



Cedar Grove High School Athletic Training



Athletic Training Policies for Student-Athletes and Coaches

Purpose

- To ensure a balance between the competitive edge and the health and safety of the student-athletes competing

Athletic Training Room

- Open from 12:00pm until the end of the last practice/game of the day
 - On days of late games, the ATR will not be open until 2:00pm
- Appointments may be made by word of mouth or email
- Rules of the ATR must be followed.
 - Foul language, disrespect, and poor behavior will not be tolerated and may be reported to the coach if deemed necessary.

Daily Team Responsibilities

- Injury ice
 - Must be present at **every** practice and game, regardless of location
- Medical Kit
 - Contact Trainer Kate if your medkit needs restocking
- Water
 - Jugs must be emptied and placed upside-down on shelf at the end of the day
- Cups/bottles
 - Each team will have their own six-pack of water bottles that they may use. Teams must take care of their own bottles; any bottles that are lost or damaged will not be replaced during the season.
 - Cups must be used conservatively; teams may not exceed their daily allowance of cups for any reason

Musculoskeletal Injuries

- Must be promptly communicated to AT
- AT will evaluate and determine safe level of participation
- Athlete may be pulled from participation to varying degrees. These degrees include, but are not limited to:
 - No participation, AT treated
 - No participation, physician referral
 - Rehab with AT f/b practice with restrictions
 - Non-contact
 - Full-contact with limitations
 - Monitor closely
 - Full-go

- Athlete must check-in with AT daily prior-to and after practices and games until athlete is deemed “full-go”
- Any changes expressed to the coach by the athlete must be brought immediately to the AT’s attention. Examples:
 - Athlete sat out during practice
 - Unable to perform specific drills
- General guidelines for treatment of sprains and strains:

Think you have a SPRAIN?

A **sprain** is an injury to a **ligament**. **Ligaments** help hold the bones in place in various areas of the body and are common athletic injuries. Generally **sprains** will heal on their own in 7-21 days. This process can have improved outcomes if the athlete follows this protocol for the first 48-72 hours:

1. **Rest**- A period of diminished activity, i.e. less weight bearing or walking.
2. **Ice**- Ice can be applied for 15-20 minutes every hour if needed to help decrease pain and reduce swelling.
3. **Compression**- If recommended by your healthcare provider, a compression wrap or elastic wrap bandage may also help to reduce swelling, pain and prevent further injury by supporting the injured area.
4. **Elevation**- Raising the injured area above the level of the heart.
5. **DO NOT APPLY HEAT** in the first 48-72 hours unless directed by your physician.

Think you have a STRAIN?

A **strain** is an injury to either a **muscle** or a **tendon** that attaches the muscle to the bone. These are also common athletic injuries. Generally **strains** will heal on their own in 7-21 days. This process can have improved outcomes if the athlete follows this protocol for the first 48-72 hours:

1. **Rest**- A period of diminished activity involving the affected area.
2. **Ice**- Ice can be applied for 15-20 minutes every hour if needed to help decrease pain and reduce swelling.
3. **Compression**- If recommended by your healthcare provider, a compression wrap or elastic wrap bandage may also help to reduce swelling, pain and prevent further injury by supporting the injured area.
4. **Elevation**- Raising the injured area above the level of the heart.
5. **DO NOT APPLY HEAT** in the first 48-72 hours unless directed by your physician.

Concussions

- A concussion is a *brain injury* that happens when:
 - The head hits an object or a moving object strikes the head
 - The head experiences a sudden force without being hit directly
- Recognize signs: headache, dizziness, nausea, blurry vision, ringing in ears, confusion, memory deficits, loss of consciousness – *these are the most common of an expansive list.*
- No such thing as a “minor” concussion – any symptoms present after head contact must be evaluated **by a physician (MD or DO) trained in concussion management**
- ImpACT Testing
 - Immediate Post-Concussion Assessment and Cognitive Testing
 - A software tool developed by the University of Pittsburgh Medical Center (UPMC) to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury, ImpACT is used to help determine its severity and help monitor the healing process.
 - Prior to the start of season practices, athletes must take a 30-minute computerized test that measures baseline brain processing, speed, memory, and visual motor skills.
 - ImpACT testing is non-invasive and of no risk to athletes
 - Athletes must take a baseline ImpACT test every two years or at the start of a sport season following a previous concussion.
 - An athlete may not return to physical activity following a head injury until his/her ImpACT measurements have returned to their normal baseline levels.
- Return-to-Play: Once athlete is 24 hrs symptom-free, back at baseline ImpACT status, and back to school, may begin 5-Step RTP protocol
 - Step 1: Light aerobic activity
 - Step 2: Moderate aerobic and plyometric activity
 - Step 3: Heavy, non-contact, sport-related activity
 - Step 4: Non-contact, controlled practice
 - Step 5: Full-contact, controlled practice
- Once RTP protocol is complete, AT must clear athlete before athlete is deemed “full-go”

- Athletes who have sustained multiple concussions over the course of a season may be held from participation for the remainder of the season.
- Athletes who have sustained 3 or more concussions may be required to obtain neurological clearance before returning to athletics.

Physician Referral

- Some injuries may require athlete to be seen by a physician. That athlete is then under the physician's supervision until cleared to return to play.
- Athlete must adhere to physician recommendations while under their care.
- Once athlete is cleared to return to participate, the athlete must undergo a "gradual return-to-play" protocol
 - 1-2 days of non-contact practice, depending on athlete response on day 1
 - Full-contact practice with possible restrictions
 - Full-contact practice, no restrictions
 - Participation in games
- If an athlete is cleared on the day of a game, athlete may not participate in the game. However, athlete may be allowed to warm-up as a non-contact practice.
- If an athlete has been referred to a physician, a note from the doctor explaining diagnosis and plan of care must be copied and turned in to the AT.
- If an athlete has been referred to a physician, that athlete **must** follow-up with the AT the following day or at the end of their first day back at school.

Hydration

- The **National Athletic Trainers' Association (NATA)** recommends the following practices regarding fluid replacement for athletic participation. Athletes should begin all exercise sessions well-hydrated.
 - To ensure proper pre-exercise hydration, the athlete should consume approximately 500 to 600 mL (17 to 20 fl oz) of water or a sports drink 2 to 3 hours before exercise and 200 to 300 mL (7 to 10 fl. oz.) of water or a sports drink 10 to 20 minutes before exercise.
 - Fluid replacement requires generally generally requires 200 to 300 mL (7 to 10 fl oz) every 10 to 20 minutes.
 - Postexercise hydration (<2hrs after exercise) should aim to correct any fluid loss accumulated during the practice or event. Rehydration should contain water to restore hydration status, carbohydrates to replenish glycogen stores, and electrolytes to speed rehydration.
 - Inclusion of salt in fluid-replacement beverages should be considered under the following conditions: skipped meals, physical activity lasting >4 hours, or during the initial days of hot weather. Adding modest amounts of salt can offset salt loss in sweat and minimize medical events associated with electrolyte imbalances, (eg: muscle cramping, hyponatremia).

The Athletic Trainer is available as a resource for physical and nutritional concerns of athletes. Please reach via the contact information below with any questions or concerns regarding your athlete.

Kate Hanlon, ATC, LAT

ATR Phone: (973) 239-6400 Ext. 1208

Email: hanlon.katie@cgschools.org

Please sign below and return slip to your Head Coach confirming that you have read and understand the above information.

(Athlete Signature)

(Sport)

(Date)

(Parent Signature)

(Sport)

(Date)