Athletic Training/Sports Injury Policies and Procedures

If your child unfortunately sustains and injury or illness which can affect sports/PE participation, the following measures will ensure that he/she receives the best possible care.

1. The athlete must report all injuries/illnesses to the athletic trainer. Contact will be made to the parent with regard to the proper treatment for the injury/illness.

2. If the athlete is seen by a physician for any reason that could affect their sports participation, during the season, he/she will be required to obtain and present to the athletic trainer (NOT THE COACH) a clearance note from the physician’s office. (see #3 for note specifications)
   a. If a student is seen by a physician outside of the state of New Jersey, he/she must be cleared by a physician licensed in the state of New Jersey prior to returning to competition/practice.
   b. The note must be signed by a physician licensed in New Jersey
   c. Must state any restrictions or limitations
   d. List a date that the athlete can safely return to activity
   e. The athlete will NOT BE ALLOWED TO RETURN TO ACTIVITY unless the ATHLETIC TRAINER, NOT the coach receives this note. The school nurse must also receive a copy of the note

3. All treatment/rehabilitation decisions will be made by the athletic trainer whose plan of care is discussed and approved by the supervising physician.

4. In the event that an athlete exhibits any signs and symptoms of a concussion as determined by the athletic trainer or attending physician, he/she will be immediately removed from participation and will not be allowed to return to participation until he/she has been evaluated by a physician trained in the evaluation and management of concussions.
   *See “Head Injury Return To Play Protocol”*

5. In order to be in the training room, a Certified Athletic trainer must be present or nearby.

6. Unless a Certified Athletic Trainer is present in the Athletic Training room, no treatment will be conducted. This includes, but not limited to, whirlpool, electric stimulation, or ultrasound.

7. If an athlete is scheduled for treatment or rehabilitation, show up! If you do not show up, you will risk losing all future Athletic Training Room services for that liability.

8. All athletes must sign into the Daily Treatment Log before utilizing ANY Athletic Training room service (including getting ice).

9. Please wear appropriate and modest dress when in Athletic Training room. An athlete’s underwear should not be seen and cleats must be taken off before entering the Athletic training Room.

10. The Athletic Training Room is not a hang out, especially during school hours.

11. Do not take anything from the Athletic Training Room (TAPE, coolers, equipment, etc.) without the consent of a Certified Athletic Trainer.

12. Respect will be shown at ALL times while in the Athletic Training Room.

I have completely read and fully understand the aforementioned procedures. I understand that if I do not follow these rules, disciplinary action may be taken.

Athlete’s name: (PRINT) _____________________________ Date: _______________________________

Athlete’s signature: _____________________________ Parent/guardian signature ____________________
NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student’s team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

______________________________  _________ _________________
Signature of student-athlete                          Date

______________________________  _________ _________________
Signature of parent/guardian                         Date
NJSIAA Banned-Drug Classes  
2006 - 2007

The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. The use of supplements is at the student-athlete’s own risk. Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

(a) Stimulants
- amphetamine
- benzphetamine
- bromantan
- caffeine\(^1\) (guarana)
- chlorphentermine
- cocaine
- cropropamide
- crothetamide
- diethylpropion
- dimethylamphetamine
- doxapram
- ephedrine
  (ephedra, ma huang)
- ethamivan
- ethylamphetamine
- fencamfamine
- meclofenoxate
- methamphetamine
- methylenedioxyamphetamine (MDMA, ecstasy)
- methylphenidate
- nikethamide
- pemoline
- pentetrazol
- phenmetrazine
- phenmetrazine
- phentermine
- phenylpropanolamine (ppa)
- picrotoxine
- pipradol
- prolinate
- strychnine
- synephrine
  (citrus aurantium, zhi shi, bitter orange)
- and related compounds

(b) Anabolic Agents
- anabolic steroids
  - androstenediol
  - androstenedione
  - boldenone
  - clostebol
  - dehydrochlormethyltestosterone
  - dehydroepiandrosterone (DHEA)
  - dexamethasone (DHT)
  - epitrenbolone
  - flusoxymesterone
  - gestrinone
  - mesterolone
  - methandienone
  - methenolone
  - methyltestosterone
  - nandrolone
  - norandrostenediol
  - norandrostenedione
  - norethandrolone
  - oxandrolone
  - oxymesterone
  - oxymetholone
  - pregnenolone
  - stanozolol
  - testosterone\(^2\)
  - tetrahydrogestrinone (THG)
  - trenbolone
- and related compounds
- other anabolic agents
- clenbuterol

(c) Diuretics
- acetazolamide
- bendroflumethiazide
- benzbromarone
- bumetanide
- chlorothiazide
- chlorthalidone
- ethacrynic acid
- flumethiazide
- furosemide
- hydrochlorothiazide
- hydroflumethiazide
- methylochlorothiazide
- metolazone
- polythiazide
- quinethazone
- spironolactone
- triamterene
- trichlormethiazide
- and related compounds

(d) Peptide Hormones & Analogues:
- corticotrophin (ACTH)
- human chorionic gonadotrophin (hCG)
- leuteinizing hormone (LH)
- growth hormone (HGH, somatotrophin)
- insulin like growth hormone (IGF-1)

All the respective releasing factors of the above-mentioned substances also are banned:
- erythropoietin (EPO)
- darbepoetin
- sermorelin

(e) Definitions of positive depends on the following:
\(^1\) for caffeine – if the concentration in urine exceeds 15 micrograms/ml

\(^2\) for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.
A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district’s graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall
Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion

What Should a Student-Athlete do if they think they have a concussion?

- Don’t hide it. Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- Report it. Don’t return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- Take time to recover. If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing—even watching movies can slow down a student-athlete’s recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- Step 1: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- Step 2: Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- Step 3: Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- Step 4: Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- Step 5: Following medical clearance (consultation between school health care personnel and student-athlete’s physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- Step 6: Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

- www.cdc.gov/concussion/sports/index.html
- www.nfhs.com
- www.ncaa.org/health-safety
- www.bianj.org
- www.atsnj.org
PLEASE SIGN THIS PAGE and RETURN WITH YOUR SPORTS/BAND FORMS.

Sports–Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

I have completely read and fully understand the provided information sheets (both sides) for the parent and athlete. I understand the risks of playing a sport in addition to understanding the risks of continuing to play while recovering from a concussion. I agree to notify my coaches and the athletic trainer if I experience any of the symptoms listed on the concussion fact sheet prior to returning to participation.

__________________________________ _______________________________ __________
Signature of Student-Athlete  Print Student-Athlete’s Name  Date

__________________________________           _______________________________ __________
Signature of Parent/Guardian  Print Parent/Guardian’s Name  Date
Dear Parent/Guardian,

Roxbury High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in “video-game” type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor, neuropsychologist or a neuropsychologist at the University of Pittsburgh Medical Center (UPMC) to help evaluate the injury. (The UPMC Sports Concussion Program is the founding group of the ImPACT software.) The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

The information gathered from the ImPACT program may also be utilized in studies currently being conducted by both this school and UPMC. In order to ensure and guarantee your child’s anonymity, we have set-up an anonymous data submission system. This data may anonymously be submitted to UPMC for their research purposes.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Roxbury Public Schools administration, coaching, and athletic training staffs are striving to keep your child’s health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact me at (973) 584-1200 ext. 1287.

Concussion Return to Play Protocol on following page

Sincerely,

Joseph M. Koch
Athletic Trainer
Concussion Return to Play Protocol:
(once your child has been diagnosed with a concussion)

1. During the recovery process, the student-athlete must see the athletic trainer to report symptoms and to take a post-traumatic neuro-cognitive test. (ImPACT test)

2. The student-athlete’s history and ImPACT scores will be submitted to the attending physician who must be trained in the evaluation and management of concussions. That physician must provide written clearance that states the student-athlete is asymptomatic at rest and may begin the graduated return-to-play protocol. Medical clearance that is inconsistent with the district policy may not be accepted and such matters will be referred to the school/team physician.

3. The athletic trainer, not the coach, must have a copy of the physician’s clearance note prior to any return.

4. With physician approval, the athlete will begin a supervised 6 Step Return-to-play Protocol: (There should be approximately 24 hours (or longer) for each stage and the athlete should return to the previous stage if symptoms recur.) (Supervision means by a licensed athletic trainer or physician trained in the evaluation and management of concussions)

*6 Step Return-to-play Protocol:

1. Rest until symptom free (physical and mental rest)
2. light aerobic exercises (i.e. stationary cycle)
3. sport specific exercise/higher intensity exercise (ie. Treadmill jog-run intervals)
4. non-contact training drills (start light resistance training)
5. full contact training
6. return to competition (game play)

5. If symptoms return once the student-athlete has been cleared to play he/she must return to the attending physician for re-evaluation prior to continuing participation in athletics.

*Adapted from NJ DOE Model Policy and Guidance for Prevention and Treatment of Sports-Related Concussions and Head Injuries
Roxbury Public Schools
Concussion Policy

Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) and following the Roxbury Public Schools Concussion Return to Play Policy.

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program and the Roxbury Public Schools Concussion Return to Play policy.

Printed Name of Athlete

____________________________

Sport

____________________________

Signature of Athlete                                 Date

Signature of Parent                                 Date
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common:
- in males than in females;
- in football and basketball than in other sports;
- and in African-Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called “coronary artery disease,” which may lead to a heart attack).

Other diseases of the heart that can lead to sudden death in young people include:
- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- **Dilated cardiomyopathy**, an enlargement of the heart for unknown reasons.

- **Long QT syndrome** and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.

- **Marfan syndrome**, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

**Are there warning signs to watch for?**

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress or being startled
- Dizziness or lightheadedness, especially during exertion
- Chest pains, at rest or during exertion

- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation
- Fatigue or tiring more quickly than peers
- Being unable to keep up with friends due to shortness of breath

**What are the current recommendations for screening young athletes?**

New Jersey requires all school athletes to be examined by their primary care physician (“medical home”) or school physician at least once per year. The New Jersey Department of Education requires use of the specific Annual Athletic Participation Physical Examination Form. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

**When should a student athlete see a heart specialist?**

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

**Can sudden cardiac death be prevented just through proper screening?**

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete’s primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

**Why have an AED on site during sporting events?**

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

The American Academy of Pediatrics/New Jersey Chapter recommends that schools:

- Have an AED available at every sports event (three minutes total time to reach and return with the AED)
- Have personnel available who are trained in AED use present at practices and games.
- Have coaches and athletic trainers trained in basic life support techniques (CPR)
- Call 911 immediately while someone is retrieving the AED.
Sudden Cardiac Death in Young Athletes Acknowledgement Form

I have read and understand the information provided to me from the American Heart Association Sudden Cardiac Death in Young Athletes brochure; The Basic Facts on Sudden Cardiac Death in Young Athletes.

Name of Student-Athlete (Print Name): ______________________________________

Signature of Student-Athlete: ______________________________________________

Name of Parent/Guardian (Print Name): ______________________________________

Signature of Parent/Guardian: _____________________________________________

Date: __________________________