

Sports Medicine Handbook for Parents, Athletes, & Coaches

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Who are Certified Athletic Trainers?

- According to the National Athletic Trainers' Association (NATA), athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. Athletic trainers work under the direction of a physician as prescribed by state licensure statutes.
- Certification standards are established by the National Athletic Trainers' Association Board of Certification (NATABOC). In order to obtain and maintain certification as an athletic trainer, an individual must:
 - possess a bachelor's degree from an accredited college or university (currently changing to a master's degree)
 - complete athletic training experience hours under the supervision of an NATABOC certified athletic trainer
 - pass an examination administered by the NATABOC
 - obtain 50 hours of continuing education units within a two-year reporting term after certified

CRMC Athletic Trainers' Contact Info

- Capital Region Sam B. Cook Healthplex
 - 1432 Southwest Blvd, Jefferson City, MO 65109
 - Phone: (573)-632-5614
- School AT Contact
 - **Blair Oaks**
 - Lacey Hale, LLHale@crmc.org
 - **California**
 - Spenser Deeken, sdeeken@crmc.org
 - **Capital City**
 - Spenser Deeken, sdeeken@crmc.org
 - **Eldon**
 - Mary Blochberger, MBlochberger@crmc.org
 - **Eugene**
 - Scott Schlueter, SSchlueter@crmc.org
 - **Jefferson City**
 - Jessie Hubbs, Jessie.hubbs@crmc.org
 - **Lewis & Clark Middle School**
 - Debbie Gullic, DGullic@crmc.org
 - **New Bloomfield**
 - Paula Jennings, jenningspj@gmail.com
 - **Russellville**
 - Kara Wehmeyer, kara.wehmeyer@crmc.org
 - **Thomas Jefferson Middle School**
 - Paula Jennings, jenningspj@gmail.com
 - **South Callaway**
 - Spenser Deeken, sdeeken@crmc.org

Pre-Participation Physical Examinations

- All athletes trying out or participating on a team must have submitted a completed physical with medical clearance by a physician prior to actively participating in any manner with a sport activity.
- Athletes will have the opportunity to receive a physical exam by a CRMC physician at the Sam B. Cook Healthplex location or at their school (if the school chooses) prior to beginning of the fall sports season.
- Medical clearance is to be valid for a two year period (unless a physician specifically notes on the PPE for the physical to only be valid for one year). Note: Only the MSHSAA PPE Form, the “physical examination”, is valid for a two year period (730 days). The MSHSAA Preparticipation Documentation such as Medical History, Parent Permission-Insurance Verification, Student Agreement, Concussion Education Materials-Parent/Student Signature, Emergency Contact Information are still annual requirements that the school must secure from the students/parents annually.

In the Event of an Injury

- At School or On the Road
 - Report injury to the athletic trainer
 - Report injuries to the coach if the athletic trainer is not on site.
 - The coach will contact the athletic trainer for an evaluation or referral.
 - Depending on severity of the injury, the athletic trainer can meet with the athlete at a designated time before or after school, at practice, at the Sam B Cook Healthplex, or during scheduled weekly injury checks at the school for an evaluation or immediate referral if necessary.
- In general, for the **first 24 hours RICE**
 - **R:** Rest (non-weight bearing to weight-bearing as tolerated, depending on the injury)
 - **I:** Ice (10 minutes IF NEEDED for pain control)
 - **C:** Compression (intermittent compression, if available)
 - **E:** Elevation (elevate injured body part above the heart as much as possible, combined with tolerated movement)
- Then shift to **MEAT**
 - **M: movement:** helps prevent the formation of adhesions and scarring; non-weight-bearing exercises to increase range of motion should begin immediately after the injury occurs
 - **E: exercise:** gradually work into strengthening exercises as able to avoid the pain signals from settling into your nervous system
 - **A: analgesia:** Acetaminophen (Tylenol) can help decrease pain. NSAIDS (Aleve and Ibuprofen) inhibit tissue healing.
 - **T: treatment:** See your athletic trainer for manual therapy and physical exercise that helps promote healing.
- ****Please return the completed medical clearance form on the following page to the school’s athletic trainer if seeing a healthcare provider other than the team athletic trainer or team physician.**

MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING INJURY

This release is to certify that _____ (Name/DOB) has been examined for exhibiting signs and symptoms consistent with an orthopedic and/or sports-related injury. Following an examination, it is my medical opinion that he/she has been diagnosed with the following injury:

Based on this assessment and diagnosis the athlete may:

_____ not return to participation in athletics until further notice.

_____ return to limited participation in athletics on _____ (date).**

_____ return to full participation in athletics on _____ (date).**

A follow up appointment is scheduled for _____ (date).

****Please list specific restrictions and/or other notes here:**

_____.

Health Care Provider's Name _____ **Date** _____

Health Care Provider's Signature _____ **Phone #** _____

Note: This form should be completed and returned to school's athletic trainer. Completion and return of this form allows the above information to be shared with the school's athletic trainer, team physician, and coaches.



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Tips for Injury Prevention

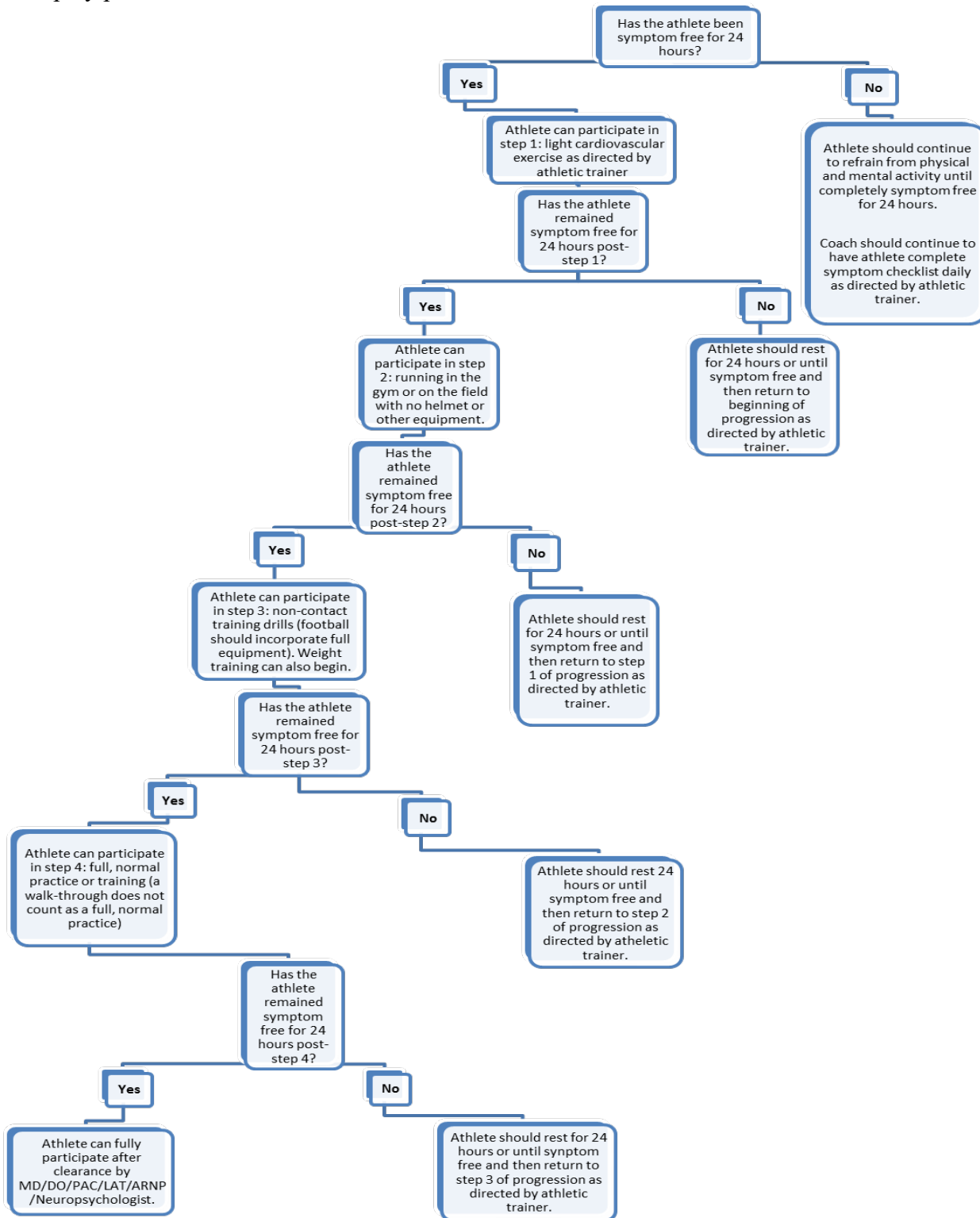
- **Stretch Often and Then Stabilize!**
 - Stretching thoroughly before and after physical activity is ideal for injury prevention.
 - All joints should generally have equal mobility on the right and left side of the body. Any joint with restricted mobility is a risk factor to injury.
 - After stretching and increasing the mobility in a joint, it is good to perform a quick stability exercise. For example: single leg balance after ankle mobility, half-kneeling exercises after hip mobility, planks after shoulder mobility, to name a few.
- **Eat Well!**
 - Increased activity calls for increase caloric intake.
 - Eat a varied diet, avoiding excessive fast foods.
 - Bread, pasta, fruits, and vegetables are good complex carbohydrates.
 - Carbohydrates provide more energy and growth than high protein diets.
 - Protein is important but is usually sufficient in the normal diet.
- **Drink Plenty of Fluids!**
 - Adequate fluid replacement is important to avoid fatigue, excessive weight loss, and possible heat related problems.
 - It takes only 30 minutes for cell damage to occur with a core body temperature of 105 degrees.
 - Most individuals can avoid fluid-balance problems by drinking when thirsty during and after exercise and eating a healthy diet.
 - As a rule of thumb, most athletes should consume 200 to 300 milliliters of fluid every 15 minutes of exercise.
 - 8-10 glasses of water each day is the recommended minimum for all athletes.
 - Avoid carbonated and caffeinated soft drinks (these can actually detract from athletic performance) — drink more WATER, milk, and sport drinks when workout sessions last longer than an hour.
 - See the following link for further information:
https://www.nata.org/sites/default/files/fluid_replacement_for_the_physically_active.pdf



Concussion Recognition and Protocol

- Be aware of the common signs and symptoms of a concussion and report them immediately to your coach or athletic trainer.
 - Headache
 - Pressure in head
 - Neck pain
 - Nausea or vomiting
 - Dizziness
 - Blurred vision
 - Balance problems
 - Sensitivity to light or noise
 - Feeling slowed down or “in a fog”
 - Difficulty concentrating or remembering
 - Fatigued or low energy
 - Confusion
 - Increased emotion
 - Irritability
 - Sadness
 - Nervous or anxious
 - Trouble falling asleep
- Refrain from administering medication with 24 hours of injury if a concussion is suspected. IF medication must be given, do NOT use an NSAID.
- Be aware of “red flags” in the first 24 hours that would require immediate attention and referral to the ER:
 - Neck pain or tenderness
 - Double vision
 - Weakness or tingling/burning in arms or legs
 - Severe or increasing headache
 - Seizure or convulsion
 - Deteriorating conscious state
 - Vomiting
 - Increasingly restless, agitated, or combative

- Once reported to AT an evaluation will be performed. If a concussion is diagnosed the following return to play protocol will be followed:





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- The athlete will periodically complete a symptom checklist which will be sent to the athletic trainer by parent or coach that the athletic trainer will use to guide return to play steps.
- The athlete should not participate in any physical activity (practice, PE, weight-lifting, etc.) unless directed by athletic trainer or coach directed by athletic trainer.
- Once the athlete has successfully completed return to play steps the athletic trainer will re-evaluate the athlete and clear for full return to play.
- **If the athlete is evaluated by any physician other than the school's athletic trainer for diagnosis or clearance, the MSHSAA Concussion Return to Play Form must be completed and returned to the athletic trainer for required documentation.**
- **The athletic trainer will be responsible for guiding the athlete through the MSHSAA directed return to play steps even if athlete is diagnosed by another physician.**
- **The athlete must complete return to play steps even if a diagnosed concussion has since been cleared by a physician.**