

ACUTE MUSCLE STRAIN INSTRUCTION SHEET

You have sustained a muscle strain (pull). The injured area may turn black and blue and swell; however, this is a normal response. Listed below are several steps to help manage your injury. Please do not apply heat to the injured area for at least 24-48 hours.

IMMEDIATE CARE

- 1) **Rest** Remain off the injured area as much as possible for the first few hours. Keep the area elevated whenever possible.
- 2) **Ice** Ice packs should be applied for 15-20 minutes about 4-5 times per day. Two hours should pass between applications. Use care when applying the ice. The area may burn slightly, turn red, and become numb this is normal. However, if the area turns blue or numbness occurs elsewhere, remove the ice and put a towel between the ice and skin. If these symptoms persist, discontinue the use of ice.
- 3) **Stretching** After the ice applications, the area should be **gently** stretched to help the injured muscles heal correctly. Stretches should be completed to the point of "I feel a stretch" but not to the point of "I feel pain". The stretches should be held for a count of 20 seconds, and then relaxed for a count of 20 seconds. This should be done a total of 5 times.

The following are suggestions for care of this injury:

- Follow the above instructions.
- Schedule a complimentary orthopedic screen at an Athletico Physical Therapy center.
 - o The nearest Athletico to Marian Catholic is:

Flossmoor 19801 Governor's Highway, Suite 100 Flossmoor, IL 60422 P: 708-647-1500 / F: 708-647-1800

Go to the emergency room/urgent care center or follow-up with your family physician.

If there are any other questions do not hesitate to contact the Athletic Trainer.

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INJURY INSTRUCTION SHEET

You have sustained an injury. This injury may produce swelling and turn black and blue, however, this is a normal response to the injury sustained. Listed below are several steps to help manage your injury. Please do not apply heat to the injured area for at least 24-48 hours.

IMMEDIATE CARE

- 1) **Rest** Remain off the injured area as much as possible for the first few hours. Keep the area elevated whenever possible.
- 2) **Ice** Ice packs should be applied for 15-20 minutes about 4-5 times per day. Two hours should pass between applications. Use care when applying the ice. The area may burn slightly, turn red, and become numb this is normal. However, if the area turns blue or numbness occurs elsewhere, remove the ice and put a towel between the ice and skin. If these symptoms persist, discontinue the use of ice.
- 3) **Compression** If applicable, use an ace wrap to provide compression to the injured site at all times except when icing or when showering. At night, leave the wrap on, but loosen it so circulation continues (i.e. to fingers or toes). The ace wrap will help remove the swelling from the area. The wrap should be applied in a spiral fashion from the farthest point towards the body. Even tension should be applied throughout the wrap. Loosen the wrap if the area below the injury turns blue or if feeling is lost below the injured area (i.e. fingers or toes).

The following are suggestions for care of this injury:

- Follow the above instructions.
- Schedule a complimentary orthopedic screen at an Athletico Physical Therapy center.
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Go to the emergency room/urgent care center or follow-up with your family physician.

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RINGWORM INSTRUCTION SHEET

You have possibly contracted ringworm. Ringworm is a fungal skin infection quite common among physically active individuals. Fungus grows and thrives in a dark, warm, moist environment. During activity, perspiration often accumulates on the skin, providing a excellent environment for the fungus to grow. Fungal infections are identified by small patches of inflamed red skin, scaling, and possible itching.

IMMEDIATE CARE

- 1) ZERO PARTICIPATION in practice until cleared by a physician or dermatologist
- 2) Shower Daily
- 3) Wash your hands frequently during the day and try not to touch the infected area of your body
- 4) Clean and dry the area around the infected spot and apply prescription medication. Follow all instruction given by the doctor.
- 5) Wash and dry your clothes separate from other clothes in your family.

Suggested follow up for this skin condition: • See your primary care physician or dermatologist

IMPORTANT INFORMATION

As a participant in IHSA (Illinois High School Association) wrestling, the National Federation wrestling states: If a participant is suspected by the referee of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to his opponent. This document shall be furnished at the weigh-in prior to competition in the dual meet or tournament. COVERING A COMMUNICABLE CONDITION SHALL NOT BE CONSIDERED ACCEPTABLE AND DOES NOT MAKE THE WRESTLER ELIGIBLE TO PARTICIPATE.

A release form must be filled out by your general practice physician or dermatologist, before you may return to activity.

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Concussion Information Sheet

What is a concussion? A concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.

Concussion Signs and Symptoms:

- Headache
- □ Blurred Vision
- Nausea/Vomiting
- "Pressure" in Head
- Dazed Appearance

- Difficulty falling asleep
- Difficulty focusing/concentrating
- □ Feeling like you're in a "fog"
- □ Balance Problems

- □ Temporary loss of memory
- Irritability/Emotional
- Sensitivity to light or noises
- Fatigue/Sleepiness

- ** If any signs/symptoms worsen, take your child to the ER immediately.
- ** Symptoms may linger for several days.

Concussion Facts:

- 1. Symptoms can be subtle, such as a headache or feeling sluggish.
- 2. Symptoms may not surface until 48 to 72 hours after the injury.
- 3. Recovery is different from person to person who sustains a concussion, thus recovery time cannot and should not be predetermined until after medical evaluation and post-concussion evaluation by a certified athletic trainer.

Concussion Myths:

- 1. You have to have loss of consciousness to have sustained a concussion.
 - Studies show that less than 10% of concussions result in loss of consciousness.
- 2. Concussions are only a result of a direct blow to the head.
 - A concussion can be sustained by a sudden, violent movement of the head caused by an un-expected external force to the body.
- 3. You need to wake someone every 20 minutes.
 - Though it is important to check on someone periodically, it does not have to be every 20 minutes. Once every 2-3 hours is sufficient
- 4. You need to check pupils with a flash light to see if they are dilated or un-even.
 - There is no need to do this when someone is conscious due to they would not have dilated or unequal pupils and be able to speak with you.

Management of a Concussion:

When a concussion is suspected, it should be brought to the attention of an athletic trainer and/or a physician for further evaluation. Further tests may be recommended by your physician to rule out any bleeding.

What to avoid and do when a concussion is suspected: Things that should be considered so recovery is not delayed:

- Avoid any loud noises (Music, TV, Band practices, or listening to an IPOD)
- Avoid texting, reading, video games, typing, or inter net use. All of these activities cause an increase in cognitive function which
 puts a strain on the brain
- Avoid any over-the-counter aspirin (Advil, Motrin, Ibuprofen, Aleve) which may mask any symptoms
- If studying is needed to be done for a quiz or test the next day or that week, the school nurse, athletic director, administrator and/or guidance counselor should be contacted and made aware that a concussion is suspected and postponement of any quizzes or exams may be needed.
- Staying home from school may be recommended if concussed individual wakes up or begins to experience headaches right away. This may delay recovery, as well.

Return to Participation:

** It is recommended that your child be checked by a physician and/or athletic trainer prior to their return to sport participation. Even after a medical release, post-concussion testing must be done with an athletic trainer to see if any symptoms are re-produced. Athlete may feel fine at rest, but symptoms may be exacerbated with physical activity. Other tests may include a neuro-cognitive test which uses computer software to test cognitive functioning.

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ACUTE ANKLE SPRAIN INSTRUCTION SHEET

You have sustained a mild ankle sprain. Your ankle and foot may turn black and blue and swell; however, this is a normal response to the injury sustained. Listed below are several steps to help manage your injury. Please do not apply heat to the injured area for at least 24-48 hours.

IMMEDIATE CARE

- 1) **Rest** Remain off the injured area as much as possible for the first few hours. Keep the foot and ankle elevated whenever possible.
- 2) **Ice** Ice packs should be applied for 15-20 minutes about 4-5 times per day. Two hours should pass between applications. Use care when applying the ice. The area may burn slightly, turn red, and become numb this is normal. However, if the area turns blue or numbness occurs elsewhere, remove the ice and put a towel between the ice and skin. If these symptoms persist, discontinue the use of ice.
- 3) **Compression** An ace wrap should be left on the ankle at all times except when icing or when showering. At night, leave the wrap on, but loosen it so circulation continues to the toes. The ace wrap will help remove the swelling from the area. The wrap should be applied in a spiral fashion from the toes to the middle of the calf. Even tension should be applied throughout the wrap. Loosen the wrap if the toes turn blue or if feeling is lost in the toes.

The following are suggestions for care of this injury:

- Follow the above instructions.
- Schedule a complimentary orthopedic screen at an Athletico Physical Therapy center.
 - o The nearest Athletico to Marian Catholic is:

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Go to the emergency room/urgent care center or follow-up with an orthopedic physician.

If there are any other questions do not hesitate to contact the Athletic Trainer.

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MRSA INSTRUCTION SHEET

You have possibly contracted MRSA. Below is an informational handout regarding MRSA and the steps that need to be taken for you to return to play.

What is Staphylococcus aureus (staph)? Staphylococcus aureus, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people. Approximately 25% to 30% of the population is colonized (when bacteria are present, but not causing an infection) in the nose with staph bacteria. Sometimes, staph can cause an infection. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics (also known as antimicrobials or antibacterial). However, staph bacteria also can cause serious infections (such as surgical wound infections, bloodstream infections, and pneumonia).

What is MRSA (methicillin-resistant Staphylococcus aureus)? Some staph bacteria are resistant to antibiotics. MRSA is a type of staph that is resistant to antibiotics called beta-lactams. Beta-lactam antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. While 25% to 30% of the population is colonized with staph, approximately 1% is colonized with MRSA.

What does a staph or MRSA infection look like? Staph bacteria, including MRSA, can cause skin infections that may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage. More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

How can I prevent staph or MRSA skin infections?

- Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
- Keep cuts and scrapes clean and covered with a bandage until healed.
- Avoid contact with other people's wounds or bandages.
- Avoid sharing personal items such as towels or razors.

If I have a staph, or MRSA skin infection, what can I do to prevent others from getting infected?

You can prevent spreading staph or MRSA skin infections to others by following these steps:

- Cover your wound. Keep wounds that are draining or have pus covered with clean, dry bandages. Follow your healthcare provider's instructions on proper care of the wound. Pus from infected wounds can contain staph and MRSA, so keeping the infection covered will help prevent the spread to others. Bandages or tape can be discarded with the regular trash.
- Clean your hands. You and others in close contact should wash their hands frequently with soap and warm water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.
- **Do not share personal items.** Avoid sharing personal items such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Wash sheets, towels, and clothes that become soiled with water and laundry detergent. Drying clothes in a hot dryer, rather than air-drying, also helps kill bacteria.
- Talk to your doctor. Tell any healthcare providers who treat you that you have or had a staph or MRSA skin infection.

A medical release form must be filled out by your general practice physician or dermatologist, before your may return to activity.

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