

# **Sports Medicine**

## **HANDBOOK FOR PARENTS and STUDENT-ATHLETES**

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# Lexington Christian Academy Sports Medicine

## A Note from the Head Athletic Trainer

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Each year millions of students across the United States participate in interscholastic athletic competition and each year tens of thousands of them suffer an injury that prevents them from participating in practices and/or athletic contests for their school. While athletic healthcare is commonplace in professional and collegiate athletics, most high school student-athletes across the nation are still not afforded even the most rudimentary of athletic healthcare services.

Lexington Christian Academy has made a moral and financial commitment to the student-athletes of LCA by providing for the establishment of the LCA Sports Medicine Program. Since 2000, the sports medicine program has grown into a program of excellence, combining quality medical care from numerous local Doctors and Therapists.

The LCA Sports Medicine program consists of a nationally and state certified athletic trainer, student athletic trainer(s), 3+ affiliated team physicians and numerous team therapists. In addition, the program maintains affiliations local EMS and many local allied health care providers and specialists.

### *What is Athletic Training?*

Athletic trainers are highly educated and skilled allied health care professionals specializing in athletic health care. In cooperation with physicians and other allied health care providers, athletic trainers function as integral members of the athletic health care team within the school setting. Athletic Trainers are required by their national certifying body (NATA Board of Certification) and the state of Kentucky to maintain their skills through Continuing Educations Requirements or they lose their authority to practice.

Athletic Trainers in Kentucky are certified through the National Athletic Trainers' Association Board of Certification and the Kentucky Board of Medical Licensure. These bodies require that individuals take extensive written and oral examinations testing their skills in five domains of athletic training after completing a university course of studies leading to a Bachelors or Masters Degree.

All Athletic Trainers are expected to be competent in the following:

- Risk management and injury prevention
- Pathology of injuries and illnesses
- Assessment and evaluation
- Acute care of injury and illness
- Pharmacology
- Therapeutic modalities
- Therapeutic exercise

- General medical conditions and disabilities
- Nutritional aspects of injury and illness
- Psychosocial intervention and referral
- Health care administration
- Professional development and responsibility

The entire LCA Sports Medicine Staff is committed to providing the best possible athletic health care to students participating in athletics at LCA. In addition, we are also committed to reducing the cost of health care to our student-athletes by providing as many services as possible in house in our athletic training room. Since 2000, over a quarter-million dollars in medical services have been provided to LCA student-athletes free of charge.

We are only able to do our job successfully when we have the full cooperation and support of the parents of our student-athletes. We would like to thank you for all that you mean to us, and your level of commitment to your children here at LCA.

In Him,

Andrew Carlson, MS, ATC  
Head Athletic Trainer

# Lexington Christian Academy Sports Medicine

## Athletic Accident Insurance

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All injuries need to be reported to the Athletic Trainer and your Head Coach.

The insurance that all student-athletes receive is a secondary coverage. It pays the cost that is not covered by the student-athlete's primary insurance provider. This secondary coverage is purchased through Mutual of Omaha. The form can be found on the LCA website:

<http://lexingtonchristian.org/>

Items needed for the claim form are as follows:

1. The claim form must be completed in its entirety and signed by both the parents and a school official (coach or athletic trainer).
2. The date of the accident and a detailed description are required to verify that the incident was school-related.
3. This coverage has a benefit period of 52 weeks from the date of the accident.
4. In addition to the claim form, the company will also require the following in order to make payment:
  - a. Itemized physician, hospital, or other provider bill that includes the diagnostic and procedure codes
  - b. Explanation of Benefits from primary carrier

For questions regarding claims:

Mutual of Omaha Insurance      1-800-524-2324

# Lexington Christian Academy Sports Medicine

## Pre-Participation Physicals

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All students who participate in athletics must have a current physical on file with the LCA Sports Medicine Staff. KHSAA policy requires that this physical be performed by a “licensed medical doctor”. Physicals may not be signed by nurse practitioners or physician assistants. Also, physicals performed by a chiropractor are not valid. Physicals are valid for exactly one year, i.e. June 1, 2010 through May 31<sup>st</sup>, 2011.

The physical must be obtained prior to participating in any practices, scrimmages, or games. All completed physical forms and associated forms should be submitted to the athletic training room or LCA athletic office. A copy of this physical form may be found at:

<http://www.khsaa.org/forms/ge04.pdf>

Each year, physicals are performed at the school for all students needing a physical. Doctors from around the area are gracious enough to come and support our athletic program and take time out of their busy schedule. These physicals are not mandatory, however it is an easy way for student-athletes to be sure they are up to date on their physicals.

# Lexington Christian Academy Sports Medicine

## Team Medical Release Information

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Prior to participating in athletics at Lexington Christian Academy, each student-athlete/parent must complete several forms. The forms include the *pre-participation physical examination, a parental consent form, and a participation waiver form* (both of which accompany the physical form). Each of the forms requests specific information and provides you, the parent, and your child with important information about the risks of participating in athletics.

It is extremely important that you fill the forms out properly and that your child returns them to the Sports Medicine Department before participating in practices, scrimmages, or games. It is these forms which provide us with the names and phone numbers of who to contact in an emergency, any special medical information on your child, and a statement authorizing medical care in the event that you cannot be reached to authorize such care.

Finally, the forms allow us to send and receive pertinent medical information from other medical providers and insurance companies, which allows us to better serve you should your child become injured and incur medical bills. New federal regulations REQUIRE written authorization for the release of medical information between medical providers, insurance companies, and other related groups and individuals.

# Lexington Christian Academy Sports Medicine

## In An Event of an Injury

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### **At the School:**

Athletic and other injuries which occur at Lexington Christian Academy should be reported to the LCA Sports Medicine staff and the athlete's coach as soon as the athlete realizes they are injured. If the athlete is injured during school hours, they should also report this injury to the appropriate personnel.

The LCA Sports Medicine staff will evaluate the injury and, based upon this evaluation, make a determination as to what is the most appropriate course of treatment for the athlete. In most cases, injuries are minor in nature and the athlete can be successfully treated in the athletic training room at LCA. 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 attending athletic trainer and provided with information concerning the nature of the injury and information on having the injury examined by our physicians.

### **On the Road:**

In some cases, an athletic trainer accompanies our teams when they travel away from LCA. If an athlete is injured while on the road, they should report that injury to the sports medicine staff member if there is one traveling with the team. If there is not an athletic trainer with them, then the athlete should report their injury to their coach.

If the host school employs an athletic trainer, our coaching staff may elect to have the athlete examined by that athletic trainer. They will most likely provide basic care for the injury, and refer the athlete back to our sports medicine staff. Because of travel times and distances of contests from LCA, athletes may need to report the injury to the athletic trainer the following school day. *It is imperative that they do 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 the athletic training room, the head athletic trainer, or the coach. The telephone numbers for the athletic training room and the athletic trainer are located in this booklet. It is always your right as a parent to seek further medical care for your son/daughter if you have any doubt as to the seriousness of their injury. It is strongly recommended, though, that you contact the sports medicine staff at LCA before taking your son/daughter to the physician of your choice. Students at LCA can often be more quickly seen by our Team Physicians and affiliated providers.

If you do, however, decide to use a physician that is not affiliated with the LCA Sports Medicine Program we ask that you pick up a *Medical Referral Form* from our office prior to your doctor visit. Written communication with your doctor is very important for us to appropriately (and legally) treat athletes and return them to safe athletic competition when released by the physician.

**PLEASE NOTE** – Athletes seen by physicians not affiliated with the LCA Sports Medicine Program will be **REQUIRED** to submit written treatment plans and a written release from their physician in order to return to participation on their team. Without written instructions, we have no way of confirming whether or not an athlete is actually cleared to participate until such documentation is received.

### **General and Follow-Up Care:**

In order to insure 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 the athletic training staff has determined that they have recovered sufficiently and do not require further medical care.

Due to the expansive nature of the athletic program at LCA, we may not always have an opportunity to track your son/daughter down if they fail to report to the training room for initial or follow-up care for an injury. It is strongly encouraged that parents keep checking with their child and even call the training room if they have any doubt as to whether or not their child is doing what they are supposed to be doing in order to successfully recover from their injury.

All treatment plans for athletes seen in the athletic training room are devised and based upon established protocols, physicians' written, oral and/or standing orders, and standard rehabilitation protocols.

# Lexington Christian Academy Sports Medicine

## Asthma Guidelines – Policies and Procedures

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### **Asthma Introduction**

Asthma is chronic inflammation of the airways leading to bronchospasm. In 50-85% of asthmatics, exercise will exacerbate asthma symptoms. Exercise-induced bronchospasm usually occur during or minutes after vigorous activity, reaches its peak 5-10 minutes after stopping activity, and usually resolves in 20-30 minutes.

### **Inhaled Medications**

Inhaled medications are delivered directly to the airways, which is useful for lung disease. Aerosol devices for inhaled medications may include the metered-dose inhaler (MDI), dry-powder inhaler, or nebulizer. The most commonly used inhaled medications are delivered by the MDI, with or without a spacer. There are few side-effects because the medicine goes right to the lungs and not to other parts of the body.

It is critical that the patient use the prescribed MDI correctly to get the full dosage and benefit from the medication. Unless the inhaler is used in the right manner, much of the medicine may end up on the patient's tongue, back of their throat, or in the air.

### **Using the MDI**

The LCA Sports Medicine Staff may assist a student-athlete in the use of a prescribed MDI as follows:

- Remove the cap from the MDI and hold inhaler upright
- Shake inhaler
- Tilt patient head back slightly and have patient breath out
- Open mouth, place mouth over mouthpiece
- Press down on the inhaler to release the medication as patient starts to breathe slowly
- Patient breathes in slowly for 3-5 seconds
- Patient hold breath for 10 seconds to allow the medication to reach deeply into lungs
- Repeat puffs as prescribed, waiting 1 minute between puffs may permit the 2<sup>nd</sup> puff to reach deeper in the lungs

### **Emergency Care for Severe Asthma**

Patients involved in life-threatening asthma exacerbation will experience a combination of the following: shortness of breath (>30 respirations/min), mental status change, inability to speak in sentences, sweaty and unable to lie down. If patient is not responding to or is unable to properly use their MDI, the LCA Sports Medicine Staff should:

1. Call EMS
2. Begin BLS protocol

3. Calculate pulse, respirations, and blood pressure
4. Maintain an airway
5. Transport patient to nearest medical facility

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Team Physician

## **Lexington Christian Academy Sports Medicine**

### **Flexibility Guidelines**

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We cannot feel ourselves getting tighter, but this does happen each day we do not stretch our muscles. Adequate flexibility helps muscles perform to their fullest capacity, allowing athletes to achieve speed, range of motion, reduce soreness, and achieve their greatest level of athletic success.

The following guidelines will allow the student-athlete to achieve the type of flexibility needed for athletics:

- Flexibility can be lost quickly and can only be improved slowly
- Athletes should be stretching during the off-season, regardless of activity level
- Stretching should not hurt – You will feel tightness and perhaps some discomfort while stretching tight muscles, but you should not be in pain
- Warm muscles stretch more easily than cold muscles – A proper warm-up is essential

The next page is a copy of the flexibility/warm-up guidelines developed by the sports medicine and strength and conditioning program.



## **Pre-Practice/ Pre-Game Warm-Up**

- **Line to Line Jog (Forward & Backward)**

- **Walking Knee Hugs**

- **March**

- **Walking Hip Stretch**

- **High Knee Extend**

- **Walk Quad Stretch**

- **Lunge**

- **Groin**

- **High Shuffle**

- **Low Shuffle**

- **Shuffle Squat**

- **Knee to Armpit**

- **Cobra Stretch**

- **Iron Cross**

- **Roll Over**

- **Hand Walk**

**Floor**

- **Forward Hops (DL & SL) – 10x/ea.**

- **Lateral Hops (DL & SL) – 10x/ea.**

- **DL Vertical Jumps – 10x**

- **Scissor Jumps – 10x**

- **SL Squats**

- **Shuttle Run (Forward & Backward)**

- **Bounding Run**

# Lexington Christian Academy Sports Medicine

## Exertional Heat Illness Prevention and Management Program

(Developed by LCA Sports Medicine Team in Consultation with Team Physicians)  
Revised June 2010

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### **Factors Affecting Temperature Regulation**

- Air Temperature
- Humidity
- Wind
- Clothing
- Adaptability of the Body
- Fluid Intake
- Activity Intensity

### **Susceptibility**

- Athletes with prior medical history of cramping and/or heat illnesses
- Athletes with certain medical conditions
- Poorly conditioned and/or un-acclimatized athletes
- Overweight athletes / athletes with a high body-mass index (BMI)
- Athletes who constantly compete at high capacity/intensity
- Athletes with very low BMI / low body-fat
- Athletes who are ill (e.g. infection, fever, diarrhea, vomiting, etc.)
- Athletes who are taking certain medications
- Athletes who are taking certain supplements
- Athletes with poor dietary/nutrition habits
- Athletes with high core temperatures
- Athletes who have greater than 3% body weight loss during practice
- Athletes who are on restricted and/or low-salt diets
- Athletes who are heavy sweaters

### **Prevention Strategies & Recommendations**

#### **Pre-Season:**

- Thorough & completes medical history and pre-participation physical examination
  - Supplement Notification Form (Strength Coach)
  - Medical Alert List
  - Medical Examination
- Strength and Conditioning / Acclimatization Program
- Education Initiatives with Coaching Staff
  - KHSAA Medical Symposium/Classes

- Open Lines of Communication
- Heat Index Modifications
- Fluid Replacement
- Heat Illness Recognition
- Education Initiatives with Student-Athletes
  - Open Lines of Communication
  - Diet/Hydration
  - Fluid Replacement
  - Proper Clothing
  - Supplement Notification Form (Strength Coach)
  - Rest
- Preparation of Facilities
  - Ice/Water
  - Ice Towels (if needed)
  - Coolers/Water Bottles
  - Electrolyte Supplements
  - “Cool Area” on Field
  - Ice Tubs
  - Heat Index/Temperature Sensors
  - John Deere Gators for Transport
  - Review/Revision of Emergency Action Plans
- Emergency Planning/Communication
  - Communication with Team Physicians & Local EMS
  - Cold Tubs
  - John Deere Gators for Transport

### **Pre-Practice:**

- Monitor Weather Radar and Heat Index
- Communicate with Student-Athletes
  - Diet/Nutrition
  - Hydration
- Communicate with Coaches
  - Adjustment of Practice Times, Breaks, Intensity, etc.
- Urine Color Chart (posted in bathrooms/locker rooms)
- Availability of Electrolyte Supplements
- Field-Preparation
  - Ice/Water/Ice Towels
  - “Cool Area”
  - Ice Tubs
  - Emergency Equipment

### **During Practice:**

- Sports Medicine Staff Availability and Communication
- Monitor Heat Index
- Monitor Fluid Intake of Student-Athletes/Coaches
- Ice/Water/Ice Towel Availability

- Electrolyte Supplement Availability
- Cold Tubs Availability

### **Post-Practice:**

- Communicate with Student-Athletes
  - Urine Color Chart
  - Diet/Nutrition
  - Re-Hydration
    - Replace 150% of volume lost (24oz of fluid every pound lost)
    - Fulfill thirst & Eat good, nutritious meal
  - Importance of REST
  - Stay out of sun!
- Communicate with Coaches – Injury Report
- Urine Color Chart (Available in Locker Rooms)

### **Recognition of Heat Exhaustion**

- Normal Blood Pressure
- Tachycardia (rapid heart rate)
- Ataxia and Coordination Problems
- Cold, Damp, & Ashen Skin
- Nausea and/or Vomiting
- Headache, Dizziness, and/or Faintness
- Profuse Sweating
- Rapid & Shallow Breathing
- Weak Pulse
- Muscle Spasms/Cramps
- Thirst
- Decreasing Consciousness
- Rapid Recover with Treatment

### **Emergency Treatment of Heat Exhaustion**

- Transport athlete to cool place/remove from environment
- Remove equipment and/or constrictive clothing
- Monitor vital signs (BP, pulse, respirations, body temperature)
- Push Fluids/Rehydrate
- Ice Tub
- Place ice towels on athlete
- Replenish electrolytes

## **Recognition of Heat Stroke**

A **SERIOUS, LIFE-THREATENING** condition requiring **IMMEDIATE** medical attention

The ability to rapidly and accurately assess core body temperature and CNS functioning is critical to the proper evaluation of exertional heat stroke. Medical staff should be properly trained and equipped to assess core temperature via rectal thermometer when feasible.

Aggressive and immediate whole-body cooling is the key to optimizing treatment of exertional heat stroke. The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiologic changes resulting in fatal consequences may occur within vital organ systems (e.g. muscle, heart, brain, etc.).

- Sudden onset
- High core body temperature (104° F or higher)
- Pulse rate of 160 BPM or greater
- Rapid respirations
- Red, hot, dry, & flushed skin
- Nausea and/or vomiting
- Lack of perspiration
- Dry mouth and/or intense thirst
- Headache, dizziness, confusion, and/or lethargy
- Staggering body control, poor judgment, and/or bizarre behavior
- Convulsions / Muscle twitching
- Decreasing consciousness

## **Emergency Treatment of Heat Stroke**

- Activate EMS
  - **Only transport after patient is stable, and core body temperature is lowered**
- Transport to cool area/remove from environment
- Remove equipment and constrictive clothing
- **Cool athlete rapidly via cold-water immersion**
- Maintain ABCs
- Monitor vital signs
- Push fluids (if conscious)
- Place ice towels on athlete
- Replenish electrolytes

## Heat Index

The Heat Index reading is an accurate method of determining environmental conditions, which would predispose athletes to heat illnesses. The dry bulb and wet bulb temperatures are measured using a psychrometer. One should follow these guidelines when calculating the Heat Index:

- Measure the Heat Index at the specific playing site
- Measure the Heat Index prior to practice
- Measure the Heat Index every 45-60 minutes during a practice session

### **KHSAA Heat Index Recommendations:**

Under 95 degrees Heat Index	<ul style="list-style-type: none"> <li>❖ All sports               <ul style="list-style-type: none"> <li>➢ Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.</li> <li>➢ Optional water breaks every 30 minutes for 10 minutes in duration</li> <li>➢ Ice-down towels for cooling</li> <li>➢ Watch/monitor athletes carefully for necessary action.</li> </ul> </li> </ul>
95 degrees to 99 degrees Heat Index	<ul style="list-style-type: none"> <li>❖ All sports               <ul style="list-style-type: none"> <li>➢ Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.</li> <li>➢ Mandatory water breaks every 30 minutes for 10 minutes in duration</li> <li>➢ Ice-down towels for cooling</li> <li>➢ Watch/monitor athletes carefully for necessary action.</li> </ul> </li> <li>❖ Contact sports and activities with additional equipment               <ul style="list-style-type: none"> <li>➢ Helmets and other possible equipment removed while not involved in contact.</li> </ul> </li> <li>❖ Reduce time of outside activity. Consider postponing practice to later in the day.</li> <li>❖ Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index.</li> </ul>
100 degrees to 104 degrees Heat Index	<ul style="list-style-type: none"> <li>❖ All sports               <ul style="list-style-type: none"> <li>➢ Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.</li> <li>➢ Mandatory water breaks every 30 minutes for 10 minutes in duration</li> <li>➢ Ice-down towels for cooling</li> <li>➢ Watch/monitor athletes carefully for necessary action.</li> <li>➢ Alter uniform by removing items if possible</li> <li>➢ Allow for changes to dry t-shirts and shorts.</li> <li>➢ Reduce time of outside activity as well as indoor activity if air conditioning is unavailable.</li> <li>➢ Postpone practice to later in day.</li> </ul> </li> <li>❖ Contact sports and activities with additional equipment               <ul style="list-style-type: none"> <li>➢ Helmets and other possible equipment removed if not involved in contact or necessary for safety. If necessary for safety, suspend activity.</li> </ul> </li> <li>❖ Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index.</li> </ul>
Above 104 degrees Heat Index	<ul style="list-style-type: none"> <li>❖ All Sports               <ul style="list-style-type: none"> <li>➢ Stop all outside activity in practice and/or play, and stop all inside activity if air conditioning is unavailable.</li> </ul> </li> </ul>

### Modification of Athletic Activities:

- Chain of Command: The decision to modify and/or terminate an athletic activity in the event of excessive heat and/or poor air quality should be made by a member of the Sports Medicine department

KHSAA Heat Index Chart:

## Heat Index Calculation and Chart (In Fahrenheit)

		79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	
<b>Relative Humidity at Site</b>	100	84	87	91	95	99	103	107	112	116	121	126	132	137	143	149	155	161	168	174	181	188	
	99	84	87	91	94	98	102	106	111	116	120	125	131	136	142	147	153	160	166	172	179	186	
	98	84	87	90	94	98	102	106	110	115	120	124	130	135	140	146	152	158	164	171	177	184	
	97	84	87	90	94	97	101	105	110	114	119	124	129	134	139	145	151	157	163	169	176	182	
	96	83	87	90	93	97	101	105	109	113	118	123	128	133	138	144	149	155	161	167	174	180	
	95	83	86	90	93	97	100	104	108	113	117	122	127	132	137	142	148	154	160	166	172	179	
	94	83	86	89	93	96	100	104	108	112	116	121	126	131	136	141	147	152	158	164	170	177	
	93	83	86	89	92	96	99	103	107	111	116	120	125	130	135	140	145	151	157	162	169	175	
	92	83	86	89	92	95	99	103	106	111	115	119	124	129	133	139	144	149	155	161	167	173	
	91	83	86	89	92	95	98	102	106	110	114	118	123	127	132	137	143	148	154	159	165	171	
	90	83	86	88	91	95	98	102	105	109	113	117	122	126	131	136	141	147	152	158	164	170	
	89	83	85	88	91	94	98	101	105	109	113	117	121	125	130	135	140	145	151	156	162	168	
	88	83	85	88	91	94	97	101	104	108	112	116	120	125	129	134	139	144	149	155	160	166	
	87	83	85	88	91	94	97	100	104	107	111	115	119	124	128	133	138	143	148	153	159	164	
	86	83	85	88	90	93	96	100	103	107	110	114	118	123	127	132	136	141	146	152	157	163	
	85	83	85	87	90	93	96	99	102	106	110	113	117	122	126	130	135	140	145	150	155	161	
	84	82	85	87	90	93	96	99	102	105	109	113	117	121	125	129	134	139	144	149	154	159	
	83	82	85	87	90	92	95	98	101	105	108	112	116	120	124	128	133	137	142	147	152	158	
	82	82	85	87	89	92	95	98	101	104	108	111	115	119	123	127	132	136	141	146	151	156	
	81	82	84	87	89	92	94	97	100	104	107	110	114	118	122	126	131	135	140	144	149	155	
80	82	84	86	89	91	94	97	100	103	106	110	113	117	121	125	129	134	138	143	148	153		
79	82	84	86	89	91	94	96	99	102	106	109	113	116	120	124	128	133	137	142	146	151		
78	82	84	86	88	91	93	96	99	102	105	108	112	115	119	123	127	131	136	140	145	150		
77	82	84	86	88	90	93	96	98	101	104	108	111	115	118	122	126	130	135	139	144	148		
76	82	84	86	88	90	93	95	98	101	104	107	110	114	117	121	125	129	133	138	142	147		
75	82	84	85	88	90	92	95	97	100	103	106	109	113	116	120	124	128	132	136	141	145		
74	82	83	85	87	89	92	94	97	100	103	106	109	112	116	119	123	127	131	135	140	144		
73	82	83	85	87	89	91	94	96	99	102	105	108	111	115	118	122	126	130	134	138	143		
72	82	83	85	87	89	91	93	96	99	101	104	107	111	114	117	121	125	129	133	137	141		
71	81	83	85	87	89	91	93	96	98	101	104	107	110	113	116	120	124	127	131	136	140		
70	81	83	85	86	88	90	93	95	98	100	103	106	109	112	116	119	123	126	130	134	138		
69																							
68	Under 95 degrees Heat Index																						
67																							
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60		95 degrees to 99 degrees Heat Index																					
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50	100 degrees to 104 degrees Heat Index																						
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20																							
19	78	79	79	80	81	81	82	83	84	84	85	86	87	88	89	90	91	92	94	95	96		
18	78	78	79	80	80	81	82	83	84	84	85	86	87	88	89	90	91	92	93	94	95	96	
17	78	78	79	80	80	81	82	83	84	84	85	86	87	88	89	90	91	92	93	94	95	96	

Hydration/Urine Color Chart:

# AM I HYDRATED?

## Urine Color Chart

<b>1</b>		
<b>2</b>		If your urine matches the colors 1, 2, or 3, you are properly hydrated.
<b>3</b>		Continue to consume fluids at the recommended amounts.
<b>4</b>		If your urine color is below the <b>RED</b> line, you are
<b>5</b>		<b><u>DEHYDRATED</u></b> and at risk for cramping and/or a heat illness!!
<b>6</b>		<b><u>YOU NEED TO DRINK MORE WATER!</u></b>
<b>7</b>		
<b>8</b>		

*Approved by:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Athletic Trainer

*Approved by:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Team Physician

**References**

Clements JM, Casa DJ, Knight JC, McClung JM, Blake AS, Meenen PM, Gilmer AM, Caldwell KA. Ice-water and cold-water immersion provide similar cooling rates in runners with exercise-induced hyperthermia. JAT 2002; 37: 146-150.

McDermott BP, Casa DJ, Ganio MS, Lopez RM, Yeargin SW, Armstrong LE, Maresh CM. Acute Whole-Body Cooling for Exercise-Induced Hyperthermia: A Systematic Review. JAT 2009; 44(1): 84-93.

Binkley HM, Beckett J, Casa DJ, Kleiner DM, Plummer PE. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. JAT 2002;37(3):329-343.

# Lexington Christian Academy Sports Medicine

## Infectious Skin Disease Guidelines

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### What is “Staph”/MRSA?

**Staphylococcus aureus**, often referred to as “**staph**”, is a common type of bacteria that can live harmlessly on the skin or in the nose of 25-35% of healthy people. Occasionally, staph can cause an infection. Staph bacteria are one of the most common causes of skin infection in the United States, but most of these infections are minor, such as pimples or boils. Most of these infections can be treated without antibiotics, however, some staph infections can cause serious infections, such as pneumonia, bloodstream, bone, and joint infections, and surgical wound infections.

In the past, most serious staph bacterial infections were treated with a certain type of antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics. These resistant bacteria are called **methicillin-resistant staphylococcus aureus (MRSA)**. According to the CDC, 1% of the population is colonized with MRSA. MRSA is one type of skin infection among several that are of concern in competitive sports.

### Who Gets “Staph”/MRSA?

“Staph” infections, including MRSA, have been traditionally associated with outbreaks in health-care facilities, but they are becoming increasingly common in student-athletes participating in close contact sports. “Staph” and MRSA are spread either by direct physical contact or indirect touching of contaminated objects. This includes touching, using, and/or sharing sheets, towels, clothes, equipment, dressings, personal items, bar soap, etc. which have been used by someone who has “staph” and/or MRSA, along with poor hygiene habits (e.g. hand washing, showering, etc.).

### What Does “Staph”/MRSA Look Like?

“Staph” and/or MRSA usually first presents as some type of skin or soft tissue infection such as pimples, abscesses, pustules, and/or boils. Some can be red, swollen, painful, and/or have pus or other drainage. The pustules may be confused with insect bites initially, and may be associated with existing turf burns and/or abrasions.



### **What To Do:**

Without proper referral and care, more serious infections may cause pneumonia, bloodstream, bone, and/or joint infections, and/or surgical wound infections. *If you or anyone you know has what appears to be what looks like “staph” and/or MRSA, please contact a LCA Sports Medicine Team Physician and/or Staff Member as soon as possible for evaluation.*

### **Prevention of “Staph” and/or MRSA:**

Although treatable, there can be complications associated with “staph” and MRSA infections, making prevention the best measure to combat these infections. The CDC suggests the following measures for preventing staph infections, including MRSA:

1. Practice good hand hygiene by washing hands frequently and in a thorough fashion with soap and warm water
2. Take a shower with hot water and wash with soap following activities
3. Avoid sharing towels, equipment, razors, soap, etc.
4. Use a barrier between your skin and equipment
5. Wipe surfaces of equipment before and after use
6. Clean and properly cover any open wounds, such as turf burns, abrasions, lacerations, etc. with an appropriate bandage at all times
7. Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs if you have an open wound
8. Maintain clean facilities and equipment

9. ***Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to a Sports Medicine staff member and/or physician immediately.***

*Approved by:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Athletic Trainer

*Approved by:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Team Physician

# Lexington Christian Academy Sports Medicine

## Concussion Guidelines

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### **Purpose:**

The following policy and procedures on assessment and management of concussions as well as return to play guidelines has been developed in accordance to the Lexington Christian Academy Sports Medicine's mission statement to provide quality healthcare services and assure the well-being of each student-athlete at LCA.

The LCA Sports Medicine Department recognizes that sport induced concussions pose a significant health risk for those student-athletes participating in athletics at LCA. With this in mind, the Sports Medicine Department has implemented policies and procedures to assess and identify those student-athletes who have suffered a concussion.

### **Definition:**

Violent shaking or jarring action to the brain, usually as a result of impact with an object or ground. This results in immediate partial or complete impairment of neurological function.

### **Signs and Symptoms of Concussion:**

Certified athletic trainers and athletic training students all need to be aware of the signs and symptoms of concussions to properly recognize and intervene on behalf of the student-athlete.

#### Physical Symptoms

Headache  
Vision Difficulty  
Nausea  
Dizziness  
Balance Difficulties  
Light Sensitivity  
Fatigue

#### Cognitive Symptoms

Memory Loss  
Attention Disorders  
Reasoning Difficulty

#### Emotionality Symptoms

Irritability  
Sadness  
Nervousness  
Sleep Disturbances

### **Concussion Management and Return to Play Guidelines:**

In any circumstance where a concussion is suspected in an athlete, the first priority is to remove the athlete from further competition until a thorough sideline assessment can be made.

Furthermore, if there is a question about the state of mental clearing it is best to err in the direction of conservative assessment and withhold the athlete from further competition until a physician assessment can be arranged.

The recommendations in this document for the management of concussion are based on review of the medical literature including, but not limited to, statements by the Consensus Statement on

Concussion in Sport held in Zurich (2008), American Academy of Neurology, Robert C. Cantu, MD, and the NCAA Manual of Sports Medicine.

While there is no clear consensus regarding prognostic significance of many physical manifestations in the post-concussion setting, there is general agreement that these symptoms do assist in the grading of concussion severity. This grading is pivotal management of concussion.

### **Proposed Concussion Grading Scale**

Grade I:	Transient Confusion No Loss of Consciousness Post-Concussive Symptoms Lasting < 15 minutes
Grade II:	Transient Confusion No Loss of Consciousness Post-Concussive Symptoms Lasting < 15 minutes
Grade III:	Any Loss of Consciousness Confusion or Concussive Symptoms Lasting < 60 minutes

### **Management of Concussions:**

#### *Grade I Concussions*

1. If all situations where a concussion is suspected the first step is to remove the athlete from competition.
2. The athlete should be assessed every 5 minutes until post-concussive confusion has cleared.
3. The athlete should perform a SAC test. If they achieve a score of 25 or higher and continue to be free of any signs or symptoms, then they should perform exertional drills.
4. If the athlete has no confusion at 15 minutes and is free of the Common Signs and Symptoms listed above, have the athlete perform exertional sport specific drills.
5. If the athlete remains free of symptoms and has a negative Rhomberg Exam, the athlete may return to competition in 2-3 days.
6. In all circumstances document the player name, position, circumstance of injury, duration of confusion and any post-concussive symptoms. All athletes' who sustain a concussion should be referred for neuro-cognitive testing and evaluation with team physician within 24 hours.

#### *Grade II Concussions*

1. If all situations where a concussion is suspected the first step is to remove the athlete from competition.
2. Assess the athlete for post-concussive clearing of his/her confusion every 5 minutes for the first 30 minutes, then every 15 minutes until symptoms resolve.
3. Document the player name, position, circumstance of injury, duration of confusion and any post-concussive symptoms.

4. The athlete should **NOT** return to the current competition, even if symptoms completely clear.
5. The athlete should be referred for neuro-cognitive testing and evaluation by the team physician within 24 hours of injury.

#### *Grade III Concussions*

1. All athlete's with documented loss of consciousness *or* post-concussive symptoms lasting more than 60 minutes shall be considered to have a Grade III concussion
2. If the athlete remains unconscious, he/she should undergo cervical spine immobilization and be transported by rescue squad to the nearest emergency department.
3. When the loss of consciousness is brief (<15 seconds) or the athlete has prolonged post-concussion confusion, evaluation should be conducted by the Team Physician (or his local equivalent in travel situations) or the Emergency department in an expedient manner.
4. Assess the athlete for post-concussive clearing of his/her confusion every 5 minutes for the first 30 minutes, then every 15 minutes until symptoms resolve.
5. Document the player name, position, circumstance of injury, duration of confusion, and any post-concussive symptoms.
6. The athlete should **NOT** return to the current competition, even if symptoms completely clear.
7. The athlete should be referred for neuro-cognitive testing and evaluation by the team physician within 24 hours of the injury.

The Sports Medicine Department recognizes that it may be not possible for neuro-cognitive testing to take place within 24 hours due to team travel and other difficulties. With that in mind, it is necessary to plan for neuro-cognitive testing as soon as possible for the student-athlete, when they return to campus and for an evaluation with the team physician.

#### **Guidelines and Procedures for Coaches:**

**Recognize:** All coaches should become familiar with the signs and symptoms of concussion

**Remove:** If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluate medically

**Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and should not be allowed to return to activity that day**

**Refer:**

1. Coaches should report all head injuries to the LCA Certified Athletic Trainer as soon as possible for medical assessment and management, and for coordination of home instructions and follow-up care.
2. Coaches should seek assistance from the host site ATC if at an away contest
3. If the ATC is unavailable, or the athlete is injured at an away contest, the coach is responsible for notifying the athlete's parents of the injury
4. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to MD):

- a. The coach or ATC should insure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home
- b. The coach or ATC should continue efforts to reach the parent
- c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach or ATC should accompany the athlete and remain with the athlete until the parents arrive.
- d. Athletes with suspected head injuries should not be permitted to drive home.

### **Follow-Up Care of the Athlete During the School Day:**

Responsibilities of the Student's Guidance Counselor:

1. Monitor the student closely and recommend appropriate academic accommodations for students who are exhibiting symptoms of post-concussion syndrome
2. Communicate with the teachers to provide the most effective care for the student
3. Notify the student's P.E. teacher immediately that the athlete is restricted from all physical activity until further notice

### **Return to Play Guidelines:**

Neuro-cognitive testing in conjunction with a physical exam and additional diagnostic tests as needed, will determine when a student-athlete will return to activity. Neuro-cognitive testing will be scheduled and performed until the student-athlete scores a baseline level is acceptable by the Sports Medicine Department. It is important to note that this timeline could last over a period of days to weeks, or potential medical disqualification from LCA athletics. All cases will be handled on a case-by-case basis. The decision by the Team Physician for all cases of an athletes return to activity is final.

<b><u>Rehabilitation Stage</u></b>	<b><u>Functional Exercise</u></b>	<b><u>Objective of Each Stage</u></b>
1. No Activity	Complete physical and cognitive rest	Recovery
2. Light Aerobic Exercise	<70% of Max Heart Rate No Resistance Training	Increase Heart Rate
3. Sport-Specific Exercise	Sport-Specific Exercises No Head Impact Activities	Add Movement
4. Non-Contact Training Drills	Progression to More Complex Drills; May Start Resistance Training	Exercise, Coordination, and Cognitive Load
5. Full-Contact Practice	Following Medical Clearance; Participate in Normal Training	Restore Athlete's Confidence; Coaching Staff Assesses Functional Skills
6. Return to Play	Normal Game Play	

**Summary:**

The LCA Athletic Department is committed to providing quality health care services for all student-athletes. As such, the LCA Athletic Department is very proactive in the assessment and management of concussions. To do so limits the risks of concussions associated with athletics, and the potential catastrophic and long-term complications from said concussions.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Athletic Trainer

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Team Physician

**References**

Wojtys EM, Hovda D, Landry G, Boland A, Lovell M, McCrea M, Minkoff J. *Concussion in Sports*. Amer J of Sport Med 1999; 27(5): 676-687.

McCrory P, Meeuwisse W, Johnston K, Dvorak J, Aubry M, Molloy M, Cantu R. *Consensus Statement on Concussion in Sport: 3<sup>rd</sup> International Conference on Concussion in Sport Held in Zurich, November 2008*. Clin J Sport Med 2009; 19(3): 185-195.

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Kissick J, Johnston KM. *Return to Play After Concussion: Principles and Practice*. Clin J Sport Med 2005; 15(6): 426-431.

# Lexington Christian Academy Sports Medicine

## Head Injury Home Instructions

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Athlete: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Sport: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Your son/daughter has sustained a head injury while participating in \_\_\_\_\_. In some instances, the signs of a concussion do not become obvious until several hours or even days after the injury. Please be especially observant for the following signs and symptoms:

- Headache (especially one that increases in intensity\*)
- Nausea and vomiting\*
- Difference in Pupil Size from R to L; Dilated pupils\*
- Mental confusion/behavior changes
- Dizziness
- Memory Loss
- Ringing in Ears
- Changes in Gait or Balance
- Blurry or Double Vision\*
- Slurred Speech\*
- Noticeable Changes in Level of Consciousness (Difficulty Awakening, or Losing Consciousness Suddenly\*)
- Seizure Activity\*
- Decreased or Irregular Pulse OR Respiration\*

**\*Seek Medical Attention at the Nearest Emergency Department**

The best guideline is to note symptoms that worsen, and behaviors that seem to represent a change in your son/daughter. If you have any questions or concern at all about the symptoms you are observing, contact a physician for instructions, or seek medical attention at the closest emergency department. Otherwise, you can follow the instructions outlined below:

**It Is OK To:**

- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head/neck
- Eat a light diet
- Go to sleep
- Rest (No strenuous activity)

**There Is NO Need To:**

- Check eyes with flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

**Do NOT:**

- Drive while symptomatic
- Exercise
- Take ibuprofen, aspirin, or other anti-inflammatory medications

**Please remind your child to check in with the Certified Athletic Trainer the next day of school. Your child may also need to check in with the Guidance Department if there are any exams/reports due in the next few days.**

Recommendations Provided to: \_\_\_\_\_ Phone #: \_\_\_\_\_

Recommendations Provided by: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

# Lexington Christian Academy Sports Medicine

## BESS Test

### The Balance Error Scoring System (BESS)

*Obtain Preseason Baseline Score; Compare with Post-Concussion Score<sup>33-34</sup>*

The Balance Error Scoring System<sup>33-34</sup> provides a portable, cost-effective and objective method of assessing static **postural stability**. The BESS can be used to assess the effects of mild head injury on static postural stability. Information obtained from this clinical balance tool can be used to assist clinicians in making return to play decisions following mild head injury. The BESS can be performed in nearly any environment and takes approximately 10 minutes to conduct.

The balance-testing regime consists three stances on two different surfaces. The three stances are **double leg stance**, **single leg stance** and **tandem stance**. The two different surfaces include both a **firm** (ground) and **foam** surface. **Athletes' stance should consist of the hands on the iliac crests, eyes closed and a consistent foot position depending on the stance.** Shoes should not be worn.

In the **double leg stance**, the feet are flat on the testing surface approximately pelvic width apart.

In the **single leg stance** position, the athlete is to stand on the non-dominant leg with the contralateral limb held in approximately 20° of hip flexion, 45° of knee flexion and neutral position in the frontal plane.

In the **tandem stance** testing position, one foot is placed in front of the other with heel of the anterior foot touching the toe of the posterior foot. The athlete's non-dominant leg is in the posterior position. Leg dominance should be determined by the athlete's kicking preference.

**Administering the BESS:** Establish baseline score prior to the start of the athletic season. After a concussive injury, re-assess the athlete and compare to baseline score. Only consider return to activity if scores are comparable to baseline score. Use with Standardized Symptom Scale Checklist.

**Scoring the BESS:** Each of the trials is **20 seconds**. Count the number of errors (deviations) from the proper stance. The examiner should begin counting errors only after the individual has assumed the proper testing position.



Double Leg Stance  
Firm Surface



Single Leg Stance  
Firm Surface



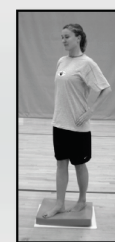
Tandem Stance  
Firm Surface



Double Leg Stance  
Foam Surface



Single Leg Stance  
Foam Surface



Tandem Stance  
Foam Surface

#### Errors:

- Moving the hands off the hips
- Opening the eyes
- Step, stumble or fall
- Abduction or flexion of the hip beyond 30°
- Lifting the forefoot or heel off of the testing surface
- Remaining out of the proper testing position for greater than 5 seconds

*The maximum total number of errors for any single condition is 10.*

*If a subject commits multiple errors simultaneously, only one error is recorded.*

#### B.E.S.S. SCORECARD

Count Number of Errors max of 10 each stance/surface	FIRM Surface	FOAM Surface
<b>Double Leg Stance</b> (feet together)		
<b>Single Leg Stance</b> (non-dominant foot)		
<b>Tandem Stance</b> (non-dominant foot in back)		
<b>TOTAL SCORES:</b> total each column		
<b>B.E.S.S. TOTAL:</b> (Firm+Foam total)		

Airex™ Foam Balance Pads available at [www.power-systems.com](http://www.power-systems.com) or through most sporting goods stores.

# Lexington Christian Academy Sports Medicine

## SAC Test

### Assessment of Concussion - SAC

Name: \_\_\_\_\_

Team: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Time: \_\_\_\_\_

Exam (Circle One): **Bline** Injury Post-Game

Follow-Up Day: \_\_\_\_\_

**Introduction:**

I am going to ask you some questions.  
Please listen carefully and give your best effort.

**Orientation**

What Month is it?	0	1
What's the Date today?	0	1
What's the Day of Week?	0	1
What Year is it?	0	1
What Time is it right now? (within 1 hour)	0	1

Award 1 point for each correct answer.

<b>Orientation Total Score</b>	
--------------------------------	--

**Immediate Memory**

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.

List	Trial 1	Trial 2	Trial 3
Candle	0 1	0 1	0 1
Paper	0 1	0 1	0 1
Sugar	0 1	0 1	0 1
Sandwich	0 1	0 1	0 1
Wagon	0 1	0 1	0 1
Total			

**Trials 2 & 3** I am going to repeat that list again. Repeat back as many words as you can remember in any order, even if you said the word before.

Complete all 3 trials regardless of score on trial 1 & 2. 1 point for each correct response. Total Score equals sum across all 3 trials.

*Do not inform subject that delayed recall will be tested.*

<b>Immediate Memory Total Score</b>	
-------------------------------------	--

**Exertional Maneuvers**

If subject is not displaying or reporting symptoms, conduct the following maneuvers to create conditions under which symptoms likely to be elicited and detected. **These measures need not be conducted if a subject is already displaying or reporting any symptoms.** If no conducted, allow 2 minutes to keep time delay constant before testing Delayed Recall. These methods should be administered for baseline testing of normal subjects.

Exertional Maneuvers	
5 Jumping Jacks	5 Push-Ups
5 Sit-ups	5 Knee Bends

**Neurologic Screening**

Loss of Consciousness/ Witnessed Unresponsiveness	<input type="checkbox"/> No <input type="checkbox"/> Yes
Post-Traumatic Amnesia? Poor Recall of events after injury	Length: <input type="checkbox"/> No <input type="checkbox"/> Yes
Retrograde Amnesia? Poor recall of events before injury	Length: <input type="checkbox"/> No <input type="checkbox"/> Yes

	Normal	Abnormal
<b>Strength</b>	<input type="checkbox"/>	<input type="checkbox"/>
Right Upper Extremity	<input type="checkbox"/>	<input type="checkbox"/>
Left Upper Extremity	<input type="checkbox"/>	<input type="checkbox"/>
Right Lower Extremity	<input type="checkbox"/>	<input type="checkbox"/>
Left Lower Extremity	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sensation - examples:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Finger-to-Nose/Romberg		
<b>Coordination - examples:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Tandem Walk/Finger-Nose-Finger		

**Concentration**

**Digits Backward:** I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9,1,7.

If correct, go to next string length. If incorrect, read trial 2. 1 pt. possible for each string length. Stop after incorrect on both trials.

5-2-6	4-1-5	0 1
1-7-9-5	4-9-6-8	0 1
4-8-5-2-7	6-1-8-4-3	0 1
8-3-1-9-6-4	7-2-4-8-5-6	0 1

**Months in Reverse Order:** Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November...Go ahead. 1 pt. for entire sequence correct.

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan	0 1
<b>Concentration Total Score</b>	

**Delayed Recall**

Do you remember the list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order. Circle each word correctly recalled. Total score equals number of words recalled.

Candle Paper Sugar Sandwich Wagon

<b>Delayed Recall Total Score</b>	
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**SAC Scoring Summary**

Exertional Maneuvers & Neurologic Screening are important for examination, but not incorporated into SAC Total Score.

<b>Orientation</b>	/ 5
<b>Immediate Memory</b>	/15
<b>Concentration</b>	/15
<b>Delayed Recall</b>	/ 5
<b>SAC TOTAL SCORE</b>	/30

# Lexington Christian Academy Sports Medicine

## Meet the Team Physicians

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### ❖ **Dr. J. Rick Lyon** – Rebound Orthopedics

Dr. Rick Lyon is Board certified by the American Board of Orthopedic Surgery. He graduated from the University of Florida in 1983 with a Bachelor of Science. Dr. Lyon received his MD from the University of Florida and then completed his residency at the University of Kentucky Hospital. Rick and Teresa Lyon have two children – Michael and Anne Marie. The Lyon's reside just outside of Lexington, but Dr. Lyon's heart dwells in Gainesville, FL (University of Florida).

### ❖ **Dr. G. Chris Stephens** – Orthopedic Consultants, PSC

Dr. Chris Stephens is a native of Floyd Co. (Prestonsburg), and received his bachelor degree from Transylvania University. He then went on to Vanderbilt for medical school, and completed his residency at Vanderbilt. Dr. Stephens completed a spinal surgery fellowship at Case Western Reserve. He is in his 17<sup>th</sup> year practicing in the bluegrass. He is board certified by ABOS. Chris and Shannon live here in Lexington and have three children – Evan, Wesley, and Robbie.

### ❖ **Dr. Pete Hester** – Lexington Clinic Orthopedics-Sports Medicine Center

Dr. Peter Hester received his medical degree from the University of Kentucky College Of Medicine. He completed a residency in Orthopedic Surgery at University of Kentucky Chandler Medical Center in Lexington, Kentucky and a fellowship in Sports Medicine at University of Kentucky Chandler Medical Center, Lexington, Kentucky and The Hughston Clinic, Columbus, Georgia. He is board certified in Orthopedic Surgery. Dr. Hester is a team physician for numerous professional teams, colleges and high schools in the Lexington area. Dr. Hester's interest lies in arthroscopy of knee, shoulder, hip, ankle, elbow, and sports injuries. He has been affiliated with Lexington Clinic since August 2002.

### ❖ **Dr. Wallace Huff Jr.** – Bluegrass Orthopaedics

Dr. Huff earned his medical degree from Eastern Virginia Medical School. His postgraduate residency and sports medicine fellowship were from the University of Virginia in 1999. He is certified by the American Board of Orthopaedic Surgery and American College of Surgeons. Dr. Huff joined Bluegrass Orthopaedics in 2010 after 10 years of practice in London, KY. Dr. Huff is currently the team physician for Lindsey Wilson College and University of the Cumberlands. His hospital affiliation is St. Joseph East and outpatient facilities in Lexington, Corbin, and Somerset. He currently lives in Richmond, KY with his wife and three sons.

# Lexington Christian Academy Sports Medicine

## Important Phone Numbers

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Lexington Christian Academy High School.....	(859) 422-5701
Lexington Christian Academy Middle School.....	(859) 422-5702
Lexington Christian Academy Athletic Department.....	(859) 422-5753
Athletic Director.....	(859) 422-5766
Lexington Christian Academy Athletic Trainer.....	(859) 422-5054
Athletic Trainer Cell Phone.....	(859) 361-6965

\*Many of the individuals you may wish to speak with are not always available at all times during the day to take your call. If you are not able to reach the person when you call, please leave a message on their voicemail or with the school receptionist. Your call will be returned as soon as possible.