

Maggie Walker  
Governor's School

Parent Athletic  
Training Handbook

## Certified Athletic Trainer (ATC) Roles and Responsibilities

What is an Athletic Trainer?

The Certified Athletic Trainer (ATC) is a highly educated and skilled professional specializing in the prevention, treatment and rehabilitation of injuries. In cooperation with physicians and other allied health personnel, the ATC functions as an integral member of the athletic healthcare team in secondary schools, colleges and universities, sports medicine clinics, professional sports programs, industrial settings and other health care environments.

- A. The performance domains, established by the National Athletic Trainers Association Board of Certification, expected of a Certified Athletic Trainer are:
1. Prevention of Athletic Injuries
  2. Recognition, Evaluation, and Assessment of Injuries
  3. Immediate Care of Injuries
  4. Treatment, Rehabilitation, and Reconditioning of Athletic Injuries
  5. Health Care Administration
  6. Professional Development and Responsibility
- B. I am here to keep the athletes playing, not to sit them out.
- C. Please encourage your son/daughter to inform their coach or the Athletic Trainer of any injury.

**PRE-PARTICIPATION PHYSICAL EXAMINATIONS (PPE)** All students who participate in athletics must have a current physical form on file. The form is located on the Maggie Walker Homepage under athletics, as well as the concussion form that needs to be signed by the student/parent prior to participation in any practices, scrimmages, or games.

### **Dietary Guidelines and Fluid Replacement**

Athletic participation places physical and mental stressors on an athlete. It is important that young athletes eat properly in order to provide quality fuel for activity. The following guidelines are general considerations that may assist the athlete in their efforts to succeed.

**Caloric Intake:** The average person should consume 2000 calories per day. This is the minimal amount of calories needed to maintain your body's functions for normal daily activity. As an athlete you need to add 500-1000 more calories to offset what you burn during your sport. This adds up to 2500-3000 calories per day. If you do not maintain an equal balance of calories in and calories out then your performance and health will suffer.

### **Dinner**

- Have a meal that consists of 60% Complex Carbohydrates - Pasta, Rice, Breads.
- The rest of the meal should be comprised of 30% Fats and 10% Protein

## **Lunch**

- Again, your meal should consist of 60% Complex Carbohydrates, 30% Fats, and 10% Protein but in smaller quantities.

## **Pre-Competition/Practice Snack**

- Snack ½ to 1 hour prior to the game ó snacks should be low in fat: high fat contents at this time significantly slow gastric emptying and örobö the muscles of blood necessary for performance. Good examples of low fat snacks:
  - Fresh Fruit
  - Dried Fruit
  - Fig Newtons
  - Pretzels
  - Graham Crackers
  - ½ Bagel
  - Granola Bars
  - Cheese Crackers

## **During Competition/Practice**

- Consume 1/2 to 3/4 cups of water every 15 minutes of performance.

## **Post-Competition/Practice**

- Snack with in 1/2 hour post performance.
- Have a balanced meal 1 1/2 to 2 hours after performance.

## **Proper Hydration**

Fluid consumption prior to performance is very essential. Dehydration can compromise performance more than poor nutrition on game day. Proper hydration begins in the morning and athletes must consume fluids during the day. Also remember that dehydration is cumulative, that is, poor rehydration builds over days of training. An athlete should consume fluids dictated below.

- Greater than 2 cups consumed 2 hours prior to performance.
- 2.5 cups 10 to 15 minutes prior.
- 1/2 to 3/4 cups every 15 minutes of performance.
- Post Exercise, consume 1 pint for every pound lost during performance.

**INAPPOPRIATE** items to consume before, during or after athletic competition or practice.

- Soft drinks or carbonated drinks of any kind
- Candy bars
- Cakes or cupcakes
- Donuts or muffins
- Chips

### 2500 Calorie Meal Plan – Sample #1

Breakfast	Lunch	Dinner
1 cup oatmeal, cooked with 1 tsp. brown sugar 1 boiled egg 1 cup calcium fortified orange juice	Sandwich: 4 ounces turkey breast, 1 slice Swiss cheese, mixed lettuce greens mustard, on 2 slices Whole grain bread 1 1/2 cups sliced, raw vegetables 1Tbl. ranch style dressing 1 1/2 cups fresh fruit 1 whole grain roll	4 ounce skinless chicken breast 2 ears corn on cob 2 tsp. butter or trans fat free margarine 1 cup oriental style vegetables, with 1 tsp. olive oil Tossed salad 1 T. Italian dressing
Snack	Snack	Snack
1 apple	1 cup skim or soy milk 2 thin and crunchy granola bars (made without hydrogenated fats)	1 cup skim or soy milk 6 graham cracker squares with 1 T. peanut butter

### 2500 Calorie Meal Plan – Sample #2

Breakfast	Lunch	Dinner
1 1/2 cups toasted oat cereal  1 cup skim or soy milk 1 banana 2 scrambled eggs 1 cup calcium fortified orange juice	3 cups minestrone soup Mixed green salad with 1 T. sunflower seeds, 1T. salad dressing 2 ounces part skim mozzarella cheese 8 crackers (made without hydrogenated oils) 6 ounces low fat, fruited yogurt  mayonnaise	6 ounces grilled or baked salmon 1 medium baked sweet potato 1 tsp. butter or trans fat free margarine 1 1/2 cups broccoli, cooked with 1 tsp. olive oil 1 cup coleslaw, made with low fat
Snack	Snack	Snack
1 English muffin	1 apple	3 cups low fat popcorn

1 T. peanut butter

1 cup skim or soy milk

1 medium pear

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STUDENT HEALTH SERVICES

DIVISION OF STUDENT AFFAIRS UNC 6  
CHAPEL HILL CHAPEL HILL, N.C. 27599

Nutrition & Hydration-Helpful websites..

[http://web.aces.uiuc.edu/vista/pdf\\_pubs/PREGAME.PDF](http://web.aces.uiuc.edu/vista/pdf_pubs/PREGAME.PDF)

This link will take you to the Pregame Meal Planner: A Guide for High School Athletes. It talks about the importance of pregame nutrition, and details suggested meal plans. The article also lists foods to choose, foods to avoid, what to do when you don't have the time to eat properly, and what to do for all day events.

[http://www.training-conditioning.com/2010/03/08/no\\_meat\\_no\\_problem/index.php](http://www.training-conditioning.com/2010/03/08/no_meat_no_problem/index.php)

Vegetarianism and veganism is growing in popularity in high school athletes, however it is very important to take in the right amount of proteins and vitamins from a balanced diet. This article gives you ideas, as well as some sample meals, to help you educate your vegetarian athletes.

<http://www.eatright.org/Public/content.aspx?id=7088>

Supplements and ergogenic aids can be harmful to high school athletes if they are uneducated about what they are taking. This article includes a list of popular sports supplements and the scientific evidence behind them. It also lists trusted resources to find more information if needed.

[http://www.training-conditioning.com/2010/04/17/the\\_recovery\\_window/index.php](http://www.training-conditioning.com/2010/04/17/the_recovery_window/index.php)

This article, from Training & Conditioning magazine, outlines recovery nutrition for athletes, and lists good ideas for recovery carbohydrates and proteins.

<http://athleticbusiness.com/articles/article.aspx?articleid=3627&zoneid=33>

The VHSL points out potential dangers of energy drinks.

<http://www.eatright.org/Public/content.aspx?id=7084&terms=hydrate+right>

Hydration is an extremely important component of athletic performance, and this article talks about how to tell if you are properly hydrated.

**Flexibility Guidelines** You cannot feel yourselves getting tighter, but this does happen each day that you don't stretch your muscles. Adequate flexibility helps your muscles perform to their fullest capacity, allowing you to achieve speed and range of motion, reduce soreness, and achieve your greatest level of athletic success. The following guidelines will allow your child to achieve the type of flexibility needed for athletics: Ideally, everyone should stretch his or her major muscle groups 3-4 times per day, everyday. Realistically, athletes should begin stretching at least 2-3 weeks prior to the start of the season. You will feel tightness or discomfort while stretching but you should not hurt. Hold stretches for 20-30 seconds, relax, and repeat at least 3 times, 3-4 times per day (once in the AM, once before practice, once after practice, and before bedtime). **Do not** jerk or bounce while stretching. Warm muscles stretch more easily than cold muscles, so when possible warm up by walking briskly, jogging, or riding a stationary bike for a few minutes prior to stretching. Relax! If you are tense or extremely stressed, it will make it harder for your muscles to stretch.

**In The Event of Injury At School...** Injuries that occur at Maggie Walker Governor's School should be reported to the Athletic Trainer and the athlete's coach as soon as the athlete realizes he/she is injured. If the athlete is injured during school hours, he/she should also report this injury to the school nurse or other appropriate personnel. The Athletic Trainer will evaluate the injury and, based upon the evaluation, make a determination as to what the most appropriate course of care for the athlete. Treatment will be based upon the athletic trainer's experience, established protocols and standing orders furnished by our team physicians and/or caring physician. In most cases, injuries are minor in nature and the athlete can be successfully treated in the athletic training room.

If the injury is more extensive or will require further medical evaluation by a physician, the athlete's parent/guardian will be contacted by the athletic trainer and provided with information about the injury and can recommend a physician or help with appointments to speed the down time. **It is essential that ALL athletic injuries be reported to the Athletic Trainer when they occur.**

**On the Road...** Unfortunately, we do not have the manpower to send an athletic trainer on the road with all athletic teams. If an athlete is injured while on the road, he/she should report that injury to his coach and then to a sports medicine staff member as soon as possible following their injury. If the host school employs an athletic trainer, our coaching staff may elect to have the athlete examined by that athletic trainers who will most likely provide basic care for the injury (i.e.; ice, wrapping, etc.) and refer the athlete back to our sports medicine staff. The athlete should report the injury to the Athletic Trainer the next day. *IT IS IMPORTANT THAT HE/SHE DOES THIS!* In case of significant injury, parents will be contacted about the injury directly from that site and consulted about the problem.

**Questions from Home...** If you are concerned about an injury that your child suffered during athletics, PLEASE CALL/EMAIL the Athletic Trainer. The telephone number for the Athletic Trainer is located at end of this booklet. If an injury which appears minor one day, and becomes more bothersome the next day, please call the athletic trainer so that

we can assist you in the next appropriate steps. It is always your right as a parent to seek further medical care for your child if you have any doubts as to the seriousness of the injury. It is strongly recommended that you contact the sports medicine staff before taking your son to the physician of your choice. Often, the athletic trainer can eliminate unneeded waiting time and have your son seen in a timely fashion. Anytime you take your child to a physician for an athletic injury we ask that you obtain in writing the doctor's instructions for treatment and return to play guidelines for us to appropriately (and legally) treat your son. **YOUR CHILD MAY NOT RETURN TO PLAY WITHOUT A WRITTEN RELEASE FROM THE PHYSICIAN.**

**Follow-up Care** To ensure that athletes recover from their athletic injuries, it is extremely important that they make every effort to come to the athletic training room for daily care and follow-up until released by the Athletic Trainer. Please encourage your child to continue to follow-up with the Athletic Trainer as needed.

**General Injury Care** The **R.I.C.E.** principle If an injury occurs, initial treatment should include the **R.I.C.E.** Principle in order to reduce pain, and swelling, and to promote healing. **R = Relative Rest:** Avoid painful movements and weight-bearing if they cause pain. If it hurts to do something, don't do it until that activity can be performed pain-free. Use crutches or a sling until pain-free motion is achieved. **I = Ice:** Apply cold compress, a bag of crushed ice or commercial cold packs to the most sensitive areas a minimum of 4 times daily for a duration of 20 minutes each. Therapeutic cold helps control inflammation (swelling) and causes sensory anesthesia (numbness), which will assist in pain control. **C = Compression:** Hold the ice bag on the injured area with an elastic bandage. This will deliver an effective dose of cold. Wrap an elastic bandage around the injured area starting from the lowest (distal) part of the injured area. This will act as compression and aid in support and minimize the possibility of edema (swelling). **\*\*\*\*DO NOT GO TO SLEEP WITH AN ELASTIC WRAP ON\*\*\*\*** **E = Elevation:** Keeping the injured tissues elevated also helps in swelling control. The injured area must be elevated above the heart. If there is any doubt as to the severity of an injury, seek appropriate medical attention. Please remember to report any and all injuries to the Athletic Trainer ASAP and bring the medical findings and instructions in writing so we can provide appropriate treatment and follow-up care.

**Ice or Heat – Which is better?** Acute injuries are defined as injuries that have a short onset and a relatively short duration. The standard treatment for acute injuries to muscles, bones, and joints is the application of ice, compression and elevation. Ice should be applied immediately for 20 minutes to an injured site. You can apply ice every 60-90 minutes for two-three days following injury. Ice will reduce swelling, inflammation, and pain. **\*\*\* DO NOT LEAVE ICE ON FOR MORE THAN 20 MINUTES\*\*\*\*** Skin irritation and tissue damage may result from improper or excessive use. If you are allergic to cold or develop irritations, it is recommended that you place a moist towel or pillowcase between the ice and your skin. Methods of Icing include: 1. Ice Bag ó Place ice in a bag and apply to injuries area for 15-20 mins. 2. Commercial Cold Pack ó place cold pack in a pillowcase and apply to injured area for 15- 20 mins. 3. Ice Massage- Fill a paper cup  $\frac{3}{4}$  full with water and freeze it. Peel away approx. 1 inch of the top of the cup

and massage injured area in circular motion for 15-20 mins. 4. Ice Bucket ó Immerse injured part in a bucket of ice water for 15-20 mins.

**HEAT comes later...** Heat may be used successfully for acute and chronic injuries when used correctly. **Heat should only be used after swelling has stopped (~48-72 hrs. following an injury).** Heat should be applied for no more than 20 mins every two hours. Individuals differ in their ability to tolerate the use of heat over a body; therefore you may need to place a layer(s) between the heat source and the injured area. Moist Heat should never be uncomfortable; if it's too hot, you may get burned.

**\*\*\*\*NEVER USE A SPORTS CREAM UNDER A MOIST HEAT**

**APPLICATION!! THIS CAN LEAD SERIOUS TISSUE DAMAGE AND**

**BURNS\*\*\*\*\*** Methods of heat application: 1. Moist Heat Pack ó a towel soaked in hot water, wrapped in another towel. Applied for 20 mins. to the affected area 2. Hot Soak ó soaking the body area in water heated to 96-98 degrees for no more than 20 minutes. Decrease the time and temperature of the soak if a full body immersion is required 3. Moist heating pad ó may be purchased commercially. Follow the manufacturer's directions for the use of the moist heat pack. **\*\*\*\*WHEN DOUBT USE ICE\*\*\*\***

**Skin Wounds and Abrasions** The leading cause of indirect deaths in athletics is INFECTION. Skin wounds and skin abrasions are very common in athletics, especially in sports like wrestling, soccer, baseball, and softball. It is extremely important that you have any skin wounds/abrasion cleaned and properly dressed. These wounds should be kept covered with an antibiotic cream and a sterile bandage until the wound has healed. A serious infection may result in lost time in your sport. Signs and symptoms of infection include: ÉBright red color surrounding the wound ÉBright red streaking leading away from the wound ÉPuss oozing from wound ÉInflammation and/or extreme pain around the wound or a fever. IF you experience any of these symptoms, report them to the athletic trainer certified (ATC) or seek appropriate medical care

**Head Injury Guidelines What is a Concussion** - A concussion is an injury to the brain that is caused by a blow to the head or a forceful hit with a whiplash motion. After a concussion, the brain does not work properly for a while. Concussions can cause a person to be knocked unconscious or to have a memory loss (amnesia). A concussion can be very dangerous even if the person has no loss of consciousness.

**Is a concussion serious** –You can have a serious concussion even without losing consciousness or having a cut or swelling on your head where you have been hit. Concussions are usually minor, but they can result in permanent damage to the brain and can even cause death if not treated appropriately. An athlete should be observed for the first 24 hours of the incident. Most serious problems become evident in the first 24 hour period.

**Signs and Symptoms** of a head injury can manifest over a period of hours or even days. The athlete should not be left alone. A responsible adult should watch him or her. In the event the following exacerbated symptoms appear either singularly or in combination, medical attention should be sought immediately. Report symptoms to your Athletic



Trainer, family physician, orthopedist, neurologist, emergency room physician, or other appropriate health care professional promptly to assist in diagnosis of concussion.

**Common Signs and symptoms include:** ÉIncreased drowsiness, or decreased alertness. ÉIncreased dizziness, nausea, or vomiting ÉIncreased severity of headache. Severe headaches that won't ease up or go away ÉUnequal or irregular pupils, blurred/double vision, loss of focus, or hypersensitivity to light. ÉClear fluid or blood draining from nose or ears ÉPoor balance, coordination or concentration ÉWeakness, tingling or paralysis in arm or legs ÉUnusual agitated behavior or amnesia ÉGarbled speech

**Is it okay to sleep?** An athlete might become sleepy after a concussion. This may be caused by the activity that caused them to get a concussion (for example, a soccer game) or it may be caused by the concussion itself. It's perfectly all right for them to sleep; as long as a responsible person wakes you up every two hours to be sure you as your birthday, age, and telephone number.(is that guideline still true?) If they can't be easily woken up or do not answer the questions correctly, the person should call your doctor or seek professional medical attention.

**May I take something for Pain?** Only if instructed by a physician. Some drugs might make the athlete sleepy or mask pain symptoms and make it hard to tell how they are really doing. Do not ingest alcohol or narcotic substance, eat heavily, and exercise until advised to do so, or expose oneself to extreme sunlight. Not sure about this sentence?

## **CONCUSSION MANAGEMENT**

### **Acute Injury**

When a player shows ANY symptoms or signs of a concussion:

1. The player should not be allowed to return to play in the current game or practice.
2. The player should not be left alone; and regular monitoring for deterioration is essential over the initial few hours following injury.
3. The player should be medically evaluated following the injury.
4. Return to play must follow a medically supervised stepwise process. A player should never return to play while symptomatic. When in doubt, sit them out!

### **Return to Play Protocol**

As described above, the majority of injuries will be simple concussions and such injuries recover spontaneously over several days. In these situations, it is expected that an athlete will proceed rapidly through the stepwise return to play strategy. During this period of recovery in the first few days following an injury, it is important to emphasize to the athlete that physical AND cognitive rest is required. Activities that require concentration and attention may exacerbate the symptoms and as a result delay recovery. The return to play following a concussion follows a stepwise process:

1. No activity, complete rest. Once asymptomatic, proceed to level 2.
2. Light aerobic exercise such as walking or stationary cycling, no resistance training.

3. Sport specific exercise (eg, skating in hockey, running in soccer), progressive addition of resistance training at steps 3 or 4.
4. Non-contact training drills.
5. Full contact training after medical clearance.
6. Game play.

With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. If any post-concussion symptoms occur, the patient should drop back to the previous asymptomatic level and try to progress again after 24 hours. In cases of complex concussion, the rehabilitation will be more prolonged and return to play advice will be more circumspect. It is envisaged that complex cases should be managed by physicians with a specific expertise in the management of such injuries. An additional consideration in return to play is that concussed athletes should not only be symptom free but also should not be taking any pharmacological agents/medications that may effect or modify the symptoms of concussion. Where antidepressant therapy may be commenced during the management of a complex concussion, the decision to return to play while still on such medication must be considered carefully by the clinician concerned (see below). In professional sport, where there are team physicians experienced in concussion management as well as access to immediate (i.e., sideline) neurocognitive assessment, return to play management is often more rapid however must still follow the same basic principles; namely full clinical and cognitive recovery before consideration of return to play.

Impact Testing is a computerized concussion evaluation system that will provide us with useful information to assist in making sound return to play decisions following a concussion. Information below was taken from the Impact website.

<http://www.impacttest.com/>

#### **Test Features**

- Measures player symptoms
- Measures verbal and visual memory, processing speed and reaction time
- Reaction time measured to a 1/100th of second
- Assists clinicians and athletic trainers in making difficult return-to-play decisions
- Provides reliable baseline test information
- Produces a comprehensive report of test results
- Results are presented as a PDF file and can be emailed
- Automatically stores data from repeat testing
- Testing is administered online for individuals or groups
- Compatible with PC and MAC

The test battery consists of a near infinite number of alternate forms by randomly varying the stimulus array for each administration. This feature was built in to the program to minimize the "practice effects" that have limited the usefulness of more traditional neurocognitive tests.

ImPACT takes approximately 30 minutes to complete. The program measures multiple aspects of cognitive functioning in athletes, including:

- Attention span
- Working memory
- Sustained and selective attention time
- Response variability
- Non-verbal problem solving
- Reaction time

**Please Note...** The guidelines outlined above and on the previous pages are not meant as, and should not be used as, a substitute for competent medical care. If you have any questions or concerns about the health and well being of your child you should seek medical advise from the Athletic Trainer or a medical doctor.

Contact Information:

Christy Turnbow, MS,ATC,PES,VATL

[turnbowchristy23@gmail.com](mailto:turnbowchristy23@gmail.com)

Phone: 804-840-1146

Facebook: **Maggie Walker Athletic Training**- This page includes different types of stretches and other fun information.