

MOUNTAIN CENTER PHYSICAL THERAPY AND SPORTS REHAB

ATHLETIC TRAINING AND SPORTS MEDICINE DIVISION

MC Athletic Training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions involving pain, functional limitations and disabilities.

MC Athletic Trainers are highly trained, qualified and skillful health care providers who manage and provide care of injuries to a physically active person in collaboration with other health care professionals. They are all Board Certified through the National Athletic Trainers Association and are licensed through the Board of Allied Health Professionals of the state(s) in which they practice. Most MC Certified and Licensed Athletic Trainers are also Certified Strength & Conditioning Specialists.

MC Athletic Trainers are committed to following both the Standards of Practice and Code of Ethics as set forth by the National Athletic Trainers Association. The Athletic Trainer works under the general supervision of the school's Athletic Director and is in direct communication with team or individual's physicians.

RESPONSIBILITIES OF THE MOUNTAIN CENTER ATHLETIC TRAINERS

- Follow and abide by Health Insurance Portability and Accountability Act (HIPAA) guidelines for sharing of a student athlete's information with the understanding that the role of the MC Athletic Trainer is to prevent and treat injuries, concussions, heat related illness, skin diseases, heat related illnesses, mental health disease and eating disorders.
- Provide assessment, management, treatment, rehabilitation, First Aid and conditioning of the student athlete, also referred to as a physically active person, whose conditions are within the parameters of the education and skill set of the Certified Athletic Trainer's Scope of Practice.
- Use, as indicated, therapeutic modalities to treat a condition such as mechanical and electrical stimulation, heat, cold, light, air, water, ultrasound, manual soft tissue release and mobilization, localized massage techniques, taping, prescribe and instruct in proper therapeutic exercises and stretches and conditioning exercises.
- Establish an effective, educational and communicative athletic training program for high school and middle school athletics built around the tenets of evidence based practice.
- Responsible for primary, secondary and re-evaluations of all athletic related injuries.
- Responsible for monitoring ABC's, administering CPR and First Aid to athletes as indicated.
- Responsible for the necessary referral of musculoskeletal, neurological, neck/spine and other injuries to the appropriate medical provider as indicated.

-Responsible for primary evaluation and acute care of opposing team's student athletes in the event of an injury. The MC Athletic Trainer will communicate with the opposing team's Athletic Trainer and Athletic Director.

-Maintain a line of communication with physicians, parent(s), guardian(s), coaches, athletic director and school nurse regarding the athletes' health care and recommended treatment/rehabilitation for all athletic injuries, pull from play and safely return to play.

-Assist the coaching staff in evaluating, monitoring and implementing sport specific conditioning programs and proper and safe methods of execution of these programs.

-Maintain an effective, efficient, safe, organized and appropriately stocked athletic training room.

-Oversee the ordering of supplies and equipment pertaining to the athletic training room and maintain an up to date inventory. Work with the Athletic Director for an annual budget for supplies and equipment.

-Responsible for all medical documentation of student athletic injuries and related encounters. Confidentiality of all documentation will be maintained in accordance with the HIPAA. Documentation is the property of Mountain Center, but will be on file at the school.

-Responsible for all medical clearing and return to play decisions in the absence of, and in accordance with, collaboration of a physician.

-MC Athletic Trainers are required to arrive before and remain after the game/practice/event in order to prepare the student athletes for their sport and support the student athlete through a potential process of injury. The MC Athletic Trainer is obligated and committed to staying with all injured student athletes until they are safe to leave the property or have been transported.

-Assist in the selection and safe fitting of protective equipment, including special taping, pads, etc.

-Survey a safe playing environment in partnership with the athletic director by monitoring, reporting and controlling environmental risks.

-Share professional literature relative to athletic training and evidence based practice with the school's coaching staff, as appropriate and pertinent.

-Conduct all ImPACT testing, by appointment, in collaboration with the athletic director, for sports participants' neuro-cognitive baseline.

-Follow Concussion protocol program in accordance with the Mountain Center program, the handbook of the particular school, state and federal mandates.

-Follow schedule of games, practices, events in accordance with the recommendations and priorities of the athletic director.

PROFESSIONALISM AND ETHICAL BEHAVIOR OF MOUNTAIN CENTER CERTIFIED ATHLETIC TRAINERS:

Since Mountain Center highly values professional and ethical performance, the following attributes and behaviors are identified as examples of what is expected:

- Display empathy and positive regard for all others in all manner of communication, example, and performance.
- Work effectively with colleagues and students by practicing punctuality, collaborative problem solving, critical thinking, multi-tasking and honest and open communication.
- Explanation as to every process of a clinical assessment, treatment, any procedure within the Certified Athletic Trainer's scope of practice, in order to ensure the comfort for and respect of personal space and privacy of the injured athlete.
- Will not agree to "friending" or participate on Social Media sights with students enrolled in the high school. No cell phone numbers will be given to students. Cell phone numbers will be shared with parent(s), guardian(s), physicians, coaches and the school nurse for immediate availability.
- Maintain professional and clinical proficiency as desired and required by the State Practice Act for license renewal.
- Dress appropriately for the workplace, community outreach, the weather and the requirements of the role of the Certified Athletic Trainer; sitting and standing for long periods of time, walking for long distances, running, sprinting for shorter distances, bending, twisting, lifting, carrying, holding sustained positions for long periods of time, etc. Always represent oneself, the school and Mountain Center proudly and with appeal.
- Meet, to the best of his/her ability, the required standards of confidentiality and safety in a busy work environment with numerous interruptions.
- Maintain state licensure and national certification(s), CPR, AED and First Aid Certifications.

PROTOCOLS FOR DIAGNOSING AND TREATING STUDENT/ATHLETES:

If an athlete is injured the Mountain Center Certified Athletic Trainer will assess, evaluate and diagnose the injury on site, obtaining subjective and objective findings through clinical assessment tools. If further medical attention is necessary, as in a medical emergency, suspected fracture, internal organ damage, systemic, neurological involvement, the student athlete will be referred to either a physician or the Emergency Department at the closest hospital and transported either by a parent, coach or ambulance, depending upon the severity of the injury/episode.

If no transport is indicated the MC Athletic Trainer will contact the parent(s)/guardian(s), develop a short and long term treatment plan with objective functional goals that will ensure the safe healing of the injury. This may involve removing the athlete from play for a period of time, to be determined by the Athletic Trainer in concurrence with the parent(s)/guardian(s) and possibly the family or team physician.

The MC Athletic Trainer will communicate with the coach, parent and school nurse regularly throughout the course of treatment and progression. The MC Athletic Trainer will follow any physician's protocol and will determine when the athlete is safe to return to play.

PROTOCOL FOR RETURN TO PLAY

If a student athlete has sustained an injury and the immediate recommendation is to pull the athlete from participation, the MC Athletic Trainer will follow a physician's protocol (if applicable) or use professional clinical judgment and skill set to perform ongoing assessments through the rehabilitation process, in order to determine when the athlete is ready and safe to return to play.

The athlete will follow a carefully designed progression program that will start with light passive, active assistive and active exercises, therapeutic modalities as indicated including manual soft tissue releases, soft tissue mobilizations and stretches, progressing to active resistive and high intensity sport specific strength, coordination, agility and proprioceptive exercises before he/she will be allowed to return to his/her sport.

This protocol includes all injuries, each of which will progress at different rates of time and will be evaluated, planned and executed on a case by case basis due to the variables evident by each individual's reports of pain and evidence of biomechanical loss of motion, strength and level of dysfunction and kinesthetic awareness.

MC Athletic Trainers will work closely with coaches and strength and conditioning coaches to determine the level of activity upon which the athlete can perform. For example, a student athlete may be able to participate in non-contact practice and is limited to conditioning drills. This allows the student athlete to progress back to full activity without jeopardizing re-injury.

PROTOCOL FOR COMMUNICATION WITH THE STUDENT ATHLETE, COACH, PARENT, PHYSICIAN AND SCHOOL NURSE:

If a student athlete is injured, full assessment and first aid will be administered as indicated. The coach will be immediately notified as to whether the athlete is safely able to return to play that day or if the student athlete needs to sit out for a designated amount of time. This decision will be based on subjective and objective information obtained in the moment and onsite by the MC Athletic Trainer's clinical evaluation and assessment of the severity of the injury.

The parent(s)/guardian(s) will be notified.

If the injury could cause the athlete to miss school or require assistance during school or negatively affect academic performance in any way, along with the parent(s), guardian(s), a physician, and the coach, the school nurse will be notified and proper steps will be taken to ensure that the athlete has proper assistance throughout the school day as needed.

The parent(s)/guardian(s), physician (if indicated), coach, school nurse will all be updated throughout the return to play protocol until they are all notified that the athlete is cleared by the MC Athletic Trainer, physician or both to return to play.

If a student athlete sustains an injury or illness while at an opposing school it is the responsibility of the student athlete and parent(s)/guardian(s) to communicate and notify the MC Athletic Trainer. In most circumstance an opposing team will have an Athletic Trainer present at the contest. If this is the case they will communicate with the MC Athletic Trainer but the communication and notification still must come from the student athlete and parent(s)/guardian (s).

In any circumstance where the student athlete is injured, seeks medical attention or has a surgical intervention without the knowledge of the MC Athletic Trainer, it is the responsibility of the student athlete and parent(s)/guardian(s) to provide documentation to the MC Athletic Trainer and/or school nurse. The student athlete must provide documentation before returning to competition to ensure that the MC Athletic Trainer is aware of any situation that could affect the safety and well-being of the student athlete.

Sharing of Information Protocol

Mountain Center Athletic Trainers work independently with and among multiple different health professionals to provide care for student athletes. Mountain Center Physical Therapy and Sports Rehab is made up of physical therapists, occupational therapists, athletic trainers, strength and conditioning coaches and support staff. The health and well-being of the student athletes is first and foremost. MC Athletic Trainers will not disclose information regarding a student athlete without consent from the student and parents. In circumstances where a student athlete may be threatening the health and safety of themselves or other student athletes it is within the right of the MC Athletic Trainer to withhold them from participation. It is the policy of Mountain Center Athletic Trainers to make every attempt to maintain the privacy of each student athlete.

MOUNTAIN CENTER SPORTS MEDICINE CONCUSSION PROTOCOL

-There are no exceptions to this protocol.

-Student athletes and parent(s)/guardian(s) are expected to follow this protocol or athletes will not be allowed to participate in High School Athletics.

-In order to progress to the next stage, the athlete must be 100% symptom free. If he or she is symptom free, he or she will then progress under the discretion and direction of the MC Athletic Trainer.

-The student athlete's Primary Care Physician may choose to follow a different protocol which will then be adapted as the Return to Play Protocol for that particular athlete and that athlete ONLY.

-The MC Athletic Trainer and School Nurse will be in constant communication with the parent(s)/guardian(s) of the injured athlete as far as the Return to Play and Return to Learn protocols are concerned.

-Every Freshman, Junior and new athlete must take a baseline ImPACT Test. If the athlete fails his or her baseline or subsequent post injury ImPACT Test, a second test will be administered. If a student athlete continuously fails a baseline or post injury ImPACT Test, the MC Athletic Trainer, physician and Neuropsychologist (If applicable) will determine the playing status of the student athlete.

5 Day Gradual Progression

1. **NO ACTIVITY.** The athlete is to have complete cognitive and physical rest. He or she must be 100% symptom free for at least 24 hours before any activity can resume. Furthermore, he or she must complete a post-injury ImPACT Test which will be reviewed by the MC Athletic Trainer and the student athlete's physician before beginning Stage 2.
2. **LIGHT AEROBIC ACTIVITY.** This activity should last approximately 15 minutes and may include walking, swimming or stationary cycling as well as use of other exercise equipment as determined to be safe and appropriate for the athlete's stage of progression. This will be done under the MC Athletic Trainer's supervision. The student athlete's heart rate should not exceed 70% of his or her maximal heart rate.
3. **SPORT SPECIFIC EXERCISES.** These exercises should implement movements that are specific to the student athlete's particular sport. The exercises should not be overly exertional, but should last around 45 minutes, and increase the athlete's heart rate to 80% of his or her max. These exercises will be performed under the Athletic Trainer's supervision.
4. **NON-CONTACT TRAINING DRILLS.** At this stage, the athlete is able to participate in practice on a limited basis; this limited basis being no contact whatsoever. He or she should challenge him/herself under the MC Athletic Trainer's supervision in drills that involve speed, agility and coordination. Following this stage the student athlete will perform a Post Injury 2 ImPACT test. The test will be read and the MC Athletic Trainer and Neurophysiologist (If applicable) will determine whether the student athlete may progress to stage 5.
5. **UNRESTRICTED TRAINING.** This stage includes the student athlete fully participating in contact and non-contact drills, weight training and conditioning.
6. **RETURN TO PLAY.** Under the Athletic Trainer's supervision, and on a limited basis, initially.

-The above protocol has been established by MC Athletic Trainers, Physicians and the National Athletic Trainers Association.

-This protocol is subject to change. A student athlete may have changes in symptoms as the stages progress. MC Athletic Trainers combine ImPACT scores, symptom checklists and subjective patient feedback to determine the progression of stages.

-Circumstances may arise within the protocol where a student athlete's symptoms may increase during academics but no athletics and vice versa. In such circumstance the MC Athletic Trainer, School Nurse, coaches and teachers will determine the proper steps necessary for the student athlete to be successful in the classroom and in athletics.

Acute Cervical Spine

The incidence of catastrophic cervical spine injury in sports is low compared with other injuries. However, cervical spine injuries necessitate delicate and precise management, often involving the combined efforts of a variety of health care providers. The outcome of a catastrophic cervical spine injury depends on the efficiency of this management process and the timeliness of transfer to a controlled environment for diagnosis and treatment. MC Athletic Trainers are trained and continuously practice the standard of care for acute cervical spine injuries. The MC Athletic Trainer follows the comprehensive protocol from the National Athletic Trainers Association to educate, practice and execute this protocol. The NATA protocol can be found at the website listed below.

<http://natajournals.org/doi/pdf/10.4085/1062-6050-44.3.306?code=nata-site>

Student Athletes with Diabetes Protocol

Students with diabetes can and are encouraged to safely participate in physical education classes and team sports. The student's Individual Health Care Plan should address specific instructions for physical activity. MC Athletic Trainers have been trained in Diabetes management as well as having completed Glucagon Training. If a student athlete plans to participate in a school sport, the Athletic Trainers, Athletic Director, School Nurses, Parent(s)/ guardian(s) and Student Athlete will meet prior to the season and discuss each individual's role in maintaining the safety of the Diabetic student athlete.

The family, School Nurse, and administration should develop school policies that will assist in accommodating individual student's needs to ensure optimal diabetes management in the school sponsored activities and events throughout the day. MC Athletic Trainers and School coaches will understand how to recognize and assist with the treatment of hyperglycemia and hypoglycemia. A quick-acting source of glucose and the student's glucose meter should always be available, along with plenty of water. Each student athlete's plan of care will be different based on their Individual Health Care Plan.

Heat Illnesses Protocol

MC Athletic Trainers are trained in preventing, educating, identifying and treating heat related illnesses. MC Athletic Trainers work closely with coaches and players to acclimate to heat during preseasons as well as working with each team on proper nutrition and hydration. Below are signs and symptoms as well as treatments that MC Athletic Trainers will use to identify and treat heat illnesses.

Heat Cramps: Painful, involuntary muscle spasms caused by excessive water and electrolyte loss during or after intense exercise in heat.

Signs and Symptoms of Heat Cramps: • Fatigue • Thirst • body temperature is unusually elevated • skin remains moist and cool (sweating) • pulse and respiration may be normal to slightly elevated • dizziness may be present • Pain and intense muscle contraction

MC Athletic Trainers Treatment for Heat Cramps: ♦ Stop activity ♦ Rest in cool place ♦ Massage cramp with ice and do passive stretching ♦ Drink cool water with diluted electrolyte/sodium solution.

Heat Exhaustion: Illness usually presenting in poorly acclimatized people, early in the summer during the first few intense training sessions. Individuals who wear protective equipment or heavy uniforms are also at greater risk for this occurrence.

Signs and Symptoms of Heat Exhaustion: • Dehydration • Lightheadedness • Loss of consciousness • Diarrhea • Persistent muscle cramps • Profuse sweating • Chills • Cool, clammy skin • increased metabolic heat load • reduced blood volume due to dehydration and/or salt depletion secondary to fluid losses • appears ashen or gray • fatigue and/or weakness • uncoordinated gait • dizziness • nausea and/or vomiting • decrease in urine output • headache • low blood pressure in the upright position • rapid and shallow respiration • rapid and weak pulse • elevated core temperature possible (102o -103o F)

MC Athletic Trainers Treatment for Heat Exhaustion: ♦ Rest in cool room or in the shade out of direct sunlight ♦ Remove equipment and clothing ♦ Execute rapid cooling of body (fans, ice towels, or ice bags) ♦ Initiate fluid replacement ♦ Individual may need IV fluids

Heat Stroke: The least common heat illness, but the most serious and life threatening. This condition is preceded by prolonged strenuous exercise in individuals who are poorly acclimatized or in situations where evaporation of sweat is prohibited. This is a case when an individual's cooling mechanism is starting to fail.

Signs and Symptoms of Heat Exhaustion: • Loss of consciousness • Drowsiness • Dehydration • Weakness • Hot and wet or dry skin • Elevated heart rate 100-120bpm • Hyperventilation • Vomiting • diarrhea • rapid heart rate • emotional instability • aggressiveness • apathy • staggering • seizures • decreased to no sweating present • Core temperature is rising up to 104 degrees F -106 degrees F • skin becomes hot and dry • deep breaths • irritability • disorientation/confusion • dilated pupils with the presence of a glassy stare

MC Athletic Trainers Treatment for Heat Stroke: ♦ ACTIVATE EMS IMMEDIATELY! ♦ Rest in cool room and get out of direct sunlight immediately ♦ Remove clothing and equipment ♦ Rapidly cool the body with ice on the major blood vessels (immersion in an ice bath is best) ♦ Treat for shock ♦ Monitor for organ-system complications for at least 24 hours *Every second a person is not treated properly in this condition could prove to be life threatening

Skin Disease Protocols (Viral, Fungal and Bacterial)

Skin diseases are common in athletics due to the exposure of the skin to different stress. Trauma, environmental factors and infectious diseases continually put a student athlete at risk. Skin diseases can spread rapidly and become an issue for not only student athletes but entire athletic teams. MC Athletic Trainers are trained to prevent, recognize, refer and treat skin diseases. Below is a list of skin diseases that the National Athletic Trainers Association have deemed most common within athletics.

- ALL PATIENTS WITH A KNOWN SKIN CONDITION MUST HAVE A DR.'s NOTE

Fungal

Tinea capitis: Diagnosis: A culture of lesion scrapings is the most definitive test. Treatment: Most patients have recalcitrant cases and should be treated with systemic antifungal agents. Adjunctive therapy with selenium sulfide shampoo is also recommended. Criteria for return to competition: Athletes must have a minimum of 2 weeks of systemic antifungal therapy.



Tinea Corporis: Diagnosis: A culture of lesion scrapings is the most definitive test. Treatment: Topical treatment with a topical antifungal agent twice a day is effective for localized lesions. More diffuse inflammatory conditions should be treated with systemic antifungal medication. Criteria for return to competition: Athletes must have used the topical fungicide for at least 72 hours, and lesions must be adequately covered.



Viral

Herpes Simplex: Diagnosis: A culture of the lesion scrapings is the most definitive test but could take days. Treatment: Oral antiviral medication. Fully formed, ruptured and crusted-over lesions are unaffected by antiviral medication. Criteria to return to competition: Athlete must be free of systemic symptoms, such as fever or malaise. Athlete must have developed no new blisters for 72 hours. All lesions must be surmounted by a firm adherent crust. Athlete must have completed a minimum of 120 hours of systemic antiviral therapy. Active lesions cannot be covered to allow for participation.



Molluscum Contagiosum: Diagnosis: Clinical findings and microscopic inspection. Treatment: Anecdotal therapies and destruction of the lesions by physician. Criteria for return to competition: Lesions should be covered.



Bacterial

Impetigo: Diagnosis: Based on the history and characteristic of lesions. Treatment: Culture of suspected lesions. Criteria for Return to Competition: No new skin lesions for at least 48 hours. Completion of 72-hour course of directed antibiotic therapy. No further drainage or exudate from the wound. Active infections may not be covered.



Folliculitis/Furuncles/Carbuncles: Diagnosis: Based on the history and characteristics of lesions. Treatment: Culture of suspicious lesions. Athlete must be seen by a physician for incision drainage and culture. Antibiotic therapy must be initiated. Criteria for return to competition: No new skin lesions for at least 48 hours. Completion of 72-hour course of directed antibiotic therapy. No further drainage or exudate from the wound. Active infections may not be covered for competition.



Methicillin-resistant Staphylococcus Aureus (MRSA): Diagnosis: Any suspected staph infection must include MRSA. Reports of “spider bites” should be considered for MRSA. Treatment: Recognition and referral of athletes is important. Athletes must be isolated if there is suspicion of a MRSA lesion. Antibiotic treatment is determined on a case by case basis. Criteria for return to competition: No new skin lesions for at least 48 hours. completion of 72-hour course of directed antibiotic therapy. No further drainage or exudate from the wound. Active infections may not be covered for competition.



Asthma and Exercise Induced Asthma Protocol

Many student athletes have difficulty breathing during or after athletic practices or competitions. Although a wide variety of conditions can predispose an athlete to breathing difficulties, the most common cause is undiagnosed or uncontrolled asthma. Some student athletes may have signs and symptoms indicative of asthma, including exercise-induced asthma. MC Athletic Trainers are able to recognize breathing difficulties caused by undiagnosed or uncontrolled asthma, particularly when asthma follows exercise. It is also important for the athletic trainer to recognize when asthma is not the underlying cause for respiratory difficulties, so that the student athlete can be evaluated, treated and/or referred. Once the diagnosis of asthma is made, the MC Athletic Trainer will refer the student athlete to the proper physician for proper treatment.

A student athlete who has been diagnosed and treated for asthma or exercise induced asthma will coordinate with the MC Athletic Trainer and coaches to come up with a comprehensive plan for practices and competitions. If a student athlete is given an inhaler by a physician, the MC Athletic Trainer will keep the inhaler with him/her during home game competition. If the student athlete is competing in an 'away' event where the MC Athletic Trainer may not be present, the coach will keep the inhaler.

Eating Disorder Protocol

Eating disorders are a common issue amongst student athletes and can include Anorexia, Bulimia, overeating and binge eating. These nutritional deficits increase the likelihood of injury, illness or death. The most important aspect of an eating disorder is early recognition. Eating disorders are very rarely self-reported due to secrecy, shame, denial, and fear of reprisal. Early detection requires the development and implementation of a confidential and accessible screening program. MC Athletic Trainers are trained to take steps when a student athlete is suspected of having an eating disorder. Some screening methods used are the pre-participation physical exam, standardized self-report psychometric questionnaires, individual interviews, and direct observation. Every student athlete with an eating disorder will present differently and some of the previously mentioned methods are more useful than others in identifying athletes in need of treatment and those who would benefit from preventive strategies.

If an eating disorder is suspected or self-reported it is the MC Athletic Trainer's job to first communicate with the student athlete and parent(s)/ guardian(s). The second step involves the MC Athletic Trainer to make sure that the student athlete and parent(s)/guardian(s) take the proper steps in aiding the treatment of an eating disorder. MC encourages all student athletes, coaches, parent(s)/guardian(s) and teachers to contact us if they have a student athlete who they suspect may have an eating disorder. If an eating disorder is diagnosed the MC Athletic Trainer will coordinate a plan with the student athlete, parent(s)/guardian(s) and physician to ensure the safety of the student athlete.

Mental Health Protocol

Many student athletes bear the burden of balancing school, sports and their social lives which can create, in some cases, a special set of circumstances. Sometimes these competing priorities collide and

the student suddenly cannot keep his/her head above water. The pressure to perform on the athletic field, compounded by a rigorous course load, can leave little time for assessing mental health and stability. For most athletes, mental health is a secondary concern to physical health. Coaches, teachers and athletic trainers should be aware of an athlete in distress. MC Athletic Trainers look for changes in an athlete's personality, appearance and abilities on the field. Below is a list of signs and symptoms that a student athlete may present with:

Marked cognitive and behavioral changes

- Uncharacteristic decline in academic or athletic performance.
- Suicidal thoughts (written or verbal reference).
- Increased or budding negative self-talk.
- Obsessive thoughts.
- Lack of concentration.
- Withdrawal from teammates and/or coaching staff.
- Difficulty making decisions.
- Marked impairment of judgment.
- Substance use.

Marked emotional and psychological changes or symptoms

- Feeling overwhelmed or out of control of emotions.
- Drastic or sudden mood swings.
- Lack of motivation or loss of interest in academics or athletics.
- Low self-esteem (related to negative self talk e.g., "I'm not going to win this race," OR "We're going to lose this game").
- Increased irritability or agitation.
- Excessive worry/fear.

Marked changes in physical or medical symptoms

- Insomnia or hypersomnia (difficulty falling asleep or excessive sleepiness).
- Changes in appetite or marked changes in weight.
- Constant feelings of being "exhausted or tired."
- Complaints of gastrointestinal issues or frequent headaches.
- Sudden injury (typically an over-use injury).

In the event that a student athlete presents with any of the above listed behaviors the MC Athletic Trainer will refer to the school's counseling office or to off campus counseling. Once the MC Athletic Trainer has referred his/her job is to follow up and make sure that the student athlete is continuing to get the help that he/she needs.

Resources are always available and the National Mental Health Association Help Line is available at 1800-969-6642.

General Medical Conditions Protocol

Student athletes are exposed to infections, viruses and diseases on a daily basis. MC Athletic Trainers continuously work to prevent such illnesses to effect student athletes and teams. MC and schools work closely to maintain the most up to date health records of the student athlete. In a circumstance where a student athlete obtains any general medical condition it is imperative that the student athlete be seen by their primary care physician or a specialist. MC Athletic Trainers will communicate with primary care

physicians and specialist to determine when a student athlete may safely return to competition. If a student athlete has a general medical condition it is the student athlete and parent(s)/ guardian(s) responsibility to notify the school and or MC Athletic Trainer. Once notified the MC Athletic Trainer will create a plan of care to return to competition to ensure the safety of the student athlete and his or her teammates and coaches.

Emergency Action Plans and Weather Protocols

Every school should have emergency action plans and weather protocols built into their school handbook and athletic handbook. MC Athletic Trainers work with coaches, athletic directors, school principals and administrators to update and provide these to student athletes, parent(s)/ guardian(s), opposing teams, coaches, officials and spectators. For each school's emergency action plan please refer to the school's website.

During athletic events the MC Athletic Trainer, officials and athletic director will work in accordance to determine the playing conditions during extreme weather. Lightning is the most dangerous and frequently encountered weather condition each year in athletics. MC Athletic Trainers will use the NATA's lightning safety protocol as outlined below:

1. Promote lightning safety slogans supported by the National Weather Service - "NO Place Outside Is Safe When Thunderstorms Are In The Area!". "When Thunder Roars, Go Indoors!". "Half An Hour Since Thunder Roars, Now It's Safe To Go Outdoors!"
2. Establish a chain of command that identifies a specific person (or role) who is to make the decision to remove individuals from the field or activity. This person must have recognized and unchallengeable authority. The Athletic Director assumes this role unless there are multiple events going on at one time. In that case the AD and MC Athletic Trainer will appoint someone.
3. Use a reliable means of monitoring the local weather. Before the event, identify a specific person (a weather watcher) who is responsible for actively looking for threatening weather and is charged with notifying the MC Athletic Trainer and officials. The AD and MC Athletic Trainer will coordinate this prior to events and practices.
4. Identify hazard in advance of the event.
5. Identify specific criteria for suspending and resuming activity.

Dress Code and Treatment Protocols

MC Athletic Trainers work closely with every school sponsored sport. During treatments, rehabilitation and strength and conditioning, student athletes must wear proper clothing. Shoes, shorts and shirts must be worn during these activities at all times. It is imperative for the MC Athletic Trainers, student athletes and coaches to conduct themselves in a professional manner. When a student athlete fails to dress, or act accordingly during these activities it gives the MC Athletic Trainer the right to ask them to change or remove themselves from the athletic training room.

During certain treatments and rehabilitation, the MC Athletic Trainer may ask for a coach or parent to be present. This may be due to the sensitivity of the injury, illness and the comfort level of both the MC Athletic Trainers and the student athlete. The MC Athletic Trainer prides him or herself on professionalism and requires that all parties involved are in a comfortable and safe environment.

COACHES RESPONSIBILITIES

MOUNTAIN CENTER SPORTS MEDICINE

For the purpose of maintaining professional and ethical practice, risk management, continuity of care and consistent levels of communication, we are reminding all coaching staff (including volunteer coaches), nursing staff and Athletic Directors at Kennett High School, Fryeburg Academy and Inter-lakes High School of the following. In continuing with a collaborative approach to the health and well being of each student athlete, we are further defining some important parameters, procedures and scopes of practice.

Only NATA certified, NH/ME Licensed Athletic Trainers/Certified Strength and conditioning Coaches who are employed by Mountain Center under contract with Kennett High School, Fryeburg Academy and Inter-Lakes High School are to perform athletic training duties and services.

The Mountain Center Athletic Trainers are responsible to refer and communicate every student athlete's injuries/encounters/illnesses to the parents and physicians of that athlete and receive that same information in return.

Contracts and Hours:

- 1.) Mountain Center is under contract with each of the above school administration units to provide athletic training duties and services as described in the athletic training responsibilities packet in our contract, and we take these contracts very seriously.
- 2.) Mountain Center is contracted for the following hours per week at the following schools:
Kennett High School: 32 hours/week
Inter-Lakes High School: 32 hours/week.
Fryeburg Academy: 26 hours/week, plus 12.5 hours per week of Strength & Conditioning through the school year and 20 hours/week of Strength & Conditioning through the summer.
- 3.) Training room hours are posted outside the training room doors at each school. MC Athletic Trainers prioritize their coverage to home games and practices for every sport, every season.

Responsibilities of all coaches, nurses, AD's:

- 1.) To promote and support the Mountain Center Sports Medicine Department.

- 2.) To communicate with the MC Athletic Trainers re: any and all known injuries, episodes and illnesses to ensure that the MC Athletic Trainer is aware and has been notified.

- 3.) To check out all medical kits and return them as soon as each sports season ends.

- 4.) Follow and abide by the Athletic Training Room Rules:
 - No coaches and players shall be in the Athletic Training Room without a Mountain Center Athletic Trainer present. (Exception: Ice, foam rollers and coolers.)
 - No Coaches will attempt to diagnose and/or do any form of treatment on an athlete; including, but not limited to, taping, bracing, evaluating/assessing, soft tissue mobs, etc, except under the direction, authorization and/or request of the MC Athletic Trainer.
 - Stretching techniques- These techniques are different for everyone, depending upon the particular needs of the athlete, based upon the mechanism of injury, the region of the body, the sport, the position, age, body type and associated factors. Therefore, please be sure to speak to the Athletic Trainer before doing any stretches to an injured athlete.
 - Taping: Coaches should only perform taping after an MC Athletic Trainer has demonstrated proper techniques, and/or if the coach is the only person available to tape; for example, at an away contest. MC Athletic Trainers will be present and available at all home high school sporting events.

- 5.) To communicate with and discuss any concerns regarding a student athlete's health and/or return to play status.

- 6.) To communicate with the MC Athletic Trainers in order to coordinate strength programs.