

# GREATER AMSTERDAM SCHOOL DISTRICT SPORTS MEDICINE

The objective of the Athletic Training Program is to provide the highest level of service to the student-athletes at Amsterdam High School. This includes the prevention, care, and rehabilitation of athletic injuries as well as helping to direct the nutritional, physiological, and psychological needs of the student-athlete. The care provided by the Athletic Trainer(s) will be delivered with objectivity and a conscientious blend of concern for the healing of the athlete's body and mind.

The Certified Athletic Trainers (ATC), with the consultation and direction of physicians, is an integral part of the health care system associated with physical activity and sports. The Athletic Trainer at Amsterdam High School has the full responsibility for the operational procedures of the athletic training room. These responsibilities include, but are not limited to:

- Injury/Illness Prevention and Wellness Protection
- Immediate and Emergency Care
- Clinical Evaluation and Diagnosis
- Treatment and Rehabilitation
- Organizational and Professional Health and Well-being

## HOURS

The athletic training room is open Monday-Friday at approximately 11:00am or by appointment. This should allow your son/daughter plenty of time to dress and complete their treatment prior to practices and games. All athletes who are injured and come to the athletic training room will be able to complete treatment or rehabilitation for their injury. Your son/daughter will also have verbal instructions regarding what he/she can do at home to aid or expedite the healing process. Additionally any athlete evaluated by the athletic trainer will receive a copy of their written injury report.

## PHYSICALS

All student athletes are required to have a physical exam on file within the past year (365 days). Physicals must be valid prior to the beginning of their sports season. The general medical physical must be performed, signed and dated by the assessing medical provider.

## INJURIES AND CARE

While participating in athletics it is our objective to keep each and every athlete safe. Even with the inherent risks of participating in a sport, sometimes injuries happen. If your child sustains an injury while participating in a GASD-sponsored sport, it is in their best interest to visit the Athletic Training Room (across from the main gym) before seeing a doctor\* to receive an evaluation and treatment. I can act as an advocate for your child, while potentially saving you time and money from a doctor's visit. This can also prevent missed participation time for the athlete. Should your child be seen by a doctor please see the NYS/NYSPHSAA guidelines below about needing a note to return to play.

**\*If there is a life-threatening condition, or if your child's injury concerns you, do not hesitate to get them care. You have the right to seek medical care however you see fit for your child.**

**AS PER NYS/NYSPHAA RULES: IN ORDER TO PLAY, YOUR DAUGHTER/SON MUST HAVE A NOTE WHENEVER THEY CONSULT WITH A PHYSICIAN; THIS INCLUDES, BUT IS NOT LIMITED TO: MEDICAL**

**DOCTORS, EMERGENCY ROOM, URGENT CARE, DENTISTS, ORTHODONTISTS, EYE DOCTORS, CHIROPRACTORS, PHYSICAL THERAPISTS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS OR OTHERS THAT YOU HAVE SEEN FOR ANY MEDICAL CONDITION OR CHECK-UP. THIS IS DESIGNED TO PROTECT THE AT'S, COACHES, AND SCHOOL FROM ALLOWING A PLAYER TO PLAY WHO HAS BEEN TOLD TO NOT PARTICIPATE.**

**IF A NOTE DOES NOT ACCOMPANY YOUR SON/DAUGHTER BACK TO PRACTICE, HE/SHE WILL NOT BE ALLOWED TO PARTICIPATE IN PRACTICES OR GAMES, AND NO TREATMENTS WILL BE ADMINISTERED UNTIL A COMPLETE NOTE IS OBTAINED. IT IS THE ATHLETES' AND PARENTS' RESPONSIBILITY TO GATHER THE COMPLETED NOTE. ALL NOTES MUST INCLUDE THE FOLLOWING: DATE, DIAGNOSIS, TREATMENT RECOMMENDED, IF THE ATC CAN ADMINISTER THE TREATMENT, FOLLOW UP APPOINTMENTS NEEDED AND WHEN THE ATHLETE MAY RETURN TO HIS/HER SPORT.**

Any note not including these will be treated as no note received and the athlete will not participate until a complete note is handed in- **NO EXCEPTIONS!** As per NYS rules: return to play can only be allowed by those licensed to perform physical examinations include a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA), and Naturopathic Physician. *The ATC and team doctor still reserve the right to not allow a player to participate if, in their judgment, it might make the condition worse or cause further injury.*

## **TAPING**

The Certified Athletic Trainers (ATC) will complete any type of preventive taping after doing rehabilitation. No athlete will be allowed to tape him/herself, or have parents/friends tape them. Only the AT or another qualified medical provider who is treating them should be taping them. This is especially important regarding kinesio tape/KT Tape/ Rock Tape. This is a very special kind of tape and putting it on wrong could cause serious injury/consequences if applied wrong. If your son/daughter needs to be in a brace, he/she needs to check with the AT before participating in and/or purchasing these items. Many braces on the market do not comply with high school rules and could endanger the student athlete, other players or officials. The AT's have a number of different options for you to choose from if this needs to be an option to care for your son/daughter.

## **CONCUSSIONS**

Amsterdam High School is in compliance with the NYS Concussion Management Act: If a suspected concussion happens while participating in GASD athletics, the Athletic Trainers, physicians and/or Coaches will evaluate the student-athlete and communicate to the parents and may deem it necessary to see a medical professional for a more in depth evaluation. Athletes who experience a concussion can display a wide variety of symptoms. Although the classic symptoms of loss of consciousness, confusion, memory loss, and/or balance problems may be present in some athletes with mild traumatic brain injury, there may or may not be obvious signs that a concussion has occurred. **ALL STUDENT-ATHLETES THAT HAVE BEEN ASSESSED TO HAVE A SIGN OR SYMPTOMS OF A CONCUSSION BY LICENSED ATHLETIC TRAINER OR COACH MUST SEE A PHYSICIAN.**

ALL STUDENT-ATHLETES WHO HAVE BEEN EVALUATED AND ASSESSED WITH A CONCUSSION MUST GO THROUGH THE "RETURN TO PLAY GUIDELINES", *EVEN IF CLEARED BY A PHYSICIAN* PRIOR TO STARTING THE RTP GUIDELINES.

## COMMUNICATION

I will attempt to communicate as much as possible with every injury I encounter. But just know that not all injuries are severe enough to warrant a note or phone call home. In the event I feel your child should be referred to a doctor or other healthcare practitioner, I will send them home with a referral form. We also keep track of all treatments and evaluations.

## MEDICATIONS

**If your son/daughter needs emergency medication during sports, he/she needs to make sure that the AT responsible for the sport is aware of this and that they have a spare to leave with the team's medical kit.** Examples of products they may leave are Epi-Pens, Inhalers, Insulin Kits, etc.

Student-Athletes must also have a "Medication at School" form on file at school to have medications during athletics. These can be found in the main office or on-line. Students may not give their medication to another student- this includes ibuprofen. If your son/daughter is highly allergic to any foods or has any other medical problems, please make sure that you have talked to the AT about these as soon as possible and it is listed on their emergency contact card.

I hope this may help to clear up any communication errors before they become problems. The intention of the Athletic Training Department is to allow as many students as possible to have a safe and memorable experience in high school athletics. I look forward to a safe and fun time while your child participates in athletics. Do not hesitate to call or email me with any questions, comments, or concerns.

Have a Great Season!

Carla Pasquarelli, ATC

Office-(518) 843-4932

Fax- (518) 843-5432

Cell- (518) 207-5522

Email- [cpasquarelli@gasd.org](mailto:cpasquarelli@gasd.org)

## Athlete/Parent/Guardian Concussion Information Sheet

After reading the information sheet from New York State Public High School Athletic Association, I am aware of the following information:

- A concussion is a brain injury which should be reported to my parents, my coaches, my athletic trainer, my athletic director or my school nurse.
- A concussion cannot be “seen”. Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.
- Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.
- After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.
- Most concussions do not involve a loss of consciousness.
- After a concussion, the brain needs time to heal. I understand that my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.
- Sometimes a repeat concussion can cause serious and long lasting problems-even death.
- I have read the concussion signs and symptoms on the information sheet and am aware of what they are.
- I understand the athlete will need written permission from a healthcare provider (primary care physician or school medical director) to start a gradual return to play program. The note then must be given to the school’s athletic trainer or school nurse before the gradual return to play program will begin.
- I understand the athlete will need to successfully complete the gradual return to play program under the direction of the school’s athletic trainer or athletic director. Successful completion means they have had no return of symptoms and have completed all days of the protocol.
- I understand that any return of symptoms during the return to play protocol; the athlete will return to the previous day’s activities until they are symptom free.

### Gradual Return to Play Progression

24 Hours Symptom Free and cleared by their Primary Care or School Physician

Phase 1: Low level activity such as walking or riding a stationary bike

Phase 2: Increased aerobic activity such as using a treadmill or elliptical

Phase 3: Sport Specific Non-Contact Activity

Phase 4: Begin non-contact sport specific drills

Phase 5: Full contact in a practice setting

Phase 6: Full return to play without restrictions

## Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet

The Dominic Murray Sudden Cardiac Arrest Prevention Act is a new law as of July 1, 2022. This law requires schools, students, and parents/guardians have information on sudden cardiac arrest risks, signs, and symptoms. Please note that sudden cardiac arrest in children and youth is rare. The incidence of sudden cardiac death (SCD) on the playing field is 0.61 in 100,000.<sup>1</sup>

Sudden Cardiac Arrest (SCA) is an emergency that happens when the heart suddenly stops working. SCA can cause death if not treated immediately, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). All public schools must have a staff member trained in the use of CPR and AED in school and at all school athletic events.

Preventing SCA before it happens is the best way to save a life[1]. Both your family health history and your child's personal history must be told to healthcare providers to help them know if your child is at risk for sudden cardiac arrest. Ask your child if they are having any of the symptoms listed below and tell a healthcare provider. Know your family history and tell a healthcare provider of any risk factors listed below.

### The signs or symptoms are:

- Fainting or seizure, especially during or right after exercise or with excitement or startled
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

### Student's Personal Risk Factors are:

- Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or "recreational" drugs.
- Elevated blood pressure or cholesterol
- History of health care provider ordered test(s) for heart related issues

### Student's Family History Risk Factors are:

- Family history of known heart abnormalities or sudden death before 50 years of age
- Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents before 50 years of age
- Structural heart abnormality, repaired or unrepaired
- Any relative diagnosed with the following conditions:
  - Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
  - Arrhythmogenic Right Ventricular Cardiomyopathy
  - Heart rhythm problems, long or short QT interval
  - Brugada Syndrome
  - Catecholaminergic Ventricular Tachycardia
  - Marfan Syndrome- aortic rupture
  - Heart attack at 50 years or younger
  - Pacemaker or implanted cardiac defibrillator (ICD)

SCA in students at risk can be triggered by athletic activities. To decrease any chance of SCA in a student, the Interval Health History for Athletics must be completed and signed by a parent/guardian before each sports season unless a physical examination has been conducted within 30 days before the start of the season. This form has questions to help identify changes since the last physical examination or health history was completed. School personnel may require a student with health or history changes to see a healthcare provider before participating in athletics.

Finally, the law requires any student who has signs and symptoms of pending SCA be removed from athletic activity until seen by a **physician**. The physician must provide written clearance to the school for the student to be able to return to athletics.

Please contact the State Education Department's Office of Student Support Services for questions at [studentsupportservices@nysed.gov](mailto:studentsupportservices@nysed.gov) or 518-486-6090.

# Athlete/Parent/Guardian Heat/Cold Illness: Environmental and Non-Environmental Information Sheet

## HEAT ILLNESS

There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although heat illnesses can be fatal, death is preventable if they're quickly recognized and properly treated.

Signs of Minor Heat Illness:

- Dizziness
- Cramps, muscular tightening and spasms
- Lightheadedness, when not associated with other symptoms

Early Warning Signs of Exertional Heat Stroke:

- Headache, dizziness, confusion, and disorientation
- Excessive sweating and/or flushing
- Fatigue
- Nausea and/or vomiting
- Chills and/or goose bumps

Signs of Exertional Heat Stroke:

- Core body temperature of more than 105 degrees
- Signs of nervous system dysfunction, such as confusion, aggression, and loss of consciousness
- Increased heart rate
- Rapid breathing
- Seizures
- Low blood pressure

Environmental and non-environmental risk factors can increase the risk of heat illness in both athletes and non-athletes. It is important to be made aware of these risk factors as they can present harm to athletes and the coaching staff and these risk factors can change from day to day.

### Environmental Risk Factors

Environmental risk factors include air temperature, humidity, wind speed, amount of radiant heat, lightning and precipitation in the air. The more humid and hot the conditions are on any given day of practice, the higher the risk for heat illnesses.

### Resources for Environmental Risk Factors

- NATA Position Statement on Lightning Safety
  - <http://natajournals.org/doi/pdf/10.4085/1062-6050-48.2.25>
- NATA Position Statement: Exertional Heat Illness
  - <http://natajournals.org/doi/pdf/10.4085/1062-6050-50.9.07?code=nata-site>

### Non-Environmental Risk Factors

The inter-association task force on exertional heat illness consensus statement details factors that may increase the risk associated with participation in the heat for individual students. During moderate exercise, 70 to 90 percent of energy produced by the body is released as heat. There are a number of

factors that can hamper heat dissipation and out athletes at an increased risk for heat illness. The NFHS Sports Medicine Advisory Committee (SMAC) lists multiple non-environmental risk factors.

**Risk Factors:**

- Clothing and Equipment
- Age
- Dehydration
- Pre-activity Hydration Status
- High Body Fat
- Poor Acclimatization/Fitness Level
- Febrile Illness
- Medications
- Sickle Cell Trait
- Prior Heat Illness History

**Resources for Non-Environmental Risk Factors**

- NATA Position Statement: Exertional Heat Illness
  - <http://natajournals.org/doi/pdf/10.4085/1062-6050-50.9.07?code=nata-site>
- NATA Consensus Statements For Heat Illness Guidelines
  - <http://natajournals.org/doi/pdf/10.4085/1062-6050-44.3.332>

### **COLD ILLNESS**

There are several types of cold illnesses. They range in severity from hypothermia to trench foot. What constitutes extreme cold and its effects can vary across different areas of the country. In regions that are not used to winter weather, near freezing temperatures are considered "extreme cold." A cold environment forces the body to work harder to maintain its temperature. Whenever temperatures drop below normal and wind speed increases, heat can leave your body more rapidly.

Wind chill is the temperature your body feels when air temperature and wind speed are combined. Cold stress occurs by driving down the skin temperature and eventually the internal body temperature (core temperature). This may lead to serious health problems, and may cause tissue damage, and possibly death.

**Signs of Hypothermia:**

**Mild hypothermia (98-90°F)**

- Shivering
- Lack of coordination, stumbling hands
- Slurred speech
- Pale, cold skin

**Moderate hypothermia (90-86°F)**

- Shivering stops
- Mental confusion or impairment
- Reduced breathing and/or heartrate
- Unable to walk or stand
- Confused and irrational



### Severe hypothermia (86-78°F)

- Severe Muscle stiffness
- Very sleepy or unconscious
- Extremely cold skin
- Irregular or difficult to find pulse

### Frostbite

Frostbite occurs when layers of skin tissue freeze. In severe cases, amputation of the frostbitten area may be required. Frostbite can be caused by exposure to severe cold or by contact with extremely cold objects. In fact, frostbite occurs more readily from touching cold metal objects because heat is rapidly transferred from skin to metal.

Frostbite typically affects the extremities, particularly the face, ears, fingers and toes. Initial symptoms vary, but typically include skin that looks waxy and feels numb. Once damaged, tissues will always be more susceptible to frostbite in the future.

### Signs and symptoms

- Cold, tingling, stinging or aching feeling in the frostbitten area, followed by numbness
- Skin color turns red, then purple, then white or very pale skin, cold to the touch
- Hard or blistering skin in severe cases

Amsterdam High School follows the guidelines on environmental condition procedures set by the New York State Public High School Athletic Association (NYSPHAA). NYSPHAA has guidelines set for both cold and warm temperatures. More information can be found at

<http://www.nysphsaa.org/ADs-Coaches/Safety-Research>

# Athlete/Parent/Guardian Nutrition and Weight Management Information Sheet

## The Importance of Proper Nutrition

- Consuming the right balance of food and drink is important for everyone. Those participating in athletics/sports on a regular basis need to understand the importance of a well-balanced diet as it can affect their performance. Athletes will burn more calories as they exercise meaning their caloric intake should also be increased.
- Nutrition for athletes should include fats, proteins and carbohydrates. These are all essential for a well-rounded diet.
  - Carbohydrates
    - These are the primary fuel used by working muscles and an adequate intake is required for preventing muscle fatigue.
  - Fats
    - Fats should be monitored but should not be removed from your diet. Fats provide fatty acids that can be used as a source of energy and are used as building blocks for hormones and the formation of cells in your body.
  - Protein
    - Protein is also used as an energy source in the body. It is critical for building new muscle tissue. If you are participating in a resistance training program your body will require additional protein.
- Types of food that should be included in your diet are:
  - Vegetables, Whole Grains, Fruit, Sources of Lean Protein and Low-Fat Dairy Produce, and Healthy Fats.
- Hydration is also critical for your diet
  - Inadequate fluid intake can lead to dehydration and result in poor athletic performance
  - Water is an excellent source for hydration and if physical activity lasts longer than one hour, sports drinks with electrolytes can also be helpful but be aware of excessive sugar intake.
- The NATA has established proper fluid replacement position statement which can be found on the NATA website.
  - <https://www.nata.org/sites/default/files/FluidReplacementsForAthletes.pdf>

## Proper Weight Management

It is important to maintain a healthy weight in everyday life and while participating in athletics or physical education. Athletes should continue to eat the essential foods and stay hydrated.

### Excessive Weight Loss

- Cutting too much out of a diet can be dangerous for athletes as they need all the essential food sources to stay healthy.
- If too much is cut from their diet they may predispose themselves to injury and even sickness.

- The NATA has an established position statement on Safe Weight Loss and Maintenance Practices.
  - This can be found at the NATA website
    - <http://natajournals.org/doi/pdf/10.4085/1062-6050-46.3.322>
- During the wrestling season NYSPHAA has regulations on how much weight an athlete may lose during that season in order to stay healthy.
  - These guidelines can be found at the NYSPHAA website

Dangerous side effects of cutting weight and dehydration:

- Decreased muscle strength and endurance
- Decreased cardiovascular function
- Reduced energy utilization, nutrient exchange
- Heat illness
- Decreased kidney function
- Electrolyte problems
- Mood swings and mental changes
- Eye trouble
- Increased risk of brain injury

# GREATER AMSTERDAM SCHOOL DISTRICT SPORTS MEDICINE

Please sign and return this page to the head coach

Student Athlete: \_\_\_\_\_

- I have reviewed the information on concussions and the gradual return to play protocol.

Initials of Student Athlete \_\_\_\_\_ Initials of Parent \_\_\_\_\_

- I have reviewed the information on sudden cardiac arrest.

Initials of Student Athlete \_\_\_\_\_ Initials of Parent \_\_\_\_\_

- I have reviewed the information on environmental heat and cold conditions.

Initials of Student Athlete \_\_\_\_\_ Initials of Parent \_\_\_\_\_

- I have reviewed the information on Nutrition and Weight Management

Initials of Student Athlete \_\_\_\_\_ Initials of Parent \_\_\_\_\_

- I have read the information regarding the Amsterdam High School Sports Medicine Program.  
I understand that if the student athlete receives an injury they should let the athletic trainer know.

Initials of Student Athlete \_\_\_\_\_ Initials of Parent \_\_\_\_\_

- I understand that if the student athlete does seek treatment from a doctor they need a doctor's clearance/note to return to participation even if the doctor does not take them out of sports and gym.

Initials of Student Athlete \_\_\_\_\_ Initials of Parent \_\_\_\_\_

In the event of a medical emergency I give consent to the coach, athletic trainer, or administrator in charge to seek/ authorize medical treatment/hospitalization for my child in the event I/we cannot be reached. I hereby grant permission for a physician or hospital personnel to attend to my son/daughter in the event I/we cannot be contacted for consent to treat in a medical emergency.

Signature of Student Athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_