

## Athletic Training Room Expectations

Every athlete who enters the Athletic Training room is expected to play an active role in his/her own rehabilitation process. The rehabilitation process takes hard work, determination, and a commitment to get better. Most injuries require strengthening to get better and to avoid future re-injury. Stretching is not strengthening, and is not enough to avoid injury/re-injury. We, at WCE, strongly believe that most conditions and injuries can be resolved completely with a little dedication and effort on the part of the athlete.

There is no such thing as a 9<sup>th</sup> grader with “*Bad Knees*” (in most cases), just an athlete with muscular imbalance and faulty movement patterns that can be corrected. See one of the Athletic Trainers for details on how to avoid the same body part hurting every season.

Daily rehabilitation takes place at the conclusion of the school day or one hour prior to “Late Practices” (Winter season only). *There will be no rehab during practice time.* Athletes are expected to attend practice, watch, learn, and participate at some level as a member of the team.

Any athlete who is using an Ace-wrap for practice or game must **exchange** it the following day for a clean wrap. If you do not return your wrap you will not be issued another wrap. Additionally, if you are issued crutches or a brace, it must be returned as soon as possible. Athletes will not be issued additional supplies or equipment if they have items outstanding.

# East High School Athletic Training Room

## Ankle Taping Policy

Following a grade one and minor grade two ankle sprains, it is common practice to apply athletic tape to provide stabilization and support in an effort to protect the injured area from additional trauma. Complete healing generally occurs within 21 days. We will begin to tape ankles for acute injuries after the athlete is able to hop on the injured leg without "giving way" or "yielding" and can run without a limp. We will continue to tape the injured ankle for practices and games for three weeks. During this recovery phase the athlete should:

1. Perform ankle-strengthening exercises with Thera-tubing, glute strengthening, and core strengthening and stabilization in the training room.
2. Perform proprioception exercises to train the muscles to respond quickly to uneven surfaces, which can be done at home with minimal equipment and should be done every day at school using the "Aero Mat", "Dyna Disk" pillow, and "Bosu Ball".
3. Ice should be applied after each practice to control swelling.
4. At the conclusion of the three-week healing period, you should consider ordering a high quality ankle brace (Swedo-Lace-lock) as a precaution and for support for physical education classes, weekend, or second sport events, etc. These braces should be ordered in advance – order forms are available. (Medco Supply Company [www.medco-athletics.com](http://www.medco-athletics.com) or Collins Surgical, [www.collinssurgical.com](http://www.collinssurgical.com) – 1-800-886-2825)

We do not do "Game Day Taping" and expect that you, as an athlete, will not asked to be taped at an away game. If you are not being taped on a daily basis for an acute injury, you do not need to be taped for games. Our budget as well as current research does **NOT** support the need for "Game Day" taping. When we have an athlete that needs to be taped for an away winter sporting event, we email the host athletic trainer to notify them of this need and we send the necessary supplies so as to not impact another school's budget.

The demand for preventative ankle taping has become an unrealistic expectation of many athletes and their parents. This is very expensive practice and, most often, unnecessary. Ankle taping is not a solution for "weak ankles". If any joint is weak, then the muscles surrounding that joint should be strengthened by performing a specific program of strengthening, flexibility, and proprioception exercises.

Since we are very limited in terms of budget and supplies, and there are very well designed braces available that provide good support at a reasonable cost, taping (in most cases) will be limited. Ankles that have significant ligament laxity due to severe trauma, syndesmosis sprains ("high ankle sprains"), or accumulated ligament damage will be evaluated and considered for management, including protective taping for longer periods of time.

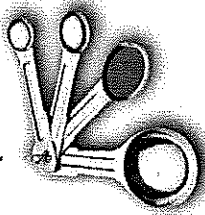
Mark Grothmann M.Ed., LAT  
Leah Dell, LAT  
484-266-3938 (athletic office)

# ATHLETE'S PLATE

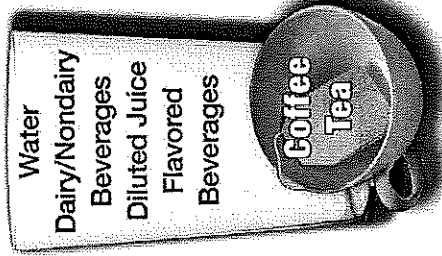
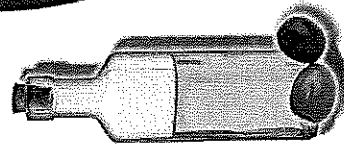
## EASY TRAINING / WEIGHT MANAGEMENT:

### FATS

1 Teaspoon



Avocado  
Oils  
Nuts  
Seeds  
Cheese  
Butter



### FLAVORS

Salt/Pepper  
Herbs  
Spices  
Vinegar  
Salsa  
Mustard  
Ketchup



# ATHLETE'S PLATE

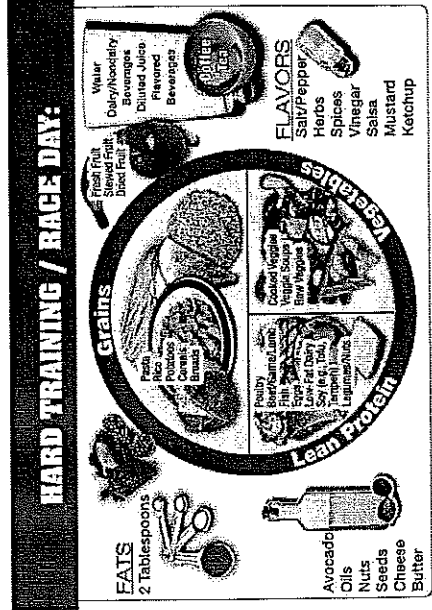
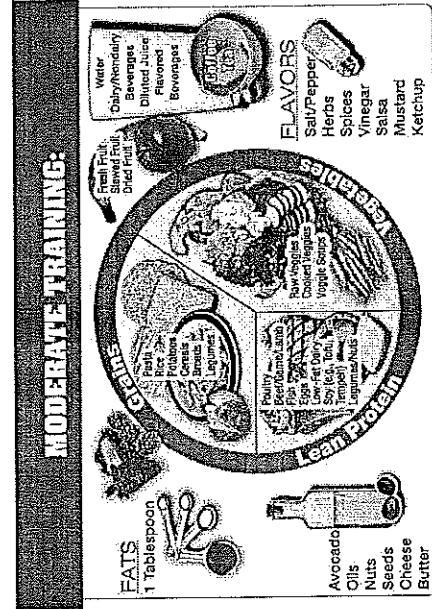
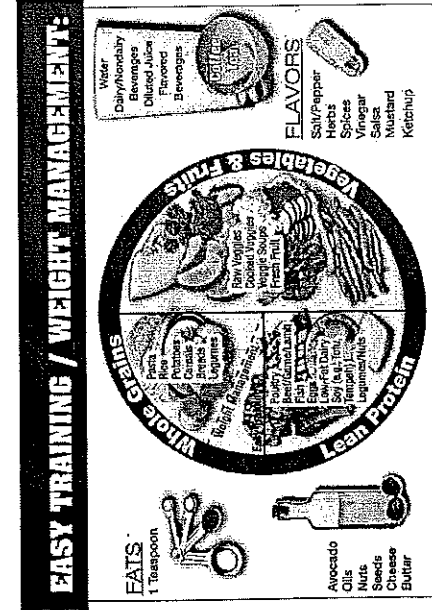
Training volume and intensity vary from day to day and week to week along your training/competition plan. Eating your meals and fueling your workout or race should also be cycled according to how hard or easy it is. Consult with your sport dietitian to put the Athlete's Plate into practice!

The Athlete's Plates are tools for you to better adjust your eating to the physical demands of your sport!

**EASY** An easy day may contain just an easy workout or tapering without the need to load up for competition with energy and nutrients. Easy day meals may also apply to athletes trying to lose weight and athletes in sports requiring less energy (calories) due to the nature of their sport.

**MODERATE** moderate day may be one where you train twice but focus on technical skill in one workout and on endurance or strength in the other. The moderate day should be your baseline from where you adjust your plate down (easy) or up (hard/race).

**HARD** A hard day contains at least 2 workouts that are relatively hard or competition. If your competition requires extra fuel from carbohydrates, use this plate to load up in the days before, throughout, and after the event day.



The Athlete's Plates are a collaboration between the United States Olympic Committee Sport Dietitians and the University of Colorado (UCCS) Sport Nutrition Graduate Program.  
For educational use only. Print and use front and back as 1 handout.



# Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess  
the  
situation

Be alert for  
signs and  
symptoms

Contact a  
health care  
professional

## What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

## What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

## SIGNS AND SYMPTOMS OF A CONCUSSION

### SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

### SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

#### Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

#### Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

#### Sleep\*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

*\*Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION








## DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.


## What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

## How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



\*To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion) or call 1.800.CDC.INFO.