



ATHLETIC PARTICIPATION PACKET

Dear Student Athlete,

Please pay special to attention to all the enclosed information. It is imperative that all paperwork is **SIGNED** and returned in a timely manner to ensure approval and eligibility for athletics. Please return all materials to your **COACH** on time. Otherwise you will not be able to play! The athletic participation packet can also be downloaded at www.essextech.org

****Sports physicals must be approved by the school physician and school nurse prior to you participating (practice, competition or travel) in the sport.**

****ALL INCOMPLETED FORMS WILL BE RETURNED TO YOU. ****

Sincerely,

Gerhard Sanchez
Director of Athletics
gsanchez@essextech.org
P- 973-412-2083

All Athletic Schedules on www.essexcountyvoctech.org

COACHES PLEASE TEAR OFF THE FIRST PAGE OF THIS PACKET AND STORE THE STUDENT INFORMATION SHEET IN YOUR TRAVEL FOLDER. ONCE YOU HAVE ALL YOUR TEAMS FORMS PLEASE DELIEVER TO THE SCHOOL NURSE SO THEY CAN BE STORED IN THE STUDENTS FILE. THANK YOU!



Student Athlete Info Sheet: ***ALL INFORMATION MUST BE COMPLETED***

Name: _____

Current Sport: _____ School Year: _____

Grade: _____ Date of Birth: _____

Male _____ Female _____

Student's Cell Phone: _____

Home Phone: _____

Email: _____

Address, City & Town:

Medical History: (allergies/ asthma, etc.): _____

Medications:

Parent/Guardian Name: _____

Cell Phone: _____

Email: _____

COACHES PLEASE KEEP THIS FORM FOR YOUR TRAVEL FILES INCASE OF EMERGENCY

PLEASE PRINT NEATLY

FIRST NAME _____

LAST NAME _____

GRADE _____

SPORT _____

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

www.nfhs.com

www.ncaa.org/health-safety

www.bianj.org

www.atsnj.org

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

NJSIAA



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

NJSIAA'S STEROID TESTING POLICY

In accordance with Executive Order 72, issued by the Governor of the State of New Jersey, Richard J. Codey, on December 20, 2005, the NJSIAA will test a random selection of student athletes, who have qualified, as individuals or as members of a team, for state championship competition.

1. **List of banned substances:** A list of banned substances shall be prepared annually by the Medical Advisory Committee, and approved by the Executive Committee.
2. **Consent form:** Before participating in interscholastic sports, the student-athlete and the student-athlete's parent or guardian shall consent, in writing, to random testing in accordance with this policy. Failure to sign the consent form renders the student-athlete ineligible.
3. **Selection of athletes to be tested:** Tested athletes will be selected randomly from all of those athletes participating in championship competition. Testing may occur at any state championship **site or at the school whose athletes have qualified for championship competition**
4. **Administration of tests:** Tests shall be administered by a certified laboratory, selected by the Executive Director and approved by the Executive Committee.
5. **Testing methodology:** The methodology for taking and handling samples shall be in accordance with current legal standards.
6. **Sufficiency of results:** No test shall be considered a positive result unless the approved laboratory reports a positive result, and the NJSIAA's medical review officer confirms that there was no medical reason for the positive result. A "B" sample shall be available in the event of an appeal.
7. **Appeal process:** If the certified laboratory reports that a student-athlete's sample has tested positive, and the medical review officer confirms that there is no medical reason for a positive result, a penalty shall be imposed unless the student-athlete proves, by a preponderance of the evidence, that he or she bears no fault or negligence for the violation. Appeals shall be heard by a NJSIAA committee consisting of two members of the Executive Committee, the Executive Director/designee, a trainer and a physician. Appeal of a decision of the Committee shall be to the Commissioner of Education, for public school athletes, and to the superior court, for non-public athletes. Hearings shall be held in accordance with NJSIAA By-Laws, Article XIII, "Hearing Procedure."

- 8. Penalties.** Any person who tests positively in an NJSIAA administered test, or any person who refuses to provide a testing sample, or any person who reports his or her own violation, shall immediately forfeit his or her eligibility to participate in NJSIAA competition for a period of one year from the date of the test. Any such person shall also forfeit any individual honor earned while in violation. No person who tests positive, refuses to provide a test sample, or who reports his or her own violation shall resume eligibility until he or she has undergone counseling and produced a negative test result.
- 9. Confidentiality:** Results of all tests shall be considered confidential and shall only be disclosed to the individual, his or her parents and his or her school.
- 10. Compilation of results:** The Executive Committee shall annually compile and report the results of the testing program.
- 11. Yearly renewal of the steroid policy:** The Executive Committee shall annually determine whether this policy shall be renewed or discontinued.

June 1, 2007



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

Website Resources

- Sudden Death in Athletes
<http://tinyurl.com/m2gjmvg>
- Hypertrophic Cardiomyopathy Association
www.4hcm.org
- American Heart Association 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



American Heart Association

1 Union Street, Suite 301
Robbinsville, NJ, 08691
(p) 609-208-0020
www.heart.org



New Jersey Department of Education

PO Box 500
Trenton, NJ 08625-0500
(p) 609-292-5935
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



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SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



American Heart
Association 
Learn and Live



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden 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).

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.



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.

The second most likely cause is congenital (con-JEN-it-al) (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).

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), 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 Preparticipation 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 and 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.

Sudden Cardiac Death Pamphlet
Sign-Off Sheet

Name of School District: _____

Name of Local School: _____

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: _____

Parent or Guardian
Signature: _____

Date: _____



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.¹ 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.²

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.³ 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.³ 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,⁴ 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."

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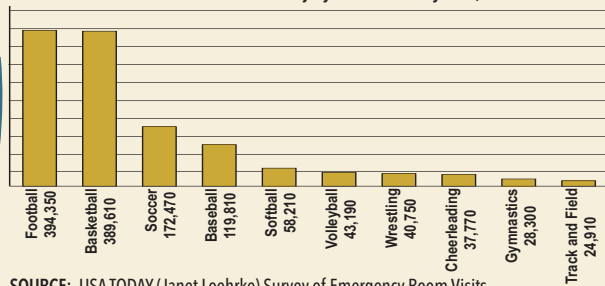
The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

- 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.⁴
- 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.
- 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.



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.⁵

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.⁶

What Are Some Ways to Reduce the Risk of Injury?⁷

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 Health, Division of Mental Health and Addiction Services is committed to providing consumers and families with a wellness and recovery-oriented model of care.

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.

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.

¹ Massachusetts Technical Assistance Partnership for Prevention

² Centers for Disease Control and Prevention

³ New Jersey State Interscholastic Athletic

Association (NJSIAA) Sports Medical Advisory Committee (SMAC)

⁴ Athletic Management, David Csilan, athletic trainer, Ewing High School, NJSIAA SMAC

⁵ National Institute of Arthritis and Musculoskeletal and Skin Diseases

⁶ USA TODAY

⁷ American Academy of Pediatrics

[The New Jersey Department of Education developed this template Student-Athlete Sign-Off Form in January 2018 to assist schools with adhering to state statute requiring student-athletes (and their parents/guardians, if the student is a minor) to confirm they have received an Opioid Fact Sheet from the school. School districts, approved private schools for students with disabilities, and nonpublic schools that participate in an interscholastic sports or cheerleading program should insert their district or school letterhead here.]

Use and Misuse of Opioid Drugs Fact Sheet

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:

Name of School District (if applicable):

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 (also needed if student is under age 18):

Date:

¹Does not include athletic clubs or intramural events.



Ficha informativa educativa sobre el consumo y el abuso de opioides

Mantener a los alumnos atletas seguros

El atletismo escolar puede desempeñar un papel integral en el desarrollo de los alumnos. Además de proporcionar formas saludables de ejercicio, el atletismo escolar fomenta la amistad y la camaradería, promueve el espíritu deportivo y el juego limpio, e inculca el valor de la competencia.

Lamentablemente, las actividades deportivas también pueden provocar lesiones y, rara vez, dolores que son graves o que duran lo suficiente como para necesitar un analgésico opiode con receta¹. Es importante entender que las sobredosis de opioides están en aumento, y acaban con la vida de estadounidenses de todas las edades y orígenes. Las familias y las comunidades de todo el país lidian con los efectos de salud, emocionales y económicos de esta epidemia².

Esta ficha informativa educativa, creada por el Departamento de Educación de Nueva Jersey, según lo exige la ley estatal [Título 18A, Artículos 40-41.10 de las Leyes comentadas de Nueva Jersey (New Jersey Statutes Annotated, N.J.S.A.)], proporciona información sobre el consumo y el abuso de medicamentos opioides en el caso de que un proveedor de atención médica le recete a un alumno atleta o a una porrista un opiode para tratar una lesión relacionada con el deporte. Los alumnos atletas y porristas que participen en un programa de deportes interescolares (y sus padres o tutores si el alumno es menor de 18 años) deben proporcionarle un acuse de recibo por escrito de esta ficha informativa al distrito escolar.

¿Cómo obtienen los atletas los opioides?

En algunos casos, se les recetan estos medicamentos a los alumnos atletas. Según investigaciones, alrededor de un tercio de los jóvenes estudiados obtuvieron las pastillas de sus propias recetas anteriores (es decir, de una receta no terminada que se utiliza sin la supervisión de un médico) y el 83 por ciento de los adolescentes tenía acceso no supervisado a sus medicamentos recetados³. Es importante que los padres comprendan el posible riesgo de tener medicamentos recetados de manera insegura en sus hogares. Los padres también deben comprender la importancia del almacenamiento y la eliminación adecuados de los medicamentos, incluso si creen que su hijo no participaría en el consumo no médico o recreativo de medicamentos recetados.

¿Cuáles son las señales del abuso de opioides?

Según el Consejo Nacional sobre Alcoholismo y Drogodependencia, el 12 por ciento de los atletas masculinos y el 8 por ciento de las atletas femeninas habían consumido opioides recetados en el período estudiado de 12 meses³. En las primeras etapas de abuso, el atleta puede presentar náuseas o vómitos no provocados. Sin embargo, a medida que desarrolla tolerancia al medicamento, esos signos disminuirán. El estreñimiento es frecuente, pero no suele informarse.

Uno de los indicios más importantes de una posible adicción a los opioides es la disminución en el rendimiento académico o atlético del atleta, o la falta de interés en su deporte. Si se observan estas señales de advertencia, las buenas prácticas requieren que el alumno sea derivado al profesional adecuado para que se le realice un análisis de detección⁴, que se proporciona a través de una práctica basada en la evidencia para identificar el consumo, el abuso y la dependencia problemáticos de drogas ilícitas [p. ej., Detección, Intervención breve y Derivación al tratamiento (SBIRT)] ofrecido a través del [New Jersey Department of Health \(Departamento de Salud de Nueva Jersey\)](#).

¿Cuáles son algunas formas en las que se puede prevenir el consumo y el abuso de opioides?

De acuerdo con el presidente del Comité Asesor Médico Deportivo de la Asociación Atlética Interescolar del Estado de Nueva Jersey (New Jersey State Interscholastic Athletic Association, NJSIAA), John P. Kripsak, D.O.: "Los estudios indican que alrededor del 80 por ciento de los consumidores de heroína comenzaron abusando de los analgésicos opioides".

El Comité Asesor Médico Deportivo, que incluye representantes de las escuelas miembro de la NJSIAA, así como expertos en el campo de la salud y la medicina, recomienda lo siguiente:

- El dolor de la mayoría de las lesiones relacionadas con los deportes puede tratarse con medicamentos no opioides, como el paracetamol, y los medicamentos antiinflamatorios no esteroideos, como el ibuprofeno, el naproxeno o la aspirina. Lea la etiqueta con detenimiento y siempre tome la dosis recomendada o siga las instrucciones del médico. Consumir más medicamento no es necesariamente mejor cuando se toma un analgésico de venta libre (OTC, por su sigla en inglés) que puede provocar efectos secundarios peligrosos¹⁰.
- La terapia con hielo se puede utilizar de forma adecuada como anestésico.
- Siempre consulte con el médico exactamente qué se le receta para el dolor y solicite evitar los opioides.
- En casos extremos, como traumatismos graves o dolor posquirúrgico, no se deben recetar analgésicos opioides durante más de cinco días a la vez.
- Los padres o tutores siempre deben controlar la administración de los analgésicos, y mantenerlos en un lugar seguro y no accesible.
- Los medicamentos no utilizados deben eliminarse de inmediato después de finalizar del tratamiento. Pregúntele al farmacéutico acerca de las ubicaciones de entrega o los kits de eliminación en el hogar, como Detera o Medsaway.

Tabla 1: Cantidad de lesiones a nivel nacional en 2012 entre atletas menores de 19 años de 10 deportes populares

(Sobre la base de los datos del Sistema Nacional de Vigilancia Electrónica de Lesiones de la Comisión para la Seguridad de los Productos de Consumo de los EE. UU.)

Deporte	Cantidad de lesiones
Fútbol americano	394,350
Baloncesto	389,610
Fútbol	172,470
Béisbol	119,810
Softball	58,210
Vóleibol	43,190

Deporte	Cantidad de lesiones
Lucha libre	40,750
Animación deportiva (Porrismo)	37,770
Gimnasia	28,300
Atletismo	24,910

Fuente: USA Today (Janet Loehrke), Encuesta sobre visitas a la sala de emergencias

Las lesiones deportivas pueden ocurrir aun con un entrenamiento y una prevención adecuados

Existen dos tipos de lesiones deportivas: Las lesiones agudas ocurren repentinamente, como un esguince de tobillo o distensión en la espalda. Las lesiones crónicas pueden ocurrir después de practicar un deporte o de hacer ejercicio durante un período largo de tiempo, aun cuando se aplican las técnicas de prevención de sobre esfuerzo⁵.

Se debe alentar a los atletas a que hablen acerca de las lesiones, los entrenadores deben respaldar las decisiones de prevención de lesiones y se debe incentivar tanto a los padres como a los atletas jóvenes a educarse mejor acerca de la seguridad en los deportes⁶.

¿Cuáles son algunas formas de reducir el riesgo de sufrir lesiones?⁷

La mitad de todas las lesiones en la medicina del deporte en niños y adolescentes se produce a causa del sobre esfuerzo. Una lesión por sobre esfuerzo es el daño a un hueso, músculo, ligamento o tendón causado por el estrés repetitivo que no cuenta con el tiempo necesario para que el cuerpo sane. Los niños y los adolescentes corren un mayor riesgo de sufrir lesiones por sobre esfuerzo porque los huesos en crecimiento son menos resistentes al estrés. Además, los atletas jóvenes pueden no saber que ciertos síntomas son signos de sobre esfuerzo.

La mejor forma de lidiar con las lesiones deportivas es evitar que sucedan desde el principio. Estas son algunas recomendaciones para tener en cuenta:

Preparación

Obtener la evaluación física previa a la participación antes de unirse a un equipo deportivo interescolar o interno patrocinado por la escuela.

Acondicionamiento

Mantener un buen nivel físico durante la temporada y fuera de esta. También son importantes los ejercicios adecuados de calentamiento y enfriamiento.

Jugar de manera inteligente

Probar una variedad de deportes y considerar especializarse en un deporte antes de la adolescencia tardía para ayudar a evitar las lesiones por sobre esfuerzo.

Hidratación adecuada

Mantener el cuerpo hidratado para ayudar al corazón a bombear sangre más fácilmente a los músculos, lo que permite que los músculos funcionen de manera eficiente.

Entrenamiento

Aumentar el tiempo de entrenamiento semanal, la cantidad de millas o las repeticiones en no más del 10 por ciento por semana. Por ejemplo, si corre 10 millas una semana, aumente a 11 millas la semana siguiente. Los atletas también deben realizar entrenamientos cruzados y ejercicios específicos del deporte de diferentes maneras, como correr en una piscina, en vez de correr solo en la pista.

Descanso

Tomarse, al menos, un día libre a la semana de la actividad programada para recuperarse física y mentalmente. Los atletas deben tomarse un descanso combinado de tres meses por año de un deporte específico (se puede dividir durante todo el año en incrementos de un mes). Los atletas pueden permanecer físicamente activos durante los períodos de descanso al realizar actividades alternativas de poco estrés, como la elongación, el yoga o caminar.

Equipo adecuado

Utilizar el equipo de protección adecuado y debidamente colocado, como almohadillas (cuello, hombro, codo, pecho, rodilla y espinilla), cascos, protectores bucales, protectores faciales, copas protectoras y gafas. No debe asumir que el equipo de protección evitará todas las lesiones mientras se realizan actividades más peligrosas o riesgosas.

Recursos para padres y alumnos sobre la prevención del consumo indebido y el abuso de sustancias

La siguiente lista proporciona algunos ejemplos de recursos:

[National Council on Alcoholism and Drug Dependence–NJ \(Consejo Nacional de Alcoholismo y Drogodependencia de Nueva Jersey\)](#) promueve el tratamiento de la adicción y la recuperación.

El [Departamento de Salud de Nueva Jersey, División de Servicios de Salud Mental y Adicciones \(New Jersey Department of Health, Division of Mental Health and Addiction Services\)](#) se compromete a asegurar que sus programas y servicios reflejen prácticas de salud integrada y otras prácticas nacionales, son inclusivas, basadas en la evidencia, y basadas en la recuperación e impulsadas por el consumidor.

La [New Jersey Prevention Network \(Red de Prevención de Nueva Jersey\)](#) incluye un [parent's quiz \(cuestionario para padres\)](#) sobre los efectos de los opioides.

[Operation Prevention Parent Toolkit \(Kit de Herramientas para Padres de Prevención de la Operación\)](#) está diseñado para ayudar a los padres a aprender más sobre la epidemia de opioides, a reconocer las señales de advertencia y a abrir vías de comunicación con sus hijos y los de la comunidad.

[Parent to Parent NJ \(De Padre a Padre, NJ\)](#) es una base para familias y niños que luchan contra la adicción al alcohol y las drogas.

[Partnership for a Drug Free New Jersey \(Asociación para una Nueva Jersey Libre de Drogas\)](#) es la asociación antidrogas de Nueva Jersey creada para localizar y fortalecer los esfuerzos de los medios para la prevención del abuso de drogas a fin de evitar el consumo ilegal de drogas, en especial, entre los jóvenes.

[The Science of Addiction \(La Ciencia de la Adicción\): The Stories of Teens \(Historias de Adolescentes\)](#) comparte conceptos erróneos comunes sobre los opioides mediante la experiencia de adolescentes.

[Youth IMPACTing NJ](#) está formado por representantes juveniles de agrupaciones de todo el estado de Nueva Jersey que han causado una gran impresión en sus comunidades y pares al difundir información sobre los peligros del consumo de alcohol, de marihuana y de otras sustancias en los menores de edad.

Referencias

¹ [Massachusetts Technical Assistance Partnership for Prevention](#)

² [Centers for Disease Control and Prevention](#)

³ [New Jersey State Interscholastic Athletic Association \(NJSIAA\) Sports Medical Advisory Committee \(SMAC\)](#)

⁴ [Athletic Management, David Csillan, athletic trainer, Ewing High School, NJSIAA SMAC](#)

⁵ [National Institute of Arthritis and Musculoskeletal and Skin Diseases](#)

⁶ [USA Today](#)

⁷ [American Academy of Pediatrics](#)

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En la página web del Departamento de Educación de Nueva Jersey, está disponible una versión en línea de esta ficha informativa sobre [Alcohol, Tobacco, and Other Drug Use \(Consumo de alcohol, tabaco y otras drogas\)](#)

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.⁴

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken 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 upper 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>.

⁴Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

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.¹ 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.² **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.**³

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.

¹ 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, December 26, 2013.

² 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, December 26, 2013.

³ Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.