

# **Rhineland High School Athletic Training Services Procedure and Policy Manual**

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## Section 1

### *Mission Statement*

The mission of the Rhinelander High School athletic training services is to enhance the overall welfare of the competitive student athlete through:

- the application of scientific injury prevention protocols and re-injury prevention programs,
- assist with injury/illness assessment,
- facilitate return-to-play,
- coordinate and assist communication between athletes, parents, coaches and community health care providers.

In an effort to bring the highest level of care to our athletes, individual providers are committed to continuing medical education in sports medicine and appropriate use of state and national documents and consensus statement.

However, it is recognized that full implementation of these recommendations will be limited based on the financial restrictions and volunteer nature of this organization. These documents are to be used in conjunction with current, state of the art medical opinions and is not meant to supplant this medical advice.

## **Section 2**

### ***Athletic Training Services member description***

Medical Advisor/Team Physician:

The medical advisor shall be a physician (MD or DO) in good standing with a current, unrestricted medical license. This individual shall demonstrate a commitment to continuing medical education in sports medicine, and have experience with advanced cardiac life support techniques and training.

On Site Athletic trainers:

The Athletic Trainer providing service should be properly educated, trained, and appropriately certified and licensed (if required by state law) to provide these services during every practice and competition. The ATC offers the best option, offering advanced first aid knowledge, CPR/AED use, and the ability to make return-to-play decisions.

School Nurse:

Athletic Director:

## Section 3

### *Emergency Care Plan*

- ❖ In the event of a life threatening emergency, the local Emergency Medical System (EMS) will be activated by calling 911.
- ❖ The on site athletic trainer or team physician shall not be responsible for transport of an injured athlete.
- ❖ If an athlete is injured, and the Rhinelander High School appointed athletic trainer or team physician is on site, further evaluation shall be deferred to this individual.
- ❖ If an athlete is injured and the athletic trainer or team physician is not on site, evaluation will be performed by the coach and parent (if present).

## **Section 4**

### ***Sideline Assessment and Return to Play Guidelines***

- ❖ Sideline assessment/decision making for return to play will be made by the on site athletic trainer, the medical director/team physician, or representatives as selected by the medical director. All decisions to withhold an athlete from play, by these individuals, for the remainder of the game, will be considered final for that game. Recommendations to return to play by off site medical personnel, will not be considered valid until formally evaluated in a health care setting, after the game.
- ❖ In the event an athlete is to be withheld from competitive play, as determined by the above individuals, the athlete must be seen and cleared for return-to-play by a physician (defined as an MD or DO). Upon return, the athlete must provide appropriate documentation for return to play from this provider.
- ❖ If the athletic trainer, during his/her return-to-play assessment disagrees with the independent health care providers return-to-play recommendation, the athlete will be referred for a second opinion by the RHS athletic training service medical director for final clearance recommendations.

## Section 5

### *Return to Play Referral Form*

- ❖ The return to play referral form will be utilized to guide and document a treating health care providers return to play recommendations.
- ❖ When the on site athletic trainer determines an athlete requires further medical evaluation, he/she will be given the referral form. The athlete will not be allowed to return to play until this form (or similar documentation) is returned, completed by the treating provider.

## **Section 6**

### ***Sideline Equipment***

The following medical equipment will be available on the sideline based on the level of health care provider coverage:

**No formal coverage:** On site AED, Coaches First Aid kit

**Coverage provided by an Athletic trainer:** See Attached Athletic trainer sheet

**Coverage Provided by Physician:** See attached physician sheet (to include athletic trainer equipment).



## Section 7

### *Concussion Management Guidelines*

- ❖ In the event an athlete sustains a mild closed head injury (ie: a blow to the head resulting in minor/transient symptoms: temporary loss of consciousness, head ache, dizziness, blurred vision, disorientation, loss of memory, nausea/vomiting), the athlete will be withheld from play until evaluated by the on-site athletic trainer or team physician. If the athletic training staff are not on-site, the athlete will not be returned to play for the remainder of this game.
- ❖ Once the on-site training staff determine a mild head injury has occurred, the following steps will be taken:
  - The athlete will refrain from further play
  - Appropriate Neuro-cognitive testing (ie: IMPACT) will be performed
  - The athlete will be referred (with the IMPACT results) for further physician evaluation.
  - Appropriate communication will be made with the school nurse regarding the head injury.
  - The following letter and patient oriented information will be sent with the athlete.

## **Section 8**

### ***Budget Proposal/Needs***

The following list represents “consumable goods” being utilized in the care of our high school athletes and is provided as a source to develop fiscal assistance with funding.

## **Section 9**

### ***WIAA Medical Guidelines***

The Wisconsin Intercollegiate Athletic Association (WIAA) medical advisory committee developed medical policies, procedures, and medical information. This information is intended to be readily available to member schools and their coaches and athletes.

## **Section 10**

### ***Sports Medicine National Consensus Statements***

The following consensus statements were developed by the collaborations of six major professional associations concerned about clinical sport issues: *American Academy of Family Physicians (AAFP)*, *American Academy of Orthopaedic Surgeons (AAOS)*, *American College of Sports Medicine (ACSM)*, *American Medical Society for Sports Medicine (AMSSM)*, *American Orthopaedic Society for Sports Medicine (AOSSM)*, and *the American Osteopathic Academy of Sports Medicine (AOASM)*. These recommendations are being utilized as a guide and framework for developing sports medicine care within our community, while recognizing the limited resources available within our community.

- ❖ Team Physician Consensus Statement
- ❖ Sideline Preparedness for the Team Physician: A Consensus Statement
- ❖ The Team Physician and Return-to-Play Issues Consensus Statement
- ❖ Concussion (Mild Traumatic Brain Injury) and the Team Physician: A Consensus Statement

## **Section 11**

### ***Athlete/sport Specific Educational Information***

The following information was developed by the American Academy of Orthopedic Surgeons (AAOS) for use as patient/athlete education information. These are provided as a resource to be shared with our athletes as appropriate.

- ❖ Pay Attention to High School Sport Injuries
- ❖ Weight-Bearing Exercise for Girls and Young Women
- ❖ Beginning a Weight Training Program
- ❖ Cross Training
- ❖ Sports Nutrition
- ❖ Creatine Supplements
- ❖ Steroids Don't Work Out
- ❖ Heat Exhaustion
- ❖ Football
- ❖ Hockey
- ❖ Keep Injured High School Athletes Out of Game
- ❖ Prevent Golf Injuries
- ❖ Skiing
- ❖ Tips To Prevent Baseball Injuries
- ❖ Tips to Prevent Basketball Injuries
- ❖ Tips To Prevent Gymnastics Injuries
- ❖ Tips To Prevent Soccer Injuries
- ❖ Tips To Prevent Swimming Injuries
- ❖ Tips To Prevent Tennis Injuries
- ❖ Tips To Prevent Volleyball Injuries
- ❖ Tips For a Safe Running Program