



SPORTS MEDICINE

**2024-2025 Sports Medicine
Handbook**

Dickinson ISD Sports Medicine

Athletic Training Policy Manual

Purpose

The purpose of the Sports Medicine/ Athletic Training Department is to work for the prevention, care, and rehabilitation of athletic injuries. Achievement of this purpose is founded upon communication and cooperation among the athletes and staff. It is imperative that we work together for the complete safety of all our students.

Important Contact Information

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Providers

We primarily use the following hospital systems and physician groups for our athletes. An athlete may be seen by any physician they or their parent chooses, however for insurance and communication purposes, we suggest the following:

Houston Physicians' Hospital

Sports Medicine Partner
3300 N Texas Ave #1000
Webster, Tx 77598
281-957-6058

All American Orthopedics

1045 Gemini Suite 100
Houston, Tx 77058
281-335-1111

Shaun Holt, MD – Shoulder and Upper Extremity
Matthew Higgs, MD – General Sports Medicine
Jesus Juarez, MD – Ankle and Foot
Cristin Mathew, MD – Knee and Hip

Gateway Chiropractic, South Shore

380A Green Wing St
Webster, Tx 77598
281-334-9300

Jack Fulkman, DC – Team Chiropractor

Gator Hope Clinic

Dickinson High School
3800 Baker Dr
Dickinson, Tx 77539
281-229-6257

Nancy Lounds PA-C – Team Physician's Assistant

Athletic Training Room Rules

For our program to be successful, the following rules must be in place:

- Athletes need to be in shorts and a T-shirt to be adequately evaluated and treated
 - Exceptions are Morning Treatments and Emergencies
- No food or drinks at any time
- All injuries should be reported at the earliest possible opportunity
- No coach or self-administrated treatments
- Athletes are not allowed to miss non-athletic classes to see the Athletic Trainer unless approved by the Athletic Training Staff and Administration
- No cursing or disrespect of student trainers or staff Athletic Trainers will be tolerated

Any Student Athlete that sees a healthcare provider for any reason must have a note from that provider releasing them to practice or games before being able to resume participation. This note must be on file in the Athletic Training Room, not in the coach's office

Pre-Participation Physical Policies

Before participation in any practice, before, during or after school (both in-season and out-of-season) or performance/games/matches, the following must be completed for all Dickinson ISD Athletes, members of Band, Color Guard, Drill Team and Cheerleading:

- Completed UIL Physical Form, signed and dated by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic.
- Completed UIL Medical History Form
- Completion of online Rank One forms
 - Gator Informed Consent
 - UIL Signature Page

The online Rank One forms include all required UIL paperwork, including:

- Acknowledgement of Rules form
- Concussion Acknowledgement Form
- Sudden Cardiac Arrest Awareness Form
- Parent/Student Steroid Agreement Form

The online Rank One forms also include:

- Dickinson Athlete Code of Conduct

All Dickinson ISD students participating in athletics, band, drill team and cheer must have a complete physical performed annually, beginning the first year of their participation.

Forms will be kept in the Dickinson High School Athletic Training Room but may be uploaded directly by the parent into Rank One for approval by the Athletic Trainers.

Color of the forms will change when the UIL adopts new or updated Physical or Medical History Forms.

Training Room Hours

Regular School Year

The training room will be opened at 6:30 AM for treatments and new injury evaluations for all sports

The training room will close at 5 PM, unless there are no activities participating or a coach schedules later coverage

Athletic Trainers will be available to see patients during their athletic periods

Holidays

The training room treatment schedule will be posted the week before the holiday. Any requests outside of that treatment time will need to be scheduled prior to the holidays

Home Event Coverage

There will be Athletic Training coverage as scheduled by coaches for all home events

Responsibilities of Coaches

- Get a copy of your schedule as soon as it is finalized to the Athletic Trainers
 - PLEASE communicate any changes to your schedule as soon as you are aware. If you anticipate that a change may be occurring (due to weather etc....) please communicate that as well
- Update your roster in Rank One at the beginning of the year
 - ALL students participating in any capacity (including managers) should be listed on your Rank One roster, whether before, during or after your season, tryouts, or games
 - This is the only way that we can communicate with you concerning the health of your athlete. If they are not listed on your roster, you will not receive that communication
 - As your roster evolves (through tryouts or attrition), it is your responsibility to update the roster or the Athletic Trainers
- Please have your athletes turn in their physical to the athletic training room. This is the best way to ensure that there will not be any lost or misplaced physicals. This will also allow us to get any missing signatures completed with the athlete present
- Should you want to schedule ice baths, please follow the instructions that will be sent to you concerning how to complete this process online. Unless otherwise agreed upon, a coach should be present at the time of ice baths to help supervise athletes
- Maintain access to all required apps for all coaches:
 - Rank One for Emergency Contacts and Medical History
 - Perry Weather for Environmental considerations

Remember:

Any Student Athlete that sees a healthcare provider for any reason must have a note from that provider releasing them to practice or games before being able to resume participation. This note must be on file in the Athletic Training Room, not in the coach's office

Athletic Training Policies

Ankle Taping Policy

We do not tape athletes just because they athlete wants to be taped. The athlete must have had an injury in order to be taped. If the athlete is injured during practice or a game, a determination to function will be made and if appropriate, they can be taped for continued participation. To continue being taped for future practices and games, the athlete must complete rehab to strengthen the ankle. If they do not complete rehab, they will not be taped

Student Trainers Taping

In 2015 the National Athletic Trainers' Association issued in a position statement that High-School aged student athletic trainers should no longer tape other minors for practice or participation due to liability. Basic First Aid is still appropriate. Should your athlete need to be taped, we will pre-arrange them to be seen by the host Athletic Trainer for appropriate treatment.

Injury Policy

If an athlete is injured at practice, and the Athletic Training Room is open, please send them there. If the athlete is unable to or should not walk, please call the Training Room or send someone to alert us. We will communicate the significance of the injury. If possible, we will send them back to practice to participate in any way appropriate, with or without limitations. We will communicate via phone, text, email and/or Training Room passes. In event that the injury is more than minor, they may need to be kept in the Training Room or transported for further evaluation.

Athletes injured during Competition

If the athlete is injured while at home, please refer them to the Athletic Trainer on duty or on call. If the injury is not known until after the game, please refer them to morning treatments the following school day at 6:30am

If the athlete is injured while at an away event, please have the host-school Athletic Trainer evaluate the injury. If the athlete can return to participation, they will determine that. If it is significant enough, they will contact the DISD Athletic Trainers to help plan the course of action. Please refer the athlete to morning treatments the following school day at 6:30am.

Club Injuries

Club injuries will be treated. MD's notes will still be observed and may be required for treatment

Injuries may have to be treated in the Training Room according to the following hierarchy:

1. In-Season DISD Sports
2. Off-Season DISD Sports
3. At-home and Club Injuries

Treatment and limitations for club injuries will be expected to be observed at club events. If the athlete is not participating in DISD events due to injury, but still participating in Club activities, treatment may be ceased

Rank One

Rank One is the Electronic Medical Record system that we use to document physicals, treatments, injuries and inventory in DISD Athletics.

You must ensure that all athletes that you are responsible for (both in and off season athletes) are listed on your roster

When an athlete enters the Training Room, they will sign into Rank One with their Student ID. This will time-stamp their treatment. Athletic Trainers will then update the treatment performed in the Training Room for record purposes. If any of your athletes follow up in the Training Room, you will receive a daily email stating the purpose, treatment performed and any limitations that they may have.

- ❖ Treatments are given upon Staff Athletic Trainer or Physician approval. The medical staff decides what medical care an athlete will receive for each injury. Treatments are to be continued until the staff believes they are no longer warranted

Emergency Medical Procedures

In the event of a medical emergency during any athletic practice, scrimmage or competition in Dickinson ISD, the following plan has been implemented to minimize confusion and expedite the care of the patient.

1. Emergency Action Plans have been written for all UIL activity locations in Dickinson ISD. Please familiarize yourself with that plan, have a copy of it with you or posted in your location, and default to this EAP in the case of an emergency
2. The authority to administer First Aid or emergency treatment should be delegated to the following in this order:
 - 1st – Attending Team Physician
 - 2nd – Athletic Trainer or Physician's Assistant
 - 3rd – Coach of Record
3. Staff Athletic Trainers and Coaches should have key access to all locked gates and doors in and around all athletic facilities. If you do not, please let the Athletic Director know which keys you will need
4. If transportation to an Emergency Department is required, and the parents are unavailable to travel with the athlete or meet them there:
 - a. A responsible school official must accompany the athlete to the hospital
 - b. The athlete can be released for emergency medical treatment with the information found on the Rank One App. If you would like hard copies of the emergency roster for your team, please contact the Athletic Trainers
 - c. The Parents/Guardians of the injured athlete should be contacted as soon as possible. You should not transport an athlete until you have contacted their emergency contact
5. In cases of emergencies out of town with a host Athletic Trainer available, it is advisable for the coach to consult with the opponent's Athletic Trainer if possible. If no Athletic Trainer is available, you will have to use your discretion. If you are unsure what to do, and you believe the situation is an emergency, activate 911 for EMS
6. In the case of Heat Illness, it is Dickinson ISD policy that we will activate EMS and make every attempt to perform cold-water immersion with the athlete. Rectal probes to determine core body temperature will not be used at this time

Emergency Action Plans

Emergency Action Plans have been developed and published for each of our UIL locations in DISD. If you are working out in a location that does not have an EAP, please contact the Training Room and one will be developed for your location.

EAPs should be reviewed periodically and kept available for reference when and wherever athletes are working out. They may be posted or kept with other daily documents that Coaches maintain.

Environmental Considerations

Dickinson ISD utilizes the Perry Weather system to give real-time and predictive weather information to help determine safety when participation in athletics. All Coaches should have access to the Perry Weather App with an account set up by the Athletic Trainers. Please know that if a Coach ever takes their team outside for workouts or participation, they must follow DISD and Perry Weather guidelines

Lightning

Lightning may be the most frequent encountered severe storm hazard endangering physically active people each year. Millions of lightning flashes strike the ground annually in the United States causing nearly 100 deaths and 400 injuries. Three quarters of all lightning casualties occur between May and September and nearly four-fifths occur between 10:00am and 7:00pm

Recommendations for Lightning Safety

1. Set up your Perry Weather account provided by the DISD Athletic Trainers. This will be your default system for information concerning environmental considerations. This system will tell you when we have lightning that could impact our event(s)
2. Establish a Chain of Command that identifies who is to make the call to remove the individuals from the field
 - a. If possible, the Athletic Trainer will communicate when lightning is affecting your workout or contest. This does not supersede your responsibility to monitor and adjust your workout, if necessary

3. Designate a safe shelter for your venue. This needs to be accessible by both your team and a visiting team (if applicable)
 - a. A Safe Shelter is defined as a building with four solid walls and a roof (not a dugout), electrical wiring and plumbing, all of which aid in grounding the structure
 - b. The secondary choice for a safer location from lightning is a fully enclosed vehicle with a metal roof and windows that are completely closed
 - c. In the event of lightning at a contest, we would suggest the following:
 - i. Get your team to their designated safe shelter
 - ii. Encourage the visiting team to do the same. If the shelter is not big enough, encourage them to get to their bus
 - iii. Encourage fans to wait in their cars to determine if the contest will continue
4. Primary means of warning is the Perry Weather service provided by DISD. Three levels of warnings are provided by the system:
 - a. 30-mile Radius Advisory is sent to alert you to lightning in the area
 - b. 15-mile Radius Advisory is sent to alert you that we need to be aware that lightning is tracking toward our location. We need to monitor actively and communicate the plan for getting to our safe shelter if we have lightning in our 6-mile Radius
 - c. 6-mile Radius Advisory is sent to alert you that you should be in your safe shelter
 - d. The system will send you another alert 30-minutes after the last detected strike in your 6-mile Radius. After the all-clear is given, it is safe to return to participation, however, you should still actively monitor the Perry Weather system for updates
5. Secondary means of warning is the Flash-to-Bang method
 - a. After seeing the “flash” of lightning, count 30 seconds. If you hear the “bang” of thunder, lightning is too close for participation and you should seek safe shelter
6. Observe the following basic First Aid procedures in managing victims of a lightning strike:
 - a. Activate local EMS (call 911)
 - b. Lightning victims do not “carry a charge” and are safe to touch
 - c. If necessary, move the victim with care to a safer location
 - d. Evaluate airway, breathing and circulation and begin CPR if warranted
 - e. Evaluate and treat for hypothermia, shock, fractures and/or burns

Heat Policy

People suffer heat-related illness when their bodies are unable to properly cool themselves. The body normally accomplishes this by sweating, but under some conditions, sweating is not enough. When humidity is high sweat will not evaporate quickly, preventing the body from releasing heat quickly. Other conditions related to heat illness include poor conditioning, obesity, fever, dehydration, poor circulation, sunburn, drug and alcohol use, and possible supplement use.

In 2023, the UIL highly-suggested the use of Wet Bulb Globe Temperature as the Gold-Standard for determining the level of participation that students may engage in when outside. WBGT is a combination of many factors, including air temperature, wind, humidity, direction and angle of sunlight and temperature readings both in direct sunlight and the shade.

Dickinson ISD has decided to use WBGT to determine when it is safe for student participation.

The Perry Weather System will give an update on what “level” WBGT you are experiencing at your location. The chart below gives the synopsis, however, there are 5 levels of participation which also carry participation limitations and requirements.

DISD Wet Bulb Globe Requirements	
	*Refer to the Perry Weather App or Dashboard to see current WBGT
<82° WBGT	WBGT Normal Activities
82.2°-86.9°	Use Discretion – At least 3 rest breaks each hour. Minimum 3 minutes per
87.1°-90.0°	2 Hrs Practice Max – At least 4 rest breaks each hour. Minimum 4 minutes per. Pads, Helmets and Shorts Only
90.1°-91.9°	1 Hr Max – No equipment and no conditioning. 20 minutes total of rest breaks
≥92°	No Outdoor Workouts

Heat Cramps vs Heat Exhaustion vs Heat Stroke

Heat cramps are considered muscle contractions and spasms resulting from lack of fluids, high temperatures and lack of or increased physical conditioning. Although heat cramps are the least severe, they are an early signal that the body is having trouble with heat. Prevention includes hydration, gentle stretching and proper rest/hydration

Heat exhaustion typically occurs when people exercise heavily or work in a hot, humid place where body fluids are lost through heavy sweating. Excessive heat and

dehydration can cause the body to overact, thus raising the core body temperature to over 102°. This results in a form of mild shock. If not treated, heat exhaustion can turn into heat stroke. Symptoms include, but are not limited to; increased heart rate, excessive thirst, headache, pale appearance, dizziness and possibly nausea and/or vomiting. Heat exhaustion is the beginning of a medical emergency and should be treated appropriately.

Heat stroke is a Medical Emergency! Heat stroke occurs when the body's temperature control system stops working. Their body temperature can rise so high that brain damage and death may result if the body is not cooled quickly. High temperatures, lack of body fluids and overexposure to the elements can all result in heat stroke. Symptoms of heat stroke can include those for heat exhaustion with red, flushed skin. The person will not sweat, so it is critical that they receive emergency care immediately to relieve their body of excessive heat. Once the core body temperature reaches 105°, the body slowly shuts down organs trying to spare blood for the heart and brain. Other signs include seizures, headache, rapid pulse and unconsciousness.

Prevention

1. Hydration. Encourage your athlete to properly hydrate daily. The fluids that their body uses in the morning are the fluids that they have put in their body the night before. When the body tells you that it is thirsty, it is too late. Thirst is the first sign of heat exhaustion, so hydration needs to start well before that point. Hydration should be in the form of water or sports drinks. Liquids that contain caffeine, alcohol, or large amounts of sugar are counter-productive, as they are detrimental to proper hydration
2. Wear lightweight, loose fitting clothing
3. Eat small meals and eat them more often. Preseason conditioning is NOT the time to try to lose weight
4. Salt should be replaced daily. Modest salting of foods after practice or games will aid in this process, as long as it is not medically prohibited
5. Workout in places with plenty of air space. If you are outside, try to stay near shade for relief when possible
6. Have athletes weigh themselves before and after practice. Then have them drink enough fluid before the next workout to replace the lost weight
7. Provide appropriate water breaks during practice. The UIL WBGT chart gives a starting point, but you are welcome and encouraged to give more water breaks if warranted. No athlete should ever be denied water if requested

8. Check regularly on those at the greatest risk, such as athletes who have suffered a heat illness in the past, obese athletes, those known to ingest high doses of caffeine, or those that are not as conditioned as they should be for the level of work. These athletes are twice as likely to develop heat illness

Rapid Cooling Stations

May 31, 2024, the UIL mandated that school districts are required to provide rapid cooling zones for all outdoor athletics when the WBGT is measured at 80° or above. In the event of heat-related illness, the patient can be rapidly cooled after activation of EMS/911. DISD has secured Polar Pods® to assist with this process at each of its locations to assist with rapid cooling of a patient experiencing potential heat stroke.

Required Cooling Stations

DISD will use Polar Pods® for rapid cooling of students experiencing heat illness

1. Activate EMS
2. If possible/safe, transport student to shaded area
3. Deploy Polar Pod and place around athlete, using pillow to elevate head
4. Fill Pod with ice water & Zip Pod
5. Monitor Vitals until EMS arrives

For More information about the UIL's WBGT Recommendations, you can follow up on their website at:

<https://www.uiltexas.org/health/info/heat-stress-and-athletic-participation>

Injury Information

Signs and Symptoms which should Preclude Further Participation

The following is not a “be all/end all” list. It is, however, a list of things to watch for during practice or competition that may help from further complicating an injury. Should an athlete exhibit one of these signs or symptoms, please remove them from participation and refer to the Athletic Trainers:

- Unconscious, no matter how long
- “Dazed” or irregular response for greater than 5 seconds as a result of being struck on the head
- Any complaint of neurological abnormalities such as numbness or tingling
- Obvious Swelling. Swelling obvious to the coach or lay-person generally merits attention regardless of location
- Limited range of motion compared to the other side
- Pain with normal range of motion
- Decreased strength through the normal range of motion
- Uncontrolled bleeding
- Any injury the examiner does not know how to handle
- Obvious loss of normal function
- Requirement of an athlete to need assistance off the field/court
- Any time the athlete says that they are injured and cannot participate, regardless of what the examiner thinks of the injury

Head Injuries

Concussion

A traumatic brain injury occurs when an outside force impacts the head hard enough to cause the brain to move within the skull, or if the force causes the skull to break and directly impacts the brain.

The following are *some* signs and symptoms of concussion. An athlete might present with some, but not all. Please pay close attention to the development or worsening of these signs of a head injury:

Headache	Unequal Pupils	Difficulty waking up
Memory Loss	Drowsiness	Sensitivity to light/sound
Lack of Coordination	Blurred Vision	Nausea/Vomiting
Convulsions	Ring in the ears	Slurred Speech
Dizziness	Difficulty Concentrating	Difficulty Remembering

If these conditions arise/worsen, please seek medical attention immediately

Any athlete that loses consciousness at any time cannot return to any participation until evaluated by medical professionals

Second Impact Syndrome

Second-impact syndrome occurs when a second head-injury occurs before the signs and symptoms of the first head-injury/concussion have subsided. This can begin a cataclysmic chain of events that causes rapid and potentially fatal brain swelling and can result in death. Many times, this is because an athlete returns to competition and play before their initial injury symptoms abate. If you have an athlete that has sustained a head injury, please refer immediately to the DISD Athletic Training staff or get them to the proper medical authority.

COVID-19

Coronavirus disease is an infectious disease caused by the COVID-19 virus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands, limiting exposure and using an alcohol based rub frequently.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it is important that you also practice respiratory etiquette (for example, coughing into a flexed elbow).

Should your student-athlete test positive for COVID-19, please alert the Athletic Trainers. At this time, return to participation is similar to those that are diagnosed with influenza. Know that when returning, athletes may still suffer from deconditioning or other cardiovascular concerns.

Asthma

Asthma occurs when the airways in the lungs become inflamed and constricted. The muscles of the bronchial walls tighten, and the airways produce extra mucus that blocks the airways. This makes breathing difficult.

Signs and symptoms of asthma range from:

Minor wheezing
Coughing
Tightness in the chest
Shortness of breath
Difficulty breathing

Triggers to Asthma include

Allergens	Foods	Emotional Anxiety
Strong Odors	Weather Changes	Exercise
Viral or Sinus Infections	Reflux Disease	Medications
Irritants, such as tobacco/vape smoke		

Asthma management includes using proper medications to prevent and control asthma symptoms and to reduce airway inflammation. If an athlete has a known asthma problem, the athlete needs to carry and have available a rescue inhaler at all times during activity

Asthma management includes using proper medication to prevent and control asthma symptoms and to reduce airway inflammation. If an athlete has a known asthma problem, they should have prescribed medication for treatment. They should follow doctor's orders on how to administer, but with medications like albuterol, it should be used at least 15 minutes prior to exercise. If in an acute attack, have the athlete rest comfortably and use their inhaler as soon as possible. They should not take more than 2 puffs. Monitor their activity for further complications.

Sudden Cardiac Death

Sudden Cardiac Death is an abrupt occurrence where the heart ceases to function and results in death within minutes. This should not be confused with heart attack. It is usually due to a malfunction of the heart's electrical system that coordinates the heart muscles contraction to pump blood through the body. The lower chambers of the heart, the ventricles, go into fibrillation, a fast and disorganized contraction. The ventricles spasm or quiver and can no longer pump blood to the body. The heart cannot recover from this on its own. Sudden cardiac death in athletes is usually caused by a previously unsuspected heart disease or disorder. The occurrence of sudden cardiac is thought to be in the range of 1 out of 100,000 to 1 out of 300,000 high school and college athletes.

Possible causes of Sudden Cardiac Death include, but are not limited to:

- **Hypertrophic Cardiomyopathy** – thickening of the heart wall
- **Coronary Artery Abnormalities** – missing or abnormal blood vessels that supply the heart with blood
- **Commotion Cordis** – A “Concussion” to the heart
- **Marfan’s Syndrome** – an inherited abnormality of the connective tissue in the body. Often, these people are tall and thin with long arms, legs, fingers and toes
- **Long QT Syndrome** – an inherited abnormality of the heart’s electrical system
- **Recreational Drug Use**

Warning Signs of Sudden Cardiac Death (not all inclusive)

Palpitations – feeling fast or skipped heart beats

Dizziness or lightheadedness

Chest Pain or tightness with exercise

Shortness of breath

Syncope – fainting or passing out

Family history of SCD and less than age 50

Sickle Cell Trait

Sickle cell trait is not in itself a disease. It is a descriptive term for a hereditary condition in which an individual has one normal gene for hemoglobin and one abnormal gene for hemoglobin, giving the genetic type. Sickle cell anemia disease is where both genes present are abnormal. Sickling of the Red Blood Cells decreases the efficiency of oxygen transport in the blood. This may cause those experiencing symptoms to appear more lethargic or struggle to complete workouts.

When experiencing symptoms, athletes that suffer from sickle cell trait or anemia should be accommodated for.