PHM Forum – October 2017

Penn High School adheres to all rules and guidelines established by the IHSAA (Indiana High School Athletic Associational) and the NFHS (National Federation of High Schools) in regards to student health and wellness.

Fall Activities & Practice Surfaces:

- Boys & Girls Cross Country –pavement, natural grass, wooded, rubberized track
- 2. Boys & Girls Soccer natural grass
- 3. Cheerleading rubberized track, natural grass, synthetic turf
- 4. Football natural grass, synthetic turf
- 5. Boys Tennis asphalt
- 6. Girls Golf natural grass
- 7. Marching Band pavement, natural grass, synthetic turf
- 8. Girls Intramural Powder Puff Football natural grass, synthetic turf
- 9. Off-season Sports pavement, natural grass, synthetic turf, rubberized track

Participation Numbers:

483 Student-Athletes in Fall Sports
180+ in the Marching Band
70 Intramural Powder Puff Football
700+ kids participating in off-season workouts, open fields, and conditioning programs.
= 1,400+ students

Coaches / Sponsors:

160+ staff (paid and volunteers).

Proactive Planning:

Pre-Participation Physical (annual – April 1st cutoff each year)

- Penn holds a physical night in the spring as a convenience to families. Penn High School collaborates with St. Joseph Health System to provide doctors on site. Any family history or abnormalities of concern discovered during the exam require additional testing and possible follow- up doctor's office visits prior to being cleared to participate.
- Physicians certify that the student is physically able to participate and highlight any areas of concern for the families, athletic trainers, and coaches to monitor.

Coaches / Sponsor Education

- All coaches complete the NFHS Concussion Course
- All coaches complete the NFHS Sudden Cardiac Arrest Course
- All football coaches (6-12) complete the NHFS Heat Illness
 Prevention Course. NFHS offers free Heat Illness Prevention
 Course open and available to all coaches and/or sponsors free
 of cost.
- All football coaches complete the NFHS Indiana SEA222 Course
- All coaches or sponsors attend or view the annual Student Supervision and Safety in-service

Participant Education

- PHM Curriculum grade
 - ✓ Physical Fitness K-12
 - ✓ Health (grades 7-12)
- St. Joseph Health System agreement
 - ✓ Provides a full-time and part-time athletic trainers
 - ✓ Provides Team doctor
 - Sponsor led discussion / teaching
 - i. Symptoms of Heat Exhaustion
 - ✓ Heavy Sweating
 - ✓ Weakness
 - ✓ Cold, Pale, Clammy Skin
 - ✓ Fast, weak pulse
 - √ Nausea or Vomiting
 - ✓ Fainting
 - ii. Pre-activity Hydration
 - Drinking fluids even when you don't think you need them
 - ✓ Choosing cold water
 - ✓ Avoiding energy drinks and caffeinated beverages
 - iii. Post-activity Hydration
 - ✓ Sport drinks with additional electrolytes for activities longer than 45 minutes
 - iv. Proper Nutrition
 - ✓ Eat three (3) balanced meals plus healthy snacks
 - Penn Strength Coach has worked with PHM Food Service to help tag all meals provided in the cafeteria with "Eat like a Champion" indicator to help guide our student athletes to making the best choices to fuel their body.

Heat Adaptation

- o In general Heat acclimation takes 10-14 days. The IHSAA encourages student-athletes to work out that throughout the summer.
- Plan looks different from each sport & activity. Prescribed schedule to slowly increase heat exposure and increase the demands of the activity.
- IHSAA Rule 54-4 Indiana Football Coaches Association (IFCA)
 has adopted the USA Football acclimation period state-wide.
 https://usafootball.com/resources-tools/coach/practice-guidelines/

Monitoring the Weather

- Online weather sources
- Outdoor thermometers & probes
- Real feel

Modified Practice Plans

- Additional rest & water breaks planned
- Combination of interior & exterior practice sessions
- Modify or eliminate daily conditioning
- Reduced total practice minutes
- o Modify the time of day that practice is held (to avoid the heat)
- o Post-practice ice bathes, showers, and athletic training services
- Modified equipment or uniform use

Steps we take to Monitor Students:

- o Proper Coach / Sponsor Supervision
- o Buddy System for Student-Athletes or Participants
- Athletic Trainers onsite for all practices and contests
- Hydration Monitoring (self urine color)
 - i. Dark Urine color = Dehydration
 - ii. Encourage student-athletes to drink enough water until the urine is clear
- Weight Loss (weigh-in and weigh-out)
 - i. typically done with football team due to the equipment worn
- Modify practice plans for students who have been sick or injured

Reported Incidents Fall 2017 involving Penn HS Students:

- Six (6) students were seen by athletic trainers for heat related symptoms
- All but two (2) returned to practice the same day
- No students required additional medical attention

Additional Tools:

www.ihsaa.com

Resources → Well-being

Heat Index Calculator

Heat Index Chart

Heat Illness Position Paper

Heat Illness Presentation (PowerPoint)

Heat Illness Prevention

NFHSLearn.com: A Guide to Heat Acclimatization and Heat Illness Prevention

IHSAA Heat Index Chart for Guidelines

Level	Ü	Heat Index Range	Possible Heat Disorders for People in High Risk Groups
Caution		80-90	Fatigue possible with prolonged exposure and/or physical activity.
Extreme Caution		91-105	Sunstroke, muscle cramps, and/or heat exhaustion possible with prolonged exposure and/or physical activity.
Danger		106-129	Sunstroke, muscle cramps, and/or heat exhaustion likely. Heatstroke possible with possible with prolonged exposure and/or physical activity.
Extreme Danger		130 & Higher	Heat stroke or sunstroke likely.

ARE YOU HYDRATED? DON'T WAIT UNTIL URINE TROUBLE.

Products with coffeine should be avoided before practice and competition (supplementarisks, etc...) Sports drinks can provide supplementary electrolytes, but water is KEYI





HIGHLY DEHYDRATED

Go drink a large bottle of water immediately.

SERIOUSLY DEHYDRATED

You are still seriously dehydrated. Drinking a bottle of water now will make you feel much better.

MODERATELY DEHYDRATED

You lose water on a regular basis throughout the day. Drink more water.

PROPERLY HYDRATED

You're almost there. Get some water in your system to flush out all those toxins from your workout. Stay hydrated and healthy!

HYDRATED & HEALTHY

Great job! To stay hydrated, experiment during training to find the amount of fluid to drink that feels comfortable and allows you to perform at your best (6 - 12 glasses/day).



Hyou have questions, the Resource Exchange Center(REC) has answers. Protect your health and eligibility, submit nutritional/dietary supplement and drug questions to your ATC, physician, and the REC for review.



Indiana High School Athletic Association HEAT INDEX INFORMATION & CHART

The heat index (HI) is an apparent temperature felt by the human body due to the combined effects of temperature and humidity. Most people understand that as the air temperature goes up, so does the heat index. But why does humidity play a role? It's because the body's perspiration cannot evaporate as well when the humidity increases. Therefore, the cooling effects of your sweat are reduced as the humidity rises, and your body is unable to cool itself naturally. Combine high heat and high humidity and you've got trouble!

Although it is convenient to use a single number (the heat index) to describe the apparent temperature your body feels, keep in mind that heat and humidity affect every body (and everybody) differently. Several assumptions are used to calculate the heat index. The heat index assumes that the body is:

- 5' 7" tall.
- 147 pounds.
- At 98.6°.
- Clothed in long trousers and a short-sleeved shirt.
- In shade.
- Walking at a speed of 3.1 mph.
- In a breeze of 6 mph.
- Not dripping with sweat.

If any of these factors change, e.g., more exertion, more clothing, and/or more weight, the heat index will change for that individual. For example, if you weigh 250 pounds, are wearing long-sleeved work clothes, and are working outside in the sun, the heat index value you hear reported on the radio is lower than what you are personally feeling.

The rules for minimizing the heat effects are simple:

- Monitor forecasts and advisories for periods of high heat indices.
- Take frequent breaks in the shade.
- Avoid prolonged exertion.
- Drink water often and drink more than you think you need.

HEAT INDEX CHART



Relative Humidity

Temp.	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
80	80	80	81	81	82	82	83	84	84	85	86	86	87
82	81	82	83	84	84	85	86	88	89	90	91	93	95
84	83	84	85	86	88	89	90	92	94	96	98	100	103
86	85	87	88	89	91	93	95	97	100	102	105	108	112
88	88	89	91	93	95	98	100	103	106	110	113	117	121
90	91	93	95	97	100	103	106	109	113	117	122	127	132
92	94	96	99	101	105	108	112	116	121	126	131	137	143
94	97	100	103	106	110	114	119	124	129	135	137	148	155
96	101	104	108	112	116	121	126	132	135	141	146	160	168
98	105	109	113	117	123	128	134	138	144	150	157	172	181
100	109	114	118	124	129	136	141	147	154	161	168	185	195
102	114	119	124	130	137	143	149	156	164	172	180	199	210
104	119	124	131	137	144	151	158	166	175	184	193	214	226
106	124	130	137	145	153	162	172	182	193	204	216	229	243
108	130	137	144	153	162	172	182	193	205	218	231	245	260
110	136	143	150	161	171	182	194	206	219	233	247	262	278

Category	Heat Index	Possible Heat Disorders for People in High Risk Groups
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Danger	106-129	Sunstroke, muscle cramps, and/or heat exhaustion likely. Heatstroke possible with prolonged exposure and/or physical activity.
Extreme Danger	130 or higher	Heat stroke or sunstroke likely.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS
 Has a doctor ever denied or restricted your participation in sports for any reason? 			26. Do you cough, wheeze, or have difficulty brea after exercise?
2. Do you have any ongoing medical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthr
below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections			28. Is there anyone in your family who has asthm
Other: 3. Have you ever spent the night in the hospital?			29. Were you born without or are you missing a k (males), your spleen, or any other organ?
Have you ever had surgery?			30. Do you have groin pain or a painful bulge or I
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mon
5. Have you ever passed out or nearly passed out DURING or			32. Do you have any rashes, pressure sores, or o
AFTER exercise?			33. Have you had a herpes or MRSA skin infection
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			34. Have you ever had a head injury or concussion
7. Does your heart ever race or skip beats (irregular beats) during exercise?			35. Have you ever had a hit or blow to the head to prolonged headache, or memory problems?
8. Has a doctor ever told you that you have any heart problems? If so,			36. Do you have a history of seizure disorder?
check all that apply:			37. Do you have headaches with exercise?
☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:			38. Have you ever had numbness, tingling, or wer legs after being hit or falling?
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			39. Have you ever been unable to move your arm or falling?
 Do you get lightheaded or feel more short of breath than expected 			40. Have you ever become ill while exercising in
during exercise?			41. Do you get frequent muscle cramps when exe
11. Have you ever had an unexplained seizure?			42. Do you or someone in your family have sickle
12. Do you get more tired or short of breath more quickly than your friends			43. Have you had any problems with your eyes or
during exercise?			44. Have you had any eye injuries?
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	45. Do you wear glasses or contact lenses?
 Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including 			46. Do you wear protective eyewear, such as gog
drowning, unexplained car accident, or sudden infant death syndrome)?			47. Do you worry about your weight?
 Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT 			48. Are you trying to or has anyone recommender lose weight?
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic			49. Are you on a special diet or do you avoid cert
polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or			50. Have you ever had an eating disorder?
implanted defibrillator?			51. Do you have any concerns that you would like
16. Has anyone in your family had unexplained fainting, unexplained			FEMALES ONLY
seizures, or near drowning?			52. Have you ever had a menstrual period?
BONE AND JOINT QUESTIONS	Yes	No	53. How old were you when you had your first me
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			54. How many periods have you had in the last 1. Explain "yes" answers here
18. Have you ever had any broken or fractured bones or dislocated joints?			Copiani jes answers nere
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			
20. Have you ever had a stress fracture?			
 Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 			
22. Do you regularly use a brace, orthotics, or other assistive device?			
23. Do you have a bone, muscle, or joint injury that bothers you?			
24. Do any of your joints become painful, swollen, feel warm, or look red?			

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

Height		Weight		☐ Male	☐ Female		
BP /	(/)	Pulse	Vision R	20/	L 20/	Corrected Y N
MEDICAL					NORMAL		ABNORMAL FINDINGS
Appearance • Marfan stigmata (ky arm span > height,				ım, arachnodactyly,			
Eyes/ears/nose/throat Pupils equal Hearing							
Lymph nodes							
Heart* Murmurs (auscultati Location of point of			ilva)				
Pulses Simultaneous femor	ral and radial puls	es					
Lungs							
Abdomen							
Genitourinary (males or	nlyir						
Skin HSV, lesions sugges	tive of MRSA, tine	a corporis					
Neurologic ^c							
MUSCULOSKELETAL							
Neck Back							
Shoulder/arm						_	
Elbow/forearm							
Wrist/hand/fingers						_	
Hip/thigh							
Knee							
Leg/ankle							
Foot/toes							
Functional Duck-walk, single le	ig hop						
Consider ECG, echocardiogr Consider GU exam if in privi Consider cognitive evaluation	ate setting. Having t	hird party pres	ent is recommended.				
Cleared for all sports	without restriction	on					
			nmendations for furt	ther evaluation or treatmen	t for		
Not cleared							
☐ Pendir	g further evaluat	ion					
☐ For an							
neaso	n						