1 athlete</p> <p>Test Jockey (Laurel Park)</p>	<p>0 athletes</p>	<p>1 athlete</p> <p>Test Jockey (Laurel Park)</p>

Certification Training Video



Certification Training Video

This video is broken up into 12 separate sections:

1. Introduction (:08)
2. Meet Brandon (:21)
3. Initial Assessment / Glasgow Coma Scale (:42)
4. Maddocks Score (:29)
5. Cervical Spine Assessment (:59)
6. Symptom Evaluation (1:38)
7. Cognitive Assessment (2:48)
8. Neurological Screen (2:04)
9. Balance Test (2:06)
10. Delayed Recall (2:06)
11. VOMS (6:05)
12. Save Test (:31)

While the video is playing, the accompanying test will be displayed where you can follow along and administer the test. After each video, the data entered will be automatically saved in the event you wish to stop and come back later to complete. If you happen to fail, you will be given the opportunity to repeat the relevant tests.



START VIDEO

Goals for Delaware and Beyond



- Expand the pilot system for managing the health status of jockeys
- Provide a clear action plan and ability for oversight on the concussion and return to ride protocol
- Ensures important information follows the jockeys in a timely fashion, across various racetracks
- Standardize care for jockeys across the USA

Thank you

