



**Central States  
Orthopedics**

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# SPORTS MEDICINE MONTHLY

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**Glenpool Public Schools**

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Wednesday  
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Tuesday  
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**Wagoner Public Schools**

Wednesday  
2:45pm—3:30pm

\*Hosted by CSO  
Athletic Trainers and  
Physician Assistants.

## **PLANNING FOR ATHLETICS: A BRIEF GUIDE TO INJURY & RISK MITIGATION**

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August in Oklahoma usually means a couple of things: heat, humidity, and back to school. As most take this opportunity to work through a 'back-to-school' shopping list, keep in mind that a 'back-to-athletics' checklist can be even more important for the athlete, the coach, and the school or association as a whole. Because athletic-related injuries and emergencies often occur without warning, taking specific steps prior to the beginning of your athletic season can truly make significant difference in how your coaches, your department, your athletes, and your parents manage an athletic-related injury or emergency.

As many are aware, the National Federation of State High School Associations has several timely education courses online for coaches and administrators at NFHSLearn.com. And, this is usually the time of year when coaches and teachers alike are sitting down to these types of educational courses and meetings. As many would agree, these courses are full of excellent information and good risk mitigation practices. However, for those who wouldn't have access to such information or even for those who have already reviewed several of the learning courses, it is always a good idea to review a few simple injury and risk mitigation strategies prior to kicking off your season.

### **Does your school have access to an Athletic Trainer?**

Perhaps the single most important step to injury and risk mitigation is ease of access to an athletic trainer. Athletic Trainers (AT's) are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventive services, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. So why should each school have an athletic trainer?

- \*90% of student athletes report some sort of sports-related injury in their athletic careers.
- \*In 2013 alone, 1,350,000 sports-related ER Visits; 97% were not emergencies.
- \*Players with one or more previous injuries have a 2 to 3 times greater risk of injury compared to those without previous injury.
- \*Exertional Heat Stroke can be prevented and it has been proven to be 100% survivable when immediately recognized and cooled on site.
- \*There are 300,000 annually reported concussions in secondary school athletes
- \*Between 2008 and 2015 there were 300 sports-related youth athlete deaths.

A study from the American Academy of Pediatrics showed that the presence of athletic trainers...lowers overall injury rates, improves diagnosis and return-to-play decisions, and reduces the risk for recurrent injuries. For more information, visit [www.ATyourownrisk.org](http://www.ATyourownrisk.org).

### **Central States Orthopedics Physicians**

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David R. Hicks, MD	David K. Wong, MD	Ronald S. LaButti, DO	Kathleen M. Sisler, MD	Casey L. Smith, MD
James D. Cash, MD	Bryan J. Hawkins, MD	Jeff A. Fox, MD	Troy A. Glaser, DO	Wendy B. Emerson, MD
David E. Nonweiler, MD	Thomas G. Craven, MD	Blake E. Shockley, MD	Bradley J. Lawson, MD	Chad E. Crawley, DO

**Required CPR and AED Training**

Although there are always a few exceptions, generally speaking, healthy young athletes don't suffer from high blood pressure, high cholesterol, and arteriosclerosis like older adults in their 50's, 60's, and 70's. These athletes are too young and too physically active for such cumulative cardiovascular-related complications. As a result, when confronted with a cardiac-related collapse in a student athlete, many times the difference between life and death is CPR and AED usage. In other words, simply restarting the heart. Again, as the youth athlete's heart and cardiovascular system as a whole are generally quite healthy; CPR and AED success rates are much higher in youth athletes than in older adults.

On the other hand, cardiac arrest at athletic events is not exclusive only to the athletes. There are numerous documented occasions where fans, referees, and coaches have sustained a cardiac arrest episode during an athletic event as well. Again, early CPR and AED utilization is key to improving the chances of survival.

**According to the American Heart Association:**

"When a person has a cardiac arrest, survival depends on immediately getting CPR from someone nearby. Unfortunately, only about 46% of people who experience an out-of-hospital cardiac arrest get the immediate help that they need before professional help arrives. CPR, especially if performed in the first few minutes of cardiac arrest, can double or triple a person's chance of survival."

"Patients treated with an onsite AED had a significantly higher rate of neurologically intact survival than those without AED treatment (50% versus 14%)."

When athletic practices and games begin, having staff ready and equipped to contact EMS, begin CPR, rapidly deploy an AED, and escort EMS to the scene saves time and saves lives.

**Preventing and Managing Heat Illnesses**

Heat and humidity in Oklahoma is nothing new. And, many in athletics believe that they are well prepared to prevent such a heat injury. However, when you break down exactly what prevention measures are actually in place, most find that their efforts could have been greatly improved.

**For example, consider the following:**

- \*Does your school or athletic association have a written policy for exercising in hot and humid conditions? If so,
  - Does it contain objective and accurate data to monitor athlete's hydration status (i.e. weigh-ins, urine color charts, etc...)?
  - As heat stress on the body accumulates day after day, are athletes directed to sleep at least 7hrs per night in a cool environment, eat a balanced diet, and properly hydrate before, during, and after exercise?
  - Does it provide for a 7-14 day acclimatization period where two-a-day practices are progressively added in later in the schedule?
  - How are rest breaks scheduled and modified based on the heat and humidity?
  - Does it include a cutoff temperature limit when all events are cancelled?
  - Is athletic equipment (i.e. shoulder pads, helmets, etc...) modified based on the heat and humidity conditions?
  - Who is responsible for monitoring the weather and what method of temp/humidity measurement do they use?
  - In the event of a heat injury, is there a cool tub or cooling station readily available?

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Tulsa, Oklahoma 74136  
918-481-2767

**Bixby Clinic**

12800 S. Memorial, Ste. D  
Bixby, Oklahoma 74008  
918-394-2767

**South Tulsa Clinic**

9716 S. Riverside Dr., Ste. 110  
Tulsa, Oklahoma 74137  
918-528-3300

**Owasso Clinic**

13616 E. 103rd St. N., Ste. B  
Owasso, Oklahoma 74055  
918-272-4488

**Downtown Clinic**

802 S. Jackson, Ste. 405  
Tulsa, Oklahoma 74127  
918-583-4400

**Hillcrest South Medical Plaza**

8803 S. 101st E. Ave, Ste. 300  
Tulsa, OK 74133  
918-994-6277