

NEW PRAGUE SCHOOL DISTRICT
ACTIVITIES DEPARTMENT SPORTS MEDICINE POLICIES AND PROCEDURES

The objectives of the New Prague School District Sports Medicine program include: to work towards prevention of athletic injuries, to care for those injuries that occur during practices and/or games, and to complete recovery through rehabilitation so that the athlete can return to competition as safely and quickly as possible. These objectives are attainable with the cooperation of athletes, parents, coaches, and medical personnel.

New Prague High School is equipped with an athletic training room, which is utilized for all sports. The sports medicine program is under the supervision of the Activities Director, Mr. Brad Skogerboe. The certified athletic trainer directly supervises the training room. Athletic training services are provided by Queen of Peace Hospital.

PREVENTION OF INJURIES

The prevention of an injury is more desirable than having to treat one after it occurs. No athlete should underestimate the importance of flexibility, strength, and conditioning exercises. These exercises should be performed on a routine basis.

Taping will only be done on those athletes with instability, recovering from acute injuries, or on order from a physician, provided they are performing the rehabilitative or strengthening exercises recommended by the athletic trainer. In addition, those athletes who have recovered from recent injuries will be placed on a therapeutic exercise program to prevent the injury from recurring.

PRACTICE POLICIES FOR INJURED ATHLETES

Reporting an injury: report all injuries, cuts, etc... **immediately** after practice on the day they occur. If injured during practice, call for the athletic trainer or report to the Athletic Training Room. The Athletic Trainer will take whatever steps that he/she feels need to be taken. Do not leave the practice area because of an injury without permission from a coach. Evaluation of injuries from the previous day will take place only after all pre-practice taping and treatments have been completed.

All athletes will dress in the required practice gear unless excused beforehand by the head coach or the Athletic Trainer. If an athlete is injured to the extent that he/she cannot dress in full gear or is able to perform only limited work, he/she will be required to report to **all practices on time and in the gear suggested by the Athletic Trainer and/or coach.**

Injured players will be given therapeutic exercises intended to speed up the recovery process and maintain conditioning. These exercises are to be done in the Athletic Training Room, under the supervision of the Athletic Trainer, unless the athlete is otherwise directed. It is the **athlete's responsibility** to report for treatment. Failure to follow through with treatment will be documented within the athlete's file.

PHYSICIAN REFERRAL

Those athletes with moderate injuries, requiring rehabilitation lasting 7 to 10 days (i.e. moderate sprains and strains) will be referred to a physician for further evaluation and a prescription for rehabilitation if indicated. Any injury requiring treatment longer than 7 to 10 days will be referred first to a physician, then to a physical therapist or outside sources for treatment. This includes post-operative care and long term conservative treatment of athletic injuries.

Athletes receiving treatment and/or X-rays from an emergency room, or an acute care facility, **must** follow up with a physician for medical clearance, if not specifically stated in the emergency room release, **before** the athlete is allowed to return to play. Medical clearance to return to sport (from the physician) must be **in writing and on file** with the Athletic Trainer, or coach, **before** an athlete can return to his/her sport. **There are no exceptions!!!**

In a non-emergency situation, if a coach feels it is necessary for an athlete to see a physician, he/she should talk with the Athletic Trainer regarding the athlete's condition and the appropriate steps for physician referral will be taken.

EMERGENCY TREATMENT

In the event of an injury requiring emergency medical care or transport, every attempt will be made to contact the parents before the athlete is transported. Ambulance costs **will not** be covered by the School District. **If parents wish for their athlete to be transported to a hospital other than Queen of Peace Hospital, please notify the Athletic Trainer.**

Due to the varying office hours of many physicians, it is advisable that parents know how to reach their child's dentist, orthodontist, and/or ophthalmologist in the case of an emergency.

NON-SPORT RELATED INJURIES

Athletes who are **in season** and injured in their respective sport, will have **first priority** for treatment and rehabilitation. Due to time constraints of the Athletic Trainer and in fairness to all athletes, there will be times when athletes who are not actively in season, will be referred to outside sources for treatment and rehabilitation. Treatment of injured athletes will be done according to the following priorities:

1. An athlete in season injured in interscholastic sports and/or school-sponsored activities.
2. An athlete in season, injured outside of school-sponsored activities.
3. Out of season athlete injured in school-sponsored activities.
4. Out of season athlete injured outside of interscholastic sports.

MEDICAL CONSENT FORM

ATHLETE: _____ **Grade In School:** _____

(Please Print)

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student-athlete. In the event of significant accidental injury, serious illness or the need for major surgery, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student-athlete will be given.

In the event that any emergency arises during a practice session or athletic contest, an effort will be made to contact the parents or guardians as soon as possible. Permission is granted to the certified athletic trainer and or PT to provide the needed emergency treatment to the student-athlete prior to his/her admission to the medical facility. I further grant permission for the emergency medical facility to release any necessary medical information pertaining to my child's injury or illness to the certified athletic trainer. All information released to the certified athletic trainer will remain confidential.

As determined by the Minnesota State High School League (MSHSL), if your student-athlete is seen by a physician for a medical issue, they must have a return to play note before they are allowed to begin participating in their perspective sport again.

I understand that a copy of the Athletic Department Sports Medicine policy is available on the New Prague High School website www.np.k12.mn.us or at the high school athletic office.

Signature of Parent or Guardian Date

Medical conditions/issues to be aware of:

Allergies:

Routine Medications:

Family Physician:

Phone numbers where parents/guardians can be reached:

Home: _____

Work: _____

Cellular/Pager: _____

Emergency contact when parents/guardians are unable to be reached:

Name: _____

Phone: _____