

NFHS MEDICAL RELEASE FORM FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)

The National Federation of State High School State Associations' (NFHS) Sports Medicine Advisory Committee has developed a medical release form for wrestlers to participate with skin lesion(s) as a suggested model to be considered for adoption in each state. The NFHS Sports Medicine Advisory Committee (SMAC) conducted a survey among specialty, academic, public health and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allow us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another wrestler. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

Neither the NFHS nor the NFHS SMAC presumes to dictate to professionals how to practice medicine. Nor is the information on this form meant to establish a standard of care. The NFHS SMAC does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers and appropriate health-care professionals that led to the research into this subject and to the development of this form.

The Ohio High School Athletic Association as recommended by its Joint Advisory Committee on Sports Medicine has adopted the policy to require that it be a physician, defined as a medical doctor (MD) or doctor of osteopathy (DO) who is authorized to clear a wrestler for continued participation in this sport.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long term consequences and are not life threatening, some do have morbidity associated with them and student-athletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.
2. Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
3. Establish guidelines to help minimize major differences in management among appropriate health-care professionals who are signing "return to competition forms". Consistent use of these guidelines should reduce the likelihood wrestlers catching a skin disease from participation and suffering from inequalities as to who can or cannot participate.
4. Provide a basis to support appropriate health-care professional decisions on when a wrestler can or cannot participate. This should help the appropriate health-care professional who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve any student athlete who never wins a match or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Each state association needs to determine which appropriate health-care professional can sign off on this form.
2. Inclusion of the applicable NFHS wrestling rule so appropriate health-care professionals will understand that covering a contagious lesion is not an option that is allowed by rule. Covering a non-contagious lesion after adequate therapy to prevent injury to lesion is acceptable.
3. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should mitigate the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of wrestling as some do.
4. Inclusion of a "bodygram" with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict. Also including the number of lesions protects against spread after a visit with an appropriate health-care professional.
5. Inclusion of guidelines for minimum treatment before returning the wrestler to action as discussed above. This should enhance the likelihood that all wrestlers are managed safely and fairly.
6. Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee's role could appropriately be only to see if the coach can provide a fully completed medical release form allowing the wrestler to wrestle.

This form may be reproduced, if desired, and can be edited in anyway for use by various individuals or organizations. In addition, the NFHS SMAC would welcome comments for inclusion in future versions as this will continue to be a work in progress.

**NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS
SPORTS MEDICINE ADVISORY COMMITTEE – OHSAA JOINT ADVISORY COMMITTEE ON
SPORTS MEDICINE**

MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

NAME: _____

DATE OF EXAM: ___ / ___ / ___

DIAGNOSIS _____

MARK LOCATION AND NUMBER OF

LESION(S)

LOCATION AND NUMBER OF LESION(S) _____

MEDICATION(S) USED TO TREAT LESION(S): _____

DATE TREATMENT STARTED: ___ / ___ / ___

TIME: _____

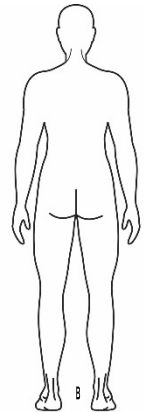
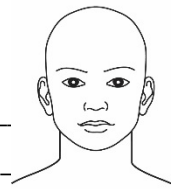
FORM EXPIRATION DATE FOR THIS LESION (NOTE ON DIAGRAM(S)): ___ / ___ / ___

EARLIEST DATE THE WRESTLER MAY RETURN TO PARTICIPATION: ___ / ___ / ___

PHYSICIAN (MD OR DO) SIGNATURE _____

PHYSICIAN NAME (MUST BE LEGIBLE) _____

OFFICE ADDRESS _____



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BELOW ARE SOME TREATMENT GUIDELINES THAT SUGGEST MINIMUM TREATMENT BEFORE RETURN TO WRESTLING:

BACTERIAL DISEASES (IMPETIGO, BOILS): TO BE CONSIDERED “NON-CONTAGIOUS,” ALL LESIONS MUST BE SCABBED OVER WITH NO OOZING OR DISCHARGE AND NO NEW LESIONS SHOULD HAVE OCCURRED IN THE PRECEDING 48 HOURS. ORAL ANTIBIOTIC FOR THREE DAYS IS CONSIDERED A MINIMUM TO ACHIEVE THAT STATUS. IF NEW LESIONS CONTINUE TO DEVELOP OR DRAIN AFTER 72 HOURS, MRSA (METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS) SHOULD BE CONSIDERED.

HERPETIC LESIONS (SIMPLEX, FEVER BLISTERS/COLD SORES, ZOSTER, GLADIATORUM): TO BE CONSIDERED “NON-CONTAGIOUS,” ALL LESIONS MUST BE SCABBED OVER WITH NO OOZING OR DISCHARGE AND NO NEW LESIONS SHOULD HAVE OCCURRED IN THE PRECEDING 48 HOURS. FOR PRIMARY (FIRST EPISODE OF HERPES GLADIATORUM), WRESTLERS SHOULD BE TREATED AND NOT ALLOWED TO COMPETE FOR A MINIMUM OF 10 DAYS. IF GENERAL BODY SIGNS AND SYMPTOMS LIKE FEVER AND SWOLLEN LYMPH NODES ARE PRESENT, THAT MINIMUM PERIOD OF TREATMENT SHOULD BE EXTENDED TO 14 DAYS. RECURRENT OUTBREAKS REQUIRE A MINIMUM OF 120 HOURS OF ORAL ANTI-VIRAL TREATMENT, AGAIN SO LONG AS NO NEW LESIONS HAVE DEVELOPED AND ALL LESIONS ARE SCABBED OVER.

TINEA LESIONS (RINGWORM ON SCALP OR SKIN): ORAL OR TOPICAL TREATMENT FOR 72 HOURS ON SKIN AND ORAL TREATMENT FOR 14 DAYS ON SCALP.

SCABIES, HEAD LICE: 24 HOURS AFTER APPROPRIATE TOPICAL MANAGEMENT.

CONJUNCTIVITIS (PINK EYE): 24 HOURS OF TOPICAL OR ORAL MEDICATION AND NO DISCHARGE.

MOLLUSCUM CONTAGIOSUM: UPON TREATMENT WITH CURETTAGE AND HYFRECACTOR, MAY COVER WITH BIOCLUSIVE AND WRESTLE IMMEDIATELY.

NOTE TO APPROPRIATE HEALTH-CARE PROFESSIONALS: NON-CONTAGIOUS LESIONS DO NOT REQUIRE TREATMENT PRIOR TO RETURN TO PARTICIPATION (E.G. ECZEMA, PSORIASIS, ETC.). PLEASE FAMILIARIZE YOURSELF WITH NFHS WRESTLING RULES 4-2-3, 4-2-4 AND 4-2-5 WHICH STATES:

ONCE A LESION IS CONSIDERED NON-CONTAGIOUS, IT MAY BE COVERED TO ALLOW PARTICIPATION.