

## Hainesport Township School District

Joseph R. Corn, Superintendent

Lauren Salls, Principal PreK-4



Michael Blake, Business Admin.

Thomas Simonet, Principal 5-8

Dear Parents/Guardians:

Your child has expressed an interest in sports participation at school. Enclosed in this packet are all the forms and information necessary for participating in sports for 2018-2019. Deadlines are as follows:

|               |                   |
|---------------|-------------------|
| Fall sports   | August 23, 2019   |
| Winter sports | October 25, 2019  |
| Spring sports | February 28, 2020 |

**There can be no exceptions to the deadlines. Any issues must be discussed with Mrs. Hess well ahead of the deadline.**

### **PLEASE READ ALL INFORMATION CAREFULLY.**

- 1) A permission form must be completed and returned for each sport played.
- 2) Physical exams – New Jersey law requires that all students in grades 6-12 shall have a medical exam conducted within 365 days **prior** to the first practice session of any interscholastic or intramural sport. The exam must be completed on the state approved “Annual Athletic Pre-Participation Physical Examination Form”. Part A is to be completed by the parents/guardians and brought with you to the physical exam. **ALL AREAS ON PART B MUST BE COMPLETED BY YOUR HEALTHCARE PROVIDER. DO NOT LEAVE YOUR HEALTH CARE PROVIDER'S OFFICE WITHOUT MAKING SURE THAT THE VISION AND PULSE AREAS HAVE BEEN COMPLETED. THIS IS A REQUIRED PART OF THE EXAM.** Physical forms must be reviewed and approved by the school physician before sports participation is approved.

If your child's physical examination was completed **more than** 90 days but **less than** 365 days prior to the first practice, a new physical exam is **not** necessary but you must complete the seasonal health update form.
- 3) All parents and students must read and sign the “Sports-Related Concussion and Head Injury Fact Sheet” for each sport played.
- 4) An educational brochure on sudden cardiac death in young athletes is included according to state law for you to read.
- 5) All parents and students must read and sign the “Opioid Use and Misuse” form annually.
- 6) Students with **asthma** should have a current asthma action plan on file in my office with permission to self-carry and self medicate. Students should carry their inhalers in their athletic bags as they will be traveling off school property and will not have access to a nurse or the nurse's office. Failure to provide this may impact your child's approval to participate.
- 7) Students who require epinephrine for **life-threatening allergies** should have a current anaphylaxis care plan on file in my office and should carry their medication in their athletic bag. Failure to provide this may impact your child's approval to participate.

Please feel free to contact me or Mrs. Orfe with any questions.

Sincerely, Cyndi Hess, School Nurse

# Hainesport Township School District

Joseph R. Corn, Superintendent



Michael Blake, Business Administrator

Lauren M. Salls, Principal PreK-4

Thomas J. Simonet, Principal 5-8

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## 2019-2020 School Sports

June 3, 2019

Dear Parents/Guardians,

Enclosed you will find all the necessary forms that need to be on file in the nurse's office in order for your child to participate in a school sport for the next school year. The sports physical must be completed by your physician. After your physician completes the form, it then goes to our school physician for review and final approval. This is the state law for all middle and high schools. The sports physical date must be within one year of the start date of the sport. Paperwork due dates and sport start dates are as follows:

|   | Paperwork Due Date | Sport Start Date |
|---|--------------------|------------------|
| <b>FALL</b><br>Boys/Girls Soccer, Field Hockey            | 8/23/19            | 9/11/19          |
| <b>WINTER</b><br>Boys/Girls Basketball, Cheerleading      | 10/25/19           | 11/18/19         |
| <b>SPRING</b><br>Softball, Baseball, Lacrosse, Pickleball | 2/28/20            | 3/16/20          |

Any questions please call me at 609-267-1316, ext. 208.

Thank you,

*Cyndi Hess*

Cyndi Hess RN, BSN, CSN  
School Nurse

# Hainesport Township School District

Joseph R. Corn, Superintendent

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Michael Blake, Business Administrator

Thomas J. Simonet, Principal 5-8

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Dear Parent/Guardian,

Your child signed up to participate in a school Fall sport. Girl's Soccer, Boy's Soccer, and Girl's Field Hockey will start on **September 11, 2019**. Anyone participating in a school sport is required to have an updated physical in accordance with the NJ Scholastic Student-Athlete Safety Act (P.L. 2013, c. 71) which states *"The physical examination required by subsection a. of this section shall be conducted within 365 days prior to the first day of official practice in an athletic season..."*

The necessary sports participation forms are attached:

- **Athletic Physical Form**
- **Sports Permission Form**
- **Health History Questionnaire**
- **Sports Related Concussion, Cardiac Death, and Eye Injury Fact Sheets and Acknowledgement Form**
- **Use and Misuse of Opioid Drugs Fact Sheet and Acknowledgement Form**

Any student who does not have an updated physical will not be allowed to participate. All completed physicals are due back to the nurse by **8:30 am August 23, 2019**.

If you have any questions regarding your child's physical expiration date please contact Mrs. Hess, School Nurse, at 609-267-1316, x 208.

Please check which sport(s) your child is interested in:

\_\_\_\_\_ Girl's Soccer    \_\_\_\_\_ Boy's Soccer    \_\_\_\_\_ Girl's Field Hockey

## **Sports Participation Question and Answers**

### **1). What paperwork is needed to participate in sports?**

- A physical exam completed within 365 days of the first day of practice/tryouts and documented on the state approved form.
- A permission form must be turned in for every sport played
- A concussion form must be turned in for every sport played.
- If your child has turned in physical form for a previous sport and that physical was completed more than 90 days but less than 365 days prior to the first practice/tryout, a health history update questionnaire must be completed.

### **2). Does my doctor need to fill out the physical form for each sport played?**

- No. If your child has submitted a physical exam for a previous sport, and it was done less than 365 days from the date of the first practice/tryout of the current sport, your doctor does not need to fill out another physical exam form.

### **3). Do I need to complete the "health history update questionnaire" form for each sport?**

- The health history update form is to be completed only when you have submitted a physical exam for a previous sport that was conducted less than 365 days from the first practice/tryout of the new sport but physical exam is more than 90 days old.

### **4). Will I ever need to provide two physical exams in the same school year?**

- Possibly, depending on the sports played and the date of the exam. For example: your child has signed up to play a sport for the first time in September. His/her most recent physical was done in February which would be a valid physical for the fall sport. He/she then decides to play a spring sport, which starts in March. A second physical exam would be required because, at the time of the first practice for the spring sport, the physical on record would be older than 365 days.

**ATTENTION PARENT/GUARDIAN:** The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

## PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep copy of this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

| GENERAL QUESTIONS  | Yes        | No        |
|--|------------|-----------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?   |            |           |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections<br>Other: _____   |            |           |
| 3. Have you ever spent the night in the hospital?  |            |           |
| 4. Have you ever had surgery?  |            |           |
| <b>HEART HEALTH QUESTIONS ABOUT YOU</b>  | <b>Yes</b> | <b>No</b> |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise?   |            |           |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?   |            |           |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise?  |            |           |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection<br><input type="checkbox"/> Kawasaki disease Other: _____ |            |           |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)   |            |           |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise?   |            |           |
| 11. Have you ever had an unexplained seizure?  |            |           |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise?   |            |           |
| <b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>  | <b>Yes</b> | <b>No</b> |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?   |            |           |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  |            |           |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  |            |           |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  |            |           |
| <b>BONE AND JOINT QUESTIONS</b>  | <b>Yes</b> | <b>No</b> |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?   |            |           |
| 18. Have you ever had any broken or fractured bones or dislocated joints?  |            |           |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?   |            |           |
| 20. Have you ever had a stress fracture?   |            |           |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)   |            |           |
| 22. Do you regularly use a brace, orthotics, or other assistive device?  |            |           |
| 23. Do you have a bone, muscle, or joint injury that bothers you?  |            |           |
| 24. Do any of your joints become painful, swollen, feel warm, or look red?   |            |           |
| 25. Do you have any history of juvenile arthritis or connective tissue disease?  |            |           |

| MEDICAL QUESTIONS   | Yes | No |
|---|-----|----|
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise?                                    |     |    |
| 27. Have you ever used an inhaler or taken asthma medicine?   |     |    |
| 28. Is there anyone in your family who has asthma?  |     |    |
| 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? |     |    |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area?  |     |    |
| 31. Have you had infectious mononucleosis (mono) within the last month?   |     |    |
| 32. Do you have any rashes, pressure sores, or other skin problems?   |     |    |
| 33. Have you had a herpes or MRSA skin infection?   |     |    |
| 34. Have you ever had a head injury or concussion?  |     |    |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?      |     |    |
| 36. Do you have a history of seizure disorder?  |     |    |
| 37. Do you have headaches with exercise?  |     |    |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?              |     |    |
| 39. Have you ever been unable to move your arms or legs after being hit or falling?                                 |     |    |
| 40. Have you ever become ill while exercising in the heat?  |     |    |
| 41. Do you get frequent muscle cramps when exercising?  |     |    |
| 42. Do you or someone in your family have sickle cell trait or disease?   |     |    |
| 43. Have you had any problems with your eyes or vision?   |     |    |
| 44. Have you had any eye injuries?  |     |    |
| 45. Do you wear glasses or contact lenses?  |     |    |
| 46. Do you wear protective eyewear such as goggles or a face shield?  |     |    |
| 47. Do you worry about your weight?   |     |    |
| 48. Are you trying to or has anyone recommended that you gain or lose weight?                                       |     |    |
| 49. Are you on a special diet or do you avoid certain types of foods?   |     |    |
| 50. Have you ever had an eating disorder?   |     |    |
| 51. Do you have any concerns that you would like to discuss with a doctor?  |     |    |
| <b>FEMALES ONLY</b>   |     |    |
| 52. Have you ever had a menstrual period?   |     |    |
| 53. How old were you when you had your first menstrual period?  |     |    |
| 54. How many periods have you had in the last 12 months?  |     |    |

Explain "yes" answers here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

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HE0503

New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

9-2681/0410

**NOTE:** The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

## PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

| EXAMINATION   |        |   |   |
|---|--------|---|---|
| Height  | Weight | <input type="checkbox"/> Male <input type="checkbox"/> Female |   |
| BP  | /      | ( / )   | Pulse   |
| Vision R 20/  |        | L 20/   | Corrected <input type="checkbox"/> Y <input type="checkbox"/> N |
| <b>MEDICAL</b>  |        | <b>NORMAL</b>   | <b>ABNORMAL FINDINGS</b>  |
| Appearance <ul style="list-style-type: none"> <li>Marian stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul> |        |   |   |
| Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>   |        |   |   |
| Lymph nodes   |        |   |   |
| Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>  |        |   |   |
| Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>   |        |   |   |
| Lungs   |        |   |   |
| Abdomen   |        |   |   |
| Genitourinary (males only)*   |        |   |   |
| Skin <ul style="list-style-type: none"> <li>HSV lesions suggestive of MRSA, tinea corporis</li> </ul>   |        |   |   |
| Neurologic*   |        |   |   |
| <b>MUSCULOSKELETAL</b>  |        |   |   |
| Neck  |        |   |   |
| Back  |        |   |   |
| Shoulder/arm  |        |   |   |
| Elbow/forearm   |        |   |   |
| Wrist/hand/fingers  |        |   |   |
| Hip/thigh   |        |   |   |
| Knee  |        |   |   |
| Leg/ankle   |        |   |   |
| Foot/toes   |        |   |   |
| Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>  |        |   |   |

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 \*Consider GU exam if in private setting. Having third party present is recommended.  
 \*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex ☐ M ☐ F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other information \_\_\_\_\_

### HCP OFFICE STAMP

|  |
|--|
| <br><br><br><br><br><br><br><br><br><br> |
|--|

### SCHOOL PHYSICIAN:

Reviewed on \_\_\_\_\_

(Date)

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature: \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_

Completed Cardiac Assessment Professional Development Module

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Hainesport Township School  
SEASONAL UPDATE FORM FOR ATHLETICS**

Today's Date: \_\_\_\_\_ Date of Last Sports Physical: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex: M F (circle one) Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Sport(s): \_\_\_\_\_

Primary Healthcare Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***This form must be completed by the parent or guardian of any student who has had a sports physical more than 60 days prior to the first day of practice for this season.  
(Pursuant to N.J.A.C. 6A:16 – Programs to Support Student Development)***

The purpose for this update is to inform us whether your child has had an illness, injury or other medical problem since his or her last physical.

***PLEASE ANSWER ALL THE FOLLOWING QUESTIONS WITH A YES OR NO. IF YES, PLEASE GIVE FULL DETAILS (USE BACK IF NECESSARY).***

Since your child's last physical examination has he or she had any of the following?

1) Illnesses No \_\_\_\_\_ Yes \_\_\_\_\_ Details \_\_\_\_\_

2) Injuries No \_\_\_\_\_ Yes \_\_\_\_\_ Details \_\_\_\_\_

3) Care administered by a physician, advanced practice nurse, or physician's assistant for recent illness or injury:

No \_\_\_\_\_ Yes \_\_\_\_\_ Details \_\_\_\_\_

4) Change in or addition of medication: No \_\_\_\_\_ Yes \_\_\_\_\_ Details \_\_\_\_\_

5) Recent hospitalization and/or surgeries: No \_\_\_\_\_ Yes \_\_\_\_\_

Details \_\_\_\_\_

**List all current medications here:**

| Medication Name | Dosage | Frequency |
|-----------------|--------|-----------|
|                 |        |           |
|                 |        |           |
|                 |        |           |

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# HAINESPORT SCHOOL ATHLETIC PERMISSION FORM

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Mother contact info: Cell phone: \_\_\_\_\_ (W) \_\_\_\_\_

Father contact info: Cell phone: \_\_\_\_\_ (W) \_\_\_\_\_

Allergies to drugs, food, other: \_\_\_\_\_

Primary care physician: \_\_\_\_\_ Preferred hospital: \_\_\_\_\_

\*\*\*\*\*

This is to certify that we, the undersigned, have given \_\_\_\_\_,  
(Student's name)

permission to play or take part in \_\_\_\_\_ at Hainesport School. We realize that participation  
(Name of sport)

in athletic activities may result in an injury, permanent disability or death. Being completely aware of this we hereby give  
permission for the above named student to participate in the indicated sport.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

\*\*\*\*\*

In order to participate in the above sport:

- ✓ I will maintain my grades. If any of my grades are below a "C" I understand I will be ineligible to participate.
- ✓ I will report regularly to all scheduled practices and games.
- ✓ I shall be responsible for all athletic supplies and uniforms issued to me. If it is lost or damaged in any way I am responsible for reimbursing the school.
- ✓ I will not use tobacco products, alcohol or other illegal substances.
- ✓ I will conduct myself in an orderly manner at all times while representing Hainesport School including avoiding the use of vulgar and/or profane language.

Date: \_\_\_\_\_ Student signature: \_\_\_\_\_

\*\*\*\*\*

## Sudden Cardiac Death in Young Athletes

As per New Jersey P.L. 2013, c.71 we have been provided and have reviewed the pamphlet, "Sudden Cardiac Death in Young Athletes".

Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Student's signature: \_\_\_\_\_

## Website Resources

- Sudden Death in Athletes  
<http://tinyurl.com/m2gjnvw>
- Hypertrophic Cardiomyopathy Association  
[www.4hcm.org](http://www.4hcm.org)
- American Heart Association [www.heart.org](http://www.heart.org)

## Collaborating Agencies:

**American Academy of Pediatrics**  
**New Jersey Chapter**  
3836 Quakerbridge Road, Suite 108  
Hamilton, NJ 08619  
(p) 609-842-0014  
(f) 609-842-0015  
[www.aapnj.org](http://www.aapnj.org)



**American Heart Association**  
1 Union Street, Suite 301  
Robbinsville, NJ 08691  
(p) 609-208-0020  
[www.heart.org](http://www.heart.org)



**New Jersey Department of Education**  
PO Box 500  
Trenton, NJ 08625-0500  
(p) 609-292-5935  
[www.state.nj.us/education/](http://www.state.nj.us/education/)



**New Jersey Department of Health**  
P.O. Box 360  
Trenton, NJ 08625-0360  
(p) 609-292-7837  
[www.state.nj.us/health](http://www.state.nj.us/health)



**Lead Author: American Academy of Pediatrics,**  
**New Jersey Chapter**

**Written by: Initial draft by Sushma Raman Hebbur,**  
**MD & Stephen G. Rice, MD PhD**

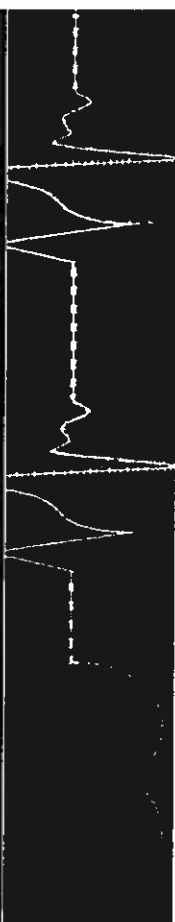
**Additional Reviewers:** NJ Department of Education,  
NJ Department of Health and Senior Services,  
American Heart Association/New Jersey Chapter,  
NJ Academy of Family Practice, Pediatric Cardiologist,  
New Jersey State School Nurses

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Louis Teichholz, MD; Perry Weinstock, MD

# SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

## The Basic Facts on Sudden Cardiac Death in Young Athletes

### SUDDEN CARDIAC DEATH IN YOUNG ATHLETES



**S**udden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).



What are the most common causes?

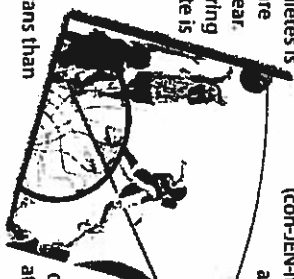
Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

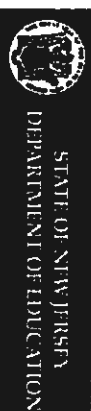
How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.



The second most likely cause is congenital (con-JEN-it-all) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).



**American Academy of Pediatrics**  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

**American Heart Association**  
*Learn and Live*



## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Coronary atherosclerosis of the heart muscle can lead to sudden death in young people. Include:

- Myocarditis (my-oh-car-DIE-it-is), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

Are there warning signs to watch for?

- In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:
- Fainting, a seizure or convulsions during physical activity;
  - Fainting or a seizure from emotional excitement, emotional distress or being startled;
  - Dizziness or lightheadedness, especially during exertion;
  - Chest pains, at rest or during exertion;
  - Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
  - Fatigue or tiring more quickly than peers; or
  - Being unable to keep up with friends due to shortness of breath (labored breathing).

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Preparation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath) and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

PPE. However, these procedures may be

expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at <http://www.hhs.gov/familyhistory/index.html>.

When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a

normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations need a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

N.J.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
  - A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
  - A State-certified emergency services provider or other certified first responder.
- The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1½ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

## **Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form**

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

### **Quick Facts**

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

### **Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)**

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

### **Symptoms of Concussion (Reported by Student-Athlete)**

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion

**What Should a Student-Athlete do if they think they have a concussion?**

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

**What can happen if a student-athlete continues to play with a concussion or returns to play too soon?**

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

**Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?**

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

**Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:**

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

[www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)

[www.nfhs.com](http://www.nfhs.com)

[www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)

[www.bianj.org](http://www.bianj.org)

[www.atsnj.org](http://www.atsnj.org)

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Signature of Student-Athlete

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Print Student-Athlete's Name

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Date

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Signature of Parent/Guardian

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Print Parent/Guardian's Name

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Date

# SPORTS-RELATED EYE INJURIES:

## AN EDUCATIONAL FACT SHEET FOR PARENTS



Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.<sup>1</sup> According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

### Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.<sup>2</sup> Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.<sup>3</sup>

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at <http://www.nei.nih.gov/sports/findingprotection.asp>. Prevent Blindness America also offers tips for choosing and buying protective eyewear at <http://www.preventblindness.org/tips-buying-sports-eye-protectors>, and <http://www.preventblindness.org/recommended-sports-eye-protectors>.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

<sup>1</sup> National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, [www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf](http://www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf), December 26, 2013.

<sup>2</sup> Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, <http://www.aafp.org/afp/2003/0401/p1481.html>, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, [www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf](http://www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf), December 26, 2013.

<sup>3</sup> Bedinghaus, Troy, O.D., Sports Eye Injuries, [http://vision.about.com/od/emergencyeyecare/a/Sports\\_injuries.htm](http://vision.about.com/od/emergencyeyecare/a/Sports_injuries.htm), December 27, 2013.

## Most Common Types of Eye Injuries



The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

♦ **Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

♦ **Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their

own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

♦ **Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.<sup>4</sup>

- Pain when looking up and/or down, or difficulty seeing
- Tenderness
- Sunk-in eye
- Double vision
- Severe eyelid and facial swelling
- Difficulty tracking

## Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape
- Blood in the clear part of the eye
- Numbness of the nose, cheek, and gum, and/or
- Severe redness around the white part of the eye

## What to do if a Sports-Related Eye Injury Occurs



If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

## Return to Play and Sports



According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that

it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.

**Additional information on eye safety can be found at <http://isee.nei.nih.gov> and <http://www.nei.nih.gov/sports>.**

<sup>4</sup>Bedinghaus, Troy, O.D., Sports Eye Injuries, [http://vision.about.com/od/emergencyeyecare/a/Sports\\_injuries.htm](http://vision.about.com/od/emergencyeyecare/a/Sports_injuries.htm), December 27, 2013.



# OPIOID USE AND MISUSE EDUCATIONAL FACT SHEET

## Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller.<sup>1</sup> It is important to understand that overdoses from opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.<sup>2</sup>

This educational fact sheet, created by the New Jersey Department of Education as required by state law (N.J.S.A. 18A:40-41.10), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

### How Do Athletes Obtain Opioids?

In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician's supervision), and 83 percent of adolescents had unsupervised access to their prescription medications.<sup>3</sup> It is important for parents to understand the possible hazard of having unsecured prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

### What Are Signs of Opioid Use?

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied.<sup>3</sup> In the early stages of abuse, the athlete may exhibit unprovoked nausea and/or vomiting. However, as he or she develops a tolerance to the drug, those signs will diminish. Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete's decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening,<sup>4</sup> such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)) offered through the New Jersey Department of Health.

## What Are Some Ways Opioid Use and Misuse Can Be Prevented?

According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

- The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, non-steroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor's instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.<sup>4</sup>
- Ice therapy can be utilized appropriately as an anesthetic.
- Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.
- Tramadol, a non-opioid analgesic in the serotonin uptake inhibitor category, is a good choice should the previously listed options be insufficient to relieve pain.
- In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time;
- Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location; and
- Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drop-off locations or home disposal kits like Deterra or Medsaway.

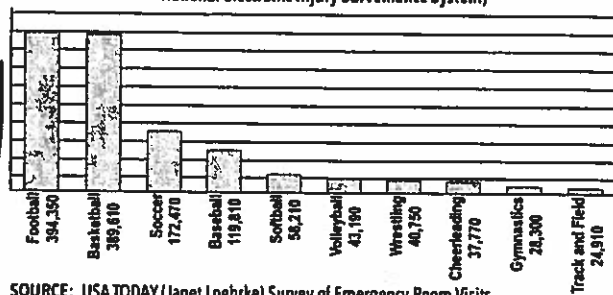
According to NJSIAA Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."





Number of Injuries Nationally in 2012 Among Athletes 19 and Under from 10 Popular Sports

(Based on data from U.S. Consumer Product Safety Commission's National Electronic Injury Surveillance System)



SOURCE: USA TODAY (Janet Loehrke) Survey of Emergency Room Visits

## Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.<sup>5</sup>

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.<sup>6</sup>

## What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.

The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:

**PREPARE** Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.

**CONDITIONING** Maintain a good fitness level during the season and offseason. Also important are proper warm-up and cooldown exercises.

**PLAY SMART** Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.

**ADEQUATE HYDRATION** Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.

**TRAINING** Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways, such as running in a swimming pool instead of only running on the road.

**REST UP** Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low-stress activities such as stretching, yoga or walking.

**PROPER EQUIPMENT** Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

## Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

National Council on Alcoholism and Drug Dependence - NJ promotes addiction treatment and recovery.

New Jersey Department of Human Services, Division of Mental Health and Addiction Services has a mission to decrease the abuse of alcohol, tobacco and other drugs by supporting the development of a comprehensive network of prevention, intervention and treatment services in New Jersey.

New Jersey Prevention Network includes a parent's quiz on the effects of opioids.

Operation Prevention Parent Toolkit is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.

Parent to Parent NJ is a grassroots coalition for families and children struggling with alcohol and drug addiction.

Partnership for a Drug Free New Jersey is New Jersey's anti-drug alliance created to localize and strengthen drug-prevention media efforts to prevent unlawful drug use, especially among young people.

ReachNJ provides information for parents and families, including addiction and treatment stories.

The Science of Addiction: The Stories of Teens shares common misconceptions about opioids through the voices of teens.

Youth IMPACTing NJ is made up of youth representatives from coalitions across the state of New Jersey who have been impacting their communities and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

## References

<sup>1</sup> Massachusetts Technical Assistance Partnership for Prevention

<sup>2</sup> Centers for Disease Control and Prevention

<sup>3</sup> New Jersey State Interscholastic Athletic

Association (NJSIAA) Sports Medical Advisory Committee (SMAC)

<sup>4</sup> Athletic Management, David Csillan, athletic trainer, Ewing High School, NJSIAA SMAC

<sup>5</sup> National Institute of Arthritis and Musculoskeletal and Skin Diseases

<sup>6</sup> USA TODAY

<sup>7</sup> American Academy of Pediatrics

# Hainesport Township School District

Joseph R. Corn, Superintendent

Lauren Salls, Principal PreK-4



Michael Blake, Business Admin.

Thomas Simonet, Principal 5-8

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## Student-Athlete and Parent/Guardian Sign-Off

In accordance with *N.J.S.A. 18A:40-41.10*, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this *Opioid Use and Misuse Educational Fact Sheet* to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

Name of School: Hainesport School

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_