



LEXINGTON CATHOLIC HIGH SCHOOL
Sports Medicine Guide

Developed in partnership with



Lexington Clinic

Orthopedics - Sports Medicine Center

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Introduction

Lexington Clinic Orthopedics-Sports Medicine Center is proud to be entering its 20th year as part of the Lexington Catholic family. As a partner with Lexington Catholic for so many years it is not only our goal to provide the highest quality care for their athletes, but to support Lexington Catholic in their mission of higher education. In this effort, over the next several years, Lexington Clinic will be partnering with Lexington Catholic to initiate several exciting new programs for the students of Lexington Catholic. Initiatives that involve opportunities for students interested in medicine to receive a greater understanding of the daily life of a medical professional before engaging in the study of medicine. These opportunities will also provide students with contacts that can prove invaluable as they grow professionally, providing additional avenues of giving back to the Lexington Catholic family.

Providing the highest quality of care to our student-athletes is our number one priority to Lexington Catholic. In doing so, it is important to understand that participation in athletics involves exposure to risk of injury. We would like to minimize this risk to make their participation as meaningful and safe as possible. Recognizing and understanding the potential risks is the key to preventing injuries. As part of this process, Lexington Clinic Orthopedics-Sports Medicine Center and Lexington Catholic have partnered to develop the *Lexington Catholic High School Athletic Sports Medicine Guide*. This guide is an avenue to provide the student-athletes and their parents with a better understanding of some of the issues athletes face every day. It will also outline the guidelines for dealing with medical issues, insurance questions, and emergency procedures in athletics. This handbook is intended to provide guidance and references for sports medicine that may help enrich your experience in Lexington Catholic Athletics. Student-athletes and parents should fully understand and comply with the rules and standard of play that govern their sport and follow procedures to minimize the risk of injury.

As we move into our 20th year with Lexington Catholic High School, we are honored to provide medical care for your children and to be an integral part of your family.



Lexington Clinic Sports Medicine Center

Mission:

The Lexington Clinic physicians and staff pledge to provide the highest quality integrated healthcare. Our medical team will deliver personalized care with compassion, innovation and value as we work in partnership with our patients to enhance and maintain their quality of life.

Lexington Clinic Core Values:

- Excellence – striving for the highest quality patient experience regardless of our individual role.
- Integrity – firm adherence to a code of ethics, honesty, dependability, and respect.
- Service – enthusiastic and professional service to our patients, their families, the referring physicians, our colleagues, and our community.
- Compassion – for our patients, their families, and each other.
- Respect – appreciation of patients, partners, and staff.
- Dedication – commitment to our mission and recognition of the group and individual needs.
- Fiscal Responsibility – long term financial discipline is the key to the security, strength, and growth of the organization.

Lexington Clinic Sports Medicine Center’s Mission:

The mission of the Lexington Clinic Sports Medicine Center is to consistently provide the highest level of medical and scientific services for recreational and competitive athletes, locally, regionally and nationally.

It will do so by continually striving toward the goals of:

- Excellence in the provision of medical services
- Scientific inquiry in clinical and basic research
- Conducting quality educational programs for athletes, coaches and sports medicine practitioners.

Physician Involvement:

Lexington Clinic Sports Medicine Center’s (LCSMC) physicians are all board-certified/eligible orthopedic surgeons with sports medicine fellowship training. This team offers the best blend of long term experience and the newest techniques.

Expertise:

Lexington Clinic Sports Medicine Center has built a reputation of excellence and has been consulted by professional and elite amateur sports organizations such as the Houston Astros, Lexington Legends, the Women's Tennis Association and the United States Tennis Association.

- The expertise of the LCSMC team has led professional athletes from baseball, ice hockey, tennis, soccer and football to choose LCSMC for the treatment of their injuries as have elite amateur athletes in additional sports such as track and field, gymnastics, swimming/diving.
- Professional baseball players have recently become involved with our new shoulder injury prevention program.
- Lexington Catholic student-athletes and coaches receive that same expertise and experience that has attracted elite athletes from around the country.

Research and Education:

Lexington Clinic Sports Medicine Center's educational programming for athletes, coaches, and medical professionals include: Hosting KHSAA medical symposiums since 1992; injury prevention clinics and seminars for local sports organizations and teams; throwers' clinics for throwing arm injury prevention; hosting national and international traveling fellowship programs for the American Orthopedic Society of Sports Medicine and an annual shoulder symposium of national interest including hosting a special, international summit meeting on shoulder and scapular mechanics every three years.



Lexington Catholic Sports Medicine Team

Lexington Clinic Sports Medicine Center and Lexington Catholic High School have partnered for over 20 years to provide Athletic Training and Physician services for all student-athletes of Lexington Catholic. We pride ourselves in taking quality care of the whole athlete from a runny nose to a critical orthopedic injury. We have a team of physicians and professionals available to take care of any need our athletes may have.

Athletic Training Staff

Barbara Winters, MS, ATC:

Barbara has been an athletic trainer with Lexington Clinic Sports Medicine Center since 1991. She received her Bachelor of Science degree in Community Health with an Athletic Training Emphasis from Eastern Kentucky's accredited athletic training program and a Master's of Arts degree in Exercise Science with emphasis in Adult Fitness from Morehead State University. Barbara has been a National Athletic Trainers' Association, the Southeastern Athletic Trainers' Association, and the Kentucky Athletic Trainers' Society. She is also a member of the American Diabetes Association with special interest in working with the diabetic athlete.

Heather Mattocks-Greene, ATC:

Heather has been an athletic trainer with Lexington Clinic Sports Medicine for 16 years. She took on the role of Sports Medicine Supervisor in 2009. She began her time with Lexington Clinic working with Bourbon County High School, where she worked closely with the medical community in establishing protocols for athletic injury and rehabilitation. Heather moved on to oversee the daily operations of the Team Member Evaluation Center on the campus of Toyota Motor Manufacturing Facility in Georgetown, KY. There she developed cost effective safety and health and wellness initiatives that are currently being utilized today. She received her Bachelor of Education in Kinesiology with an emphasis in Athletic Training from the University of Kentucky. Heather has spoken both locally and nationally on various athletic training and industrial health issues.

Board Certified Orthopedic Physicians

Dr. W. Ben Kibler:

Dr. W. Ben Kibler is the Medical Director for Lexington Clinic Sports Medicine Center. He is the team physician and orthopedist for the Lexington Legends; class A minor league team in the Houston Astros Organization. He also is team physician for numerous colleges and high schools in the Lexington area. Currently, Dr. Kibler serves on the Sports Science Committee of the U.S. Tennis Association and is a founding member of the Society of Tennis Medicine and Science. He currently serves on the Kentucky Medical Association's (KMA) Medical Aspects of Sport Committee and KMA/KHSAA Committee on Sports Safety specifically designed for high school medical care. He specializes in upper extremity pathology and biomechanics of overhead athletics.

Dr. Peter Hester:

Dr. Peter Hester received his medical degree from the University of Kentucky, College of Medicine. He completed a residency in Orthopedic Surgery at University of Kentucky Chandler Medical Center in Lexington, Kentucky and two sports medicine fellowships; one at the University of Chandler Medical Center, Lexington, Kentucky and the other at The Hughston Clinic, Columbus, Georgia. He is board certified in Orthopedic Surgery. Dr. Hester is a team physician for numerous professional teams, colleges and high schools in the Central and Eastern Kentucky region. He currently sits on the board of the Lexington Youth Lacrosse Association where he aids in the education of coaches and athletes in regards to prevention of injury.

Dr. David Dome:

Dr. David Dome received his medical degree from the University of Kentucky. He completed a residency in Orthopedic Surgery at Greenville Hospital System in Greenville, South Carolina and a fellowship in Orthopedics Sports Medicine at Lipscomb Clinic in Nashville, Tennessee. He is board certified in Orthopedic Surgery. Dr. Dome is a team physician for numerous professional teams, colleges and high schools in the Central and Eastern Kentucky region. Dr. Dome's interest lies in sports medicine and arthroscopy of the ankle, knee, shoulder and elbow. He has been affiliated with Lexington Clinic since August 2000.

Dr. Trevor Wilkes:

Dr. Wilkes received his medical degree from the University of Kentucky College of Medicine. He completed a residency in orthopedic surgery at the University of North Carolina at Chapel Hill and a sports and shoulder fellowship at the Cincinnati Sports Medicine Center. Dr. Wilkes grew up in Lexington where he earned Central Kentucky Soccer Player of the Year in 1994. He went on to play Division I soccer for Davidson College. While at the University of North Carolina, Dr. Wilkes served as the Resident Team Physician for the North Carolina Football team and several high profile high schools. He has several publications on a variety of

orthopedic topics. He believes in the importance of a healthy lifestyle as a way to promote his profession and relating to his athletes and does so by competing in triathlons, canoeing, rock climbing and cycling. He has been affiliated with Lexington Clinic since August 2009.



Contact Information and Location of Services

Athletic Training Staff

Barbara Winters, MS, ATC

Training Room Office: (859) 277-7183 x305

Cell: (859) 619-7085

Clinic: (859) 258-8534

Heather Mattocks-Greene, ATC

Training Room Office: (859) 277-7183 x247

Cell: (859) 351-5185

Clinic: (859) 258-8522

Lexington Clinic Orthopedics-Sports Medicine Center

Office: (859) 258-8575 or (859) 258-8576 or (859) 258-4000

Dr. W. Ben Kibler

Dr. David Dome

Dr. Peter Hester

Dr. Trevor Wilkes

Lexington Clinic Orthopedics-Sports Medicine Center

700 Bob-O-Link Drive

Lexington, KY 40504

859-258-8575 or 859-258-8576

Lexington Clinic – South Broadway

1221 South Broadway

Lexington, KY 40504

859-258-4000

First Choice Walk-In Care– Beaumont Centre

3061 Fieldstone Way, Suite 700

Lexington, KY 40513

859-296-9900

Mon-Sat: 8:00am – 7:30pm

Sun: 9:00am – 4:30pm

Sports Injury Drop-In Clinic Information

Lexington Clinic Orthopedics-Sports Medicine Center offers a Sports Injury Drop-In Clinic, Monday through Friday morning so athletes can be seen within 24 hours of an injury. This lets you know a diagnosis, playing status, and determine follow-up care. Same day x-ray MRI, CT scans, is available to expedite the diagnosis and treatment plan.

- No appointment necessary
- 7:30 am Monday – Friday
- Board Certified Orthopedic Surgeons specifically trained in Sports Medicine
- Enhanced communication between Physician, Parents, Athletic Trainer, and Coach regarding playing status and follow-up care.
- ***Drop-In Clinic location: Orthopedics-Sports Medicine Center ONLY (700 Bob-O-Link Drive)***



Athletic Training Policy and Procedures

Role of the Athletic Trainer

Athletic Trainers in Kentucky are certified through the National Athletic Trainers' Association Board of Certification and the Kentucky Board of Medical Licensure. As allied health professionals, Certified Athletic Trainers (ATC) are required to take extensive written and oral examinations testing their skills in six domains of athletic training. All athletic trainers have obtained a Bachelors Degree and/or a Master's level degree from an accredited University. It is mandated that certified athletic trainers complete yearly continuing education courses in order to maintain their certification. It is also expected that certified athletic trainers are continue to maintain competency and proficiency in the following 12 areas:

1. Risk Management and Injury Prevention
2. Pathology of Injuries and Illnesses
3. Orthopedic Clinical Examination and Diagnosis
4. Medical Conditions and Disabilities
5. Acute Care of Injuries and Illnesses
6. Therapeutic Modalities
7. Conditioning and Rehabilitative Exercise
8. Pharmacology
9. Psychosocial Intervention and Referral
10. Nutritional Aspects of Injuries and Illnesses
11. Health Care Administration
12. Professional Development and Responsibility

Lexington Clinic provides Lexington Catholic High School with two (2) certified athletic trainers.

KHSAA Sport Physicals

NO STUDENT-ATHLETE WILL BE ALLOWED TO PARTICIPATE IN PRACTICE OR GAMES WITHOUT A CURRENT PHYSICAL ON FILE.

Lexington Clinic will offer all current and incoming Lexington Catholic athletes an opportunity to obtain a sports physical at Lexington Catholic High School during the spring semester.

A small fee will be required by all athletes to participate in the physicals. Checks can be made out to Lexington Catholic High School.

The physical form can be obtained from the Athletic Training Staff or from the KHSAA website (www.KHSAA.org). **Prior to the physical, the medical history, emergency information, insurance information, and consent to treat with parent's signature MUST BE COMPLETED BEFORE YOUR CHILD CAN PARTICIPATE IN PHYSICALS.**

Any parent that has a medical background and would be interested in volunteering time to assist with height, weight, blood pressure, pulse, or vision exam can contact Barbara Winters, ATC or Heather Mattocks-Greene, ATC. Your assistance would be greatly appreciated.

School Insurance

All student-athletes at Lexington Catholic are covered by a Secondary Insurance Policy through K&K insurance. The cost of this policy is included in your tuition. K&K is always a secondary policy, and only applies after your personal health insurance benefits are utilized.

The **Athletic Training Staff**, Heather Mattocks-Greene, ATC (football) and Barbara Winters, ATC (all other sports) will assist you with filing school insurance claims. Please contact them to receive insurance forms and questions you may have.

Current Secondary Company:

Scholastic Insurors, Inc

Claims Dept.

PO Box 3194

Johnson City, TN 37602-3194

(800) 237-2917 Fax (260) 459-5910 www.kandkinsurance.com

All injuries that occur as a direct result of sports participation must be reported to the Coach and the Athletic Trainer. A school injury report must be completed. Difficulties can arise in filing a claim with Scholastic Insurors, Inc. insurance should the school and the Athletic Training Staff not be aware an injury has occurred. **Failure to report an injury could result in Scholastic insurance denying coverage.**

What happens when your son/daughter sustains a sports-related injury and needs to be seen by a physician?

1. Unless it is an emergency situation, please contact the Athletic Training Staff.
2. Obtain and complete a Scholastic Insurance Injury Form from the Athletic Training staff.
 - a. This form will need to be completed by both the Athletic Training staff and parents before it can be submitted to Scholastic.
3. The Athletic Training Staff can assist you in getting an appointment with a physician, if necessary.
4. The physician's office will file your claim with your primary insurance company.
5. Please let the physician's office know that you have a secondary policy with Scholastic insurance. They will establish Scholastic Insurance as your secondary policy.
6. Parents will need to obtain from their primary insurance company the EOB (Explanation of Benefits) and an itemized physician, hospital, or other provider bill that includes diagnostic/procedure codes to submit to Scholastic.
7. In most cases, Scholastic should cover co-payments, deductibles, co-insurance and other expenses not covered by the primary insurance.
8. Please keep in mind that the Scholastic benefit period of 52 weeks from the date of injury.
9. Please keep copies of all paperwork submitted to Scholastic.

<u>Reporting Injuries</u>

Home:

If an acute injury occurs during a home event or practice the athlete needs to report the injury to the Coach and then see the athletic trainer that day. The parents will be notified with the treatment plan and recommendations through either a phone call or the athlete will be sent home with a Home Injury Form. This form outlines the injury and the current treatment plan.

General home treatment guidelines:

- a. Rest the injured area
- b. Be aware of warning signs that may need immediate evaluation; significant swelling, numbness in the extremities, and/or inability to move the injured body part.
- c. Ice the area 20 minutes every hour
- d. Elevate the injury as best you can (lower extremity, you can put something under the mattress of the bed rather than elevating the injury on a pillow or blankets)

- e. Compression of the injured area can be achieved with an elastic bandage or compression wrap. (Note: do not sleep with an elastic bandage on an injured area unless instructed by medical personnel)
- f. If you have not spoken with the athletic trainer, you may call for further advice.

After Hours or Away Games:

If an athlete is injured and an athletic trainer is not available at the time, the coach will assist the injured athlete. The athlete should report to the athletic trainer the next day for evaluation. The coach and/or athlete should call the athletic trainer to alert them of the injury as soon as possible. If necessary, the coach will arrange for transportation to the emergency room. *All physicals and consent to treat forms must go with the athlete to the hospital.*

Physician Referrals

If an injury or illness warrants additional evaluation, treatment or care, the athletic trainers can assist in the referral process. All referrals will be made to the athlete's physician of choice. Please remember, with the assistance of the athletic trainers, appointments are usually made within 24 hours. Any athlete who sees a physician for an injury sustained while participating in a school sponsored sport must be released to return to play by the treating physician. The athlete can not resume practice or participate in games unless a signed physician return to play form is presented to the athletic trainer.

Training Room Hours

On most school days, there will be an athletic trainer available Monday-Friday from 3:00pm until the end of practice or games. Other times can be scheduled if necessary by contacting the Athletic Training Staff.

Medications and Medical Issues

Certain medications can affect sports participation. Please notify the Athletic Training staff of any medications your child may be taking and/or any medical conditions that can affect your child's athletic participation. All information given to the Medical Team is confidential.

Pursuant to Kentucky State Law, KRS 311.903 (c), Athletic Trainers "Shall not dispense over-the-counter or prescription medications to minors".

Allergies/Allergic Reactions

Allergies are an overreaction of the body's immune system to a foreign substance. This overreaction can cause mild to severe reactions in the body. Severe reactions called anaphylaxis can be life-threatening and are caused by many types of triggers, such as, food, medications, animals, insects, and latex. If your child has known allergies to any of the above triggers, please inform the Athletic Training Staff and coaching staff.

If special medication is needed, such as an Epi-pen, please inform the Athletic Training Staff.

If an Epi-pen is required, please provide the Athletic Training Staff with an extra pen to keep in case of emergency. All extra pens will be labeled and kept in a central location to which all coaching and administration will have access to in case of emergency.

Asthmatic Athlete

Asthma can be defined as a chronic inflammation of the airway (bronchi and bronchioles) of the lungs. It is characterized by wheezing, coughing, tightness in the chest, and trouble breathing. A large percentage of asthma attacks occur as a result of exercise. Exercise-induced asthma attacks can occur a few minutes after you begin exercising and last 10-15 minutes after exercise. Athletes that have known asthma may control their asthma two ways, either by a long-term medication taken daily or a quick acting inhaled medication known as a "rescue inhaler".

If your child needs a rescue inhaler for asthma, please inform the Athletic Training Staff. With this information in hand we are able to monitor your athlete during practice/games for ensuing attacks. We also ask that you provide the Athletic Training Staff with an additional rescue inhaler to keep during practice/games. As we all know kids forget to bring or gather their inhaler from their lockers. This will allow us access to an inhaler should your athlete need it.

Concussion

What is a Concussion?

The Centers for Disease Control (CDC) defines a concussion as a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Concussions are caused by a blow or jolt to the head that disrupts the function of the brain.

Management of concussions has evolved over the last 10 years with research producing effective protocols for evaluation and return to play criteria. Lexington Clinic Orthopedic-Sports Medicine follows the guidelines published by the Consensus Statement on Concussion in Sport: 3rd International Conference on Concussion in Sports in the Journal of Athletic Training in August 2009. The recommendations outline signs and symptoms of concussions, sideline

evaluation and treatment of acute concussions, medical management of concussion, follow-up assessments and return to play guidelines for traumatic brain injuries.

Signs and Symptoms of a Concussion

Signs and symptoms of concussion can be subtle and may be delayed for several hours or days so it is important to closely monitor the athlete and their symptoms for 24-48 hours following a suspected concussion.

Some common symptoms of concussion are:

- Confusion
- Amnesia
- Headache
- Dizziness
- Ringing in the ears
- Nausea or vomiting
- Slurred speech
- Fatigue
- Blurred or “fuzzy” vision

Other symptoms that may be delayed include:

- Memory or concentration problems
- Sensitivity to light and noise
- Sleep disturbances
- Irritability
- Depression
- Personality changes
- Aggression

<h2 style="text-align: center;"><u>Management of Concussions</u></h2>
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Managing concussions involves three (3) important factors:

1. Initial Assessment and Treatment
2. Physical and Cognitive Rest
3. Graduated Return-to-Play Criteria

Initial Assessment:

1. An assessment will be completed to determine presence of a concussion and given immediate medical care if necessary.
2. Athlete will be removed from game/practice and will not be allowed to return that day.

Gradual Return-to-Play Criteria:

1. Complete physical and cognitive rest until all symptoms have resolved.
2. Light aerobic exercise
3. Sport-specific exercise
4. Non-contact training drills
5. Full-contact practice
6. Return to play

*Each step should take 24 hours, meaning the athlete would not return to play for at least one (1) week. If symptoms return at any point during the gradual return-to-play process, progression is stalled. The athlete would return to the previous step and progression would resume at the previous step.

**Return-to-play criteria require the athlete to be asymptomatic throughout each step, and should not be ingesting any pharmacological agents or medications that may mask symptoms of a concussion.

<u>Diabetic Athlete</u>

The American Diabetes Association defines Diabetes as a group of diseases that is characterized by high blood glucose levels that result in the body's ability to produce and/or use insulin. This will result in two (2) types of diabetes; Type 1 and Type 2.

Type 1 diabetes is also known as juvenile diabetes and is primarily diagnoses in children and young adults. Children with Type 1 diabetes does not produce insulin a hormone necessary to regulate blood glucose.

Type 2 diabetes has become the most prevalent type of diabetes in America, affecting millions of Americans. Adults with type 2 diabetes do not produce enough insulin or cannot effective use the insulin that is being produced to reduce the level of glucose in the blood. This excess glucose in the blood stream can have a myriad of effects on the body including but not limited to vision problems and heart disease.

Most Common Signs and Symptoms of Type 2 Diabetes:

- Increased thirst
- Increased hunger (even after eating)
- Unexplained weight loss
- Dry mouth
- Frequent urination
- Fatigue
- Blurred vision
- Headaches
- Slow-healing sores

With appropriate precautions and good planning the diabetic athlete is able to safely participate in sports. The diabetic athlete needs to keep the following items on hand in case of low blood sugar during practices and games:

- Glucose monitor
- Snack crackers/or other sources of carbohydrates
- Quick glucose source
 - Glucose tablets
 - Juice
 - Hard candies
 - Sugar
- Glucagon injection

**Please inform the Medical and Coaching Staff if your child is Diabetic and/or wears an insulin pump or needs additional supplies.

Infectious Skin Disorders

MRSA (Methicillin-Resistant Staphylococcus Aureus)

Guidelines for the Prevention of MRSA

Methicillin-resistant staphylococcus aureus (MRSA) is a serious bacterial staph infection that ranges in severity from local infection to systemic infection, and possible risk to life or limb. Treatment of MRSA has been difficult because the MRSA bacterium is resistant to typical antibiotic treatment. In recent years, MRSA has become more prevalent in athletic settings such as locker rooms, weight rooms, and athletic training facilities.

MRSA infections initially appear as a sore pimple and are often mistaken for spider bites and ingrown hairs. Some of the pimples appear red, swollen and have drainage. Lesions such as abrasions and open wounds can also allow the MRSA bacteria to enter the body. Therefore,

good hygiene, avoidance of contact with drainage from open wounds and appropriate first aid for minor skin lesions can help prevent MRSA infections.

The National Athletic Trainers' Association and the Centers for Disease Control suggest the following precautions be taken:

- Encourage immediate showering following
- Avoid sharing towels, razors, and athletic equipment
- Properly wash athletic equipment and towels after each use
- Maintain clean facilities and equipment
- Wash hands thoroughly with soap and warm water or use an alcohol-based hand sanitizer
- Report ALL open wounds and skin lesions
- Wounds which do not respond to conventional treatments will be referred for further evaluation.
- Cover ALL wounds prior to putting on athletic equipment and before competing in practices or competitions

Nutrition

Dietary Supplements

The use of dietary supplements is prevalent in the United States. While some supplementation may be necessary for improving health, athletes have typically consumed these items for the intent of increasing performance in order to gain a competitive advantage. Unfortunately, supplements are not tested by the Food and Drug Administration (FDA) for safety and/or efficacy and adverse reactions such as allergic reactions, heavy metal contamination, bacterial contamination, and inhibition of other nutrient absorption can occur. Also, manufacturers' claims about products' ability to produce a certain response (increase energy, improve recovery time, lose weight fast, etc) have not been stringently validated or verified. Currently, there are little to no scientific studies in existence which either support or refute the claims of manufactured supplements meaning there is no guarantee that the reported effect will occur when an athlete consumes the supplement. There is also a lack of evidence regarding the safety and long-term effects dietary supplements have on the body. If there are any questions regarding the effect or safety of dietary supplements, student athletes, parents, and coaches are encouraged to consult with the athletic training staff or a physician. This fact sheet is designed to provide general information about dietary supplements and in no way does it encourage the use of such products.

What are dietary supplements?

Defined by the 1994 Dietary Supplement Health Education Act (DSHEA) where a product which contains either a vitamin, mineral, herb or other botanical, amino acid, dietary substance to supplement diet, or a concentrate or combination of above.

The key characteristics of dietary supplements are as follows:

- Not intended to be used as foods
- Must be labeled as “dietary supplement”
- Not tested by the FDA
- Must have a “Supplements Facts” panel listing all ingredients

National Federation of State High School Associations Position Statement

"All student-athletes and their parents/guardians should consult with their physicians before taking any supplement product. *In addition, coaches and school staff should not recommend or supply any supplement product to student-athletes.*"

Key Points

These products should not be used in lieu of healthy dietary/behavior changes. Instead, an athlete should be encouraged to focus on 3 key areas:

- Strength Training
- Cardiovascular Training
 - Weight gain and loss is best achieved by food planning and exercise regimens, not through dietary supplementation
- Proper Nutrition
 - Carbohydrates should make up 55-65% of the total energy intake but can be as high as 70% in high endurance athletes
 - Fats should be 15-25% of energy intake with a focus on consuming more unsaturated fats (olive oil and peanut oil) than saturated (solid) fats.
 - Proteins should be 12-15% of the total energy intake (1.4-1.6 grams per kg body weight)

Nutritional assessments help identify nutritional deficits by analyzing an athlete’s current food intake, body composition, and individual nutritional requirements. Any athlete interested in an individual nutritional assessment should consult the athletic training staff. All food and dietary suggestions should be based on an individual athlete’s individual **needs and goals**.

<h3><u>Mouth Guards</u></h3>

- The American Dental Association has urged the use of mouth guards for those engaged in athletic activities that involve body contact and which a risk of oral injury may occur.
- Properly fitted mouth guards can protect the lip and cheek tissues from being impacted and cut against tooth edges or braces.

- Properly fitted mouth guards can reduce the risk of a jaw fracture caused by a blow to the chin or head.
- Properly fitted mouth guards can provide protection against, and reduce the severity of, concussion.
- Stock, mouth-formed and custom-fitted are the types of mouth guards recognized by the American Dental Association.
- Mouth guards are not recommended by the American Dental Association for routine weight training.
- Mouth guards must be worn by LCHS athletes during contact drill and competition of sports in which mouth guards are required protective equipment



Emergency Procedures

Emergency Personnel

Certified Athletic Trainers, Coaches, and Administrators will be on site for all in-season team practice/competitions.

Emergency Communication

Cellular phones will be used by the athletic training staff, coaches, and administrators to initiate emergency action plan. Land lines are available for emergency use within the Football Field House and the Beuter Gym Athletic Training Rooms, and respective sports coaches' offices. Neither spectators nor family members should initiate emergency action.

Emergency Equipment

Medical Kits with proper supplies for first aid care will be supplied to coaches at the beginning of their seasons and will be available for all team practices and away games when an athletic trainer is not present. Automated External Defibrillators (AED), Splint Bags, Crutches, and any other emergency equipment needed will be kept on the sideline and/or in Football Field House Training Room and the Beuter Gym Athletic Training Room.

Emergency Contact Information

Barbara Winters (Head Athletic Trainer)

Training Room: (859) 277-7183 x305

Cell: (859) 619-7085

Heather Mattocks-Greene (Football Athletic Trainer)

Training Room: (859) 277-7183 x247

Cell: (859) 351- 5185

Kevin Bruggeman (Athletic Director)

Cell: (859) 321-5108

Lexington Catholic (859) 277-7183 x254 or x271

Beuter Gym Athletic Training Room

Office: (859) 277-7183 x305

Football Field House Athletic Training Room

Office: (859) 277-7183 x247

Ambulance/Emergency Services

911

Role of the Emergency Care Providers Other than Athletic Trainer

The Emergency care providers (1st responders) are considered to be all coaches (trained in CPR/1st aid) and administrative staff who will be assisting the Certified Athletic Trainer (ATC) at the time of an emergency. (Please note, all LCHS Coaches have met the KHSAA guidelines for emergency preparedness.) The first responder should notify the certified athletic trainer if an emergency occurs, and, if instructed to do so by ATC, call 911. If an ATC is unavailable or detained:

1. Provide immediate care of injured/ill athlete
2. Retrieve appropriate equipment
3. Activation of Emergency Action Plan (EAP)
 - i. Call 911
 - ii. Provide name
 - iii. Provide address or location
 - iv. Provide phone number
 - v. Provide number of individuals injured/ill
 - vi. Provide current care/1st aid being rendered
 - vii. Provide specific directions to location
 - viii. Answer any questions the operator may have
4. Notify other administration as necessary
5. Direct EMS to scene:
 - i. Open appropriate doors/gates
 - ii. Designate individual to direct EMS to exact location
6. Limit entry to just medical staff
7. Answer questions/assist EMS as needed
8. Control Traffic/Observers to allow EMS to work
9. Keep other players clear of the area
10. Communicate with injured athlete's family as to the status of injury
 - i. Designate someone on staff to communicate directly with the family
11. Assist EMS, as necessary.

Guidelines for A Serious On-Field Injury

These guidelines have been recommended for NFL officials and have been shared with NCAA Championship Staff. (*NCAA Sports Medicine Handbook*)

- a. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staffs and all available emergency personnel should be established and maintained.
- b. Players, parents, and non-authorized personnel should be kept a significant distance away from the seriously injured player(s). (Parents of the injured player will be advised as soon as the situation is under control.)

- c. Players or non-medical personnel should not touch, move, or roll an injured player.
- d. Players should not try to assist a teammate who is lying on the field or court. Do not remove or loosen equipment or clothing or attempting to assist breathing by elevating the waist).
- e. Players should not pull an injured teammate or opponent from a pile-up.
- f. Medical staff assisting an injured player must be allowed to perform services without interruption or interference.
- g. Players and coaches should avoid dictating medical services to athletic trainers, team physicians or emergency medical personnel. A coach should be available to respond to requests from the medical team but should not interrupt those treating the athlete.

<u>Emergency Procedures at an Away Event</u>

- a. The traveling Certified Athletic Trainer will provide emergency care to all LCHS athletes.
- b. The Coach is responsible for providing **basic 1st Aid** if a LCHS athletic trainer is not with the team.
- c. The Coach will defer to the host team's athletic training staff if available. The host athletic trainer will activate their emergency action plan if needed.
- d. If the injured athlete needs transportation to a hospital, a parent or a representative of LCHS (i.e. a coach or assistant coach) will accompany the athlete. The athlete is NOT to be sent to the hospital alone, with a teammate or another student. The consent to treat form must go with the injured athlete should a parent not be present.
- e. Contact LCHS Athletic Trainer and the Athletic Director upon return to the school (or sooner if possible) to notify them of who was injured, as well as, the extent of the injury.

Automated External Defibrillator Policy

- a. In the event the emergency action plan is activated for a cardiac emergency, an AED unit is centrally located in the Beuter and Field House Athletic Training Rooms under the designated sign on the wall. The athletic training staff will have an on-field AED at contests.
- b. If there is more than one home game occurring on the LCHS Campus, the AEDs will be placed at the contests with the higher risk of injury.
- c. Should the AED be needed at another event or outdoor athletic facility, a cell phone should be used to communicate with the athletic trainer with the AED. The athletic trainer will then promptly transport the AED to the appropriate field.
- d. If a cardiac emergency occurs and the athletic training AED is unavailable. Dial 911 and initiate the Emergency Action Plan.

Lightning/Severe Weather Policy

These guidelines are for the protection of all individuals from severe weather. These guidelines are in compliance with the NCAA and KHSAA severe weather policies.

- a. The Lexington Catholic High School (LCHS) chain of command that will identify when to remove individuals from the field is as follows; Certified Athletic Trainer, a member of LCHS Administration, game official, and a coach
- b. When removing athletes from the playing field they must be moved to a safe shelter. For LCHS athletic fields the following have been identified as safe shelters for on-campus athletic facilities.
 - Football: Fieldhouse (respective locker rooms)
 - Soccer: Fieldhouse (respective locker rooms)
 - Softball: Fieldhouse (respective locker rooms)
 - Lacrosse: Fieldhouse (respective locker rooms)
 - Baseball: Baseball locker rooms and/or the Beuter Gym
 - Tennis, Track, Cross Country: If no safe shelters are readily available, all athletes must resort to the closest vehicle.
- c. Use the 30-30 rule for lightning. When a flash of lightning occurs within 30 seconds of the sound of thunder, individuals need to be in shelter.

- d. If activities are suspended, a waiting period of at least 30 minutes following the last sound of thunder or lightning flash prior to resuming an outdoor activity.
- e. Do not take shelter under or near trees, flag poles or light poles. Stay away from metal bleachers.
- f. If an individual feel their hair stand on end, skin tingle, or hear crackling noises, assume the lightning safe position (crouch on the ground, weight on the balls of the feet, feet together, head lowered and ears covered). Do not lay flat on the ground.
- g. Observe the following basic first aid procedures in managing victims of lightning strikes:
 - i. Survey the scene for safety.
 - ii. Activate EMS
 - iii. Evaluate airway, breathing, and circulation, and begin CPR if necessary.
 - iv. Evaluate and treat for shock, burns, hypothermia, or other injuries.
- h. Anyone has the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty.

Heat Illness Policy

Every precaution will be taken to prevent exercise induced heat illness in Lexington Catholic athletes. Understanding the signs and symptoms of heat illness is critical, and can be properly treated when signs and symptoms of heat illness are accurately recognized. Tips on preventing heat related illnesses and recognizing signs and symptoms will be detailed below, along with Lexington Catholic High School's Policy on avoiding heat illness.

Lexington Catholic High School and Lexington Clinic Sports Medicine Center follow procedures and recommendations set forth by the Kentucky High School Athletic Association (KHSAA), Kentucky Medical Association (KMA), and National Athletic Trainers Association (NATA). These procedures and recommendations are designed to assist schools in implementing appropriate procedures for the prevention of heat illnesses and procedures for treating conditions that result from heat exposure.

A critical element in the prevention of heat illness is attention to environmental conditions. The KHSAA and KMA have outlined general procedure for determining the temperature and relative humidity on the practice/game fields of play. Below are excerpts from the "KMA/KHSAA Procedure for Avoiding Heat Injury/Illness through Analysis of Heat Index and Restructuring of

Activities” outlining the general procedures, procedures for indoor/outdoor venues, and procedures for testing. These procedures are followed at Lexington Catholic High School.

“General Procedure: The procedure calls for the determination of the Temperature and Relative Humidity at the practice/contest site using a digital sling psychrometer. It is important to note that the media-related temperature readings (such as the Weather Channel, local radio, etc), or even other readings in the general proximity are not permitted as they may not yield defensible results when considering the recommended scale. The readings must be made at the site.”

“Indoor and Outdoor Venues: ...the Kentucky Medical Association Committee on Physical Education and Medical Aspects of Sports has advised the KHSAA that indoor sports, particularly in times of year or facilities where air conditioning may not be available, should be included in the testing. Such has been approved by the Board of control as policy requirement. The recommendations contained in this package clearly cover both indoor and outdoor activity, as well as, contact and non-contact sports.”

“Procedure for Testing: Thirty (30) minutes prior to the start of activity, temperature and humidity readings should be taken at the practice/competition site. The information should be recorded on the KHSAA FORM GE20 and these records shall be available for inspection upon request. All schools will be required to submit these forms...The temperature and humidity should be factored into the Heat Index Calculation and Chart and a determination made as to the Heat Index. If a school is utilizing a digital sling psychrometer that calculates the Heat Index, that number may be used to apply to the regulation table. If a reading is determined whereby activity is to be decreased (above 95 degrees Heat Index), then re-readings would be required every thirty (30) minutes to determine if further activity should be eliminated or preventative steps taken, or if and increase level of activity can resume.

Based on daily heat index readings practices/games can and will be altered according to the sliding scale as set forth by the KHSAA guidelines. Alterations will include water breaks every thirty (30) minutes for ten (10) minutes, use of ice towels, removal of equipment, reduced time outside, removal of athletes to air-conditioned indoor facilities, and postponement of all outdoor activities.

Signs and Symptoms of Heat Illness

Heat Cramps

Dehydration
Thirst
Fatigue
Sweating

Heat Exhaustion

Pale or sweaty skin
Decreased pulse rate
Dizziness
Lightheadedness

Muscle Cramps

Syncope

Fainting

Heat Stroke

Central Nervous System Changes

Drowsiness

Irrational Behavior

Confusion

Disorientation

Seizures

Loss of Consciousness

Lethargy

COMA

Headache

Nausea

Diarrhea

Decreased urine output

Chills

Cool, clammy skin

Intestinal Cramping

Weakness

Preventative Measures to Reduce Risk of Heat Illness

As a parent, it is important to be able recognize the signs and symptoms of heat illness, but it is more important to know how to prevent heat illness. Below are just a few ways to prevent heat illness. The most important is monitoring your child. You know them better than anyone and you know when there is something wrong with them.

Acclimatization:

Gradually increase activity in intensity and duration over a 10-14 day period. Make sure that all athletes wear light colored and breathable clothing. Change wet clothing to ensure body cooling.

Proper Hydration:

Your child should drink plenty of fluids. A good way to make sure your child is properly hydrated is by examining their urine. Their urine should be light yellow or almost clear. Weighing your athlete before and after practice lets us know how much water weight they lost during practice. Every pound lost during practice, an athlete should drink 2 cups (16 oz) of fluids. Be careful that the fluids your athlete is drinking is not loaded with a great deal of sugar for this can upset their gastrointestinal system. In extreme heat adding a little extra salt to your athlete's food at night will help maintain the sodium balance and the ability to retain fluids.

Adequate Sleep:

Athletes need at least 6-8 hours of sleep a night. This is the time when your body rebuilds and heals itself.

Medications:

Some medications your athlete may be taking can facilitate dehydration. Please research your athlete's medication.

<p><u>Cold Weather Policy</u></p>
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Cold exposure can be uncomfortable and impair performance. Preventative measures include:

- a. Warm-up thoroughly and keep warm throughout practice or competition. After the game add clothing to avoid rapid cooling.
- b. Dress in layers and try to stay dry. Layers can be added or removed depending on activity, temperature, and wind chill.
- c. Maintain energy levels by using energy snacks. (Power bars, granola bars, and carbohydrate' electrolyte sport drinks. (Gatorade, Propel, PowerAid)