

## On the Field Coverage

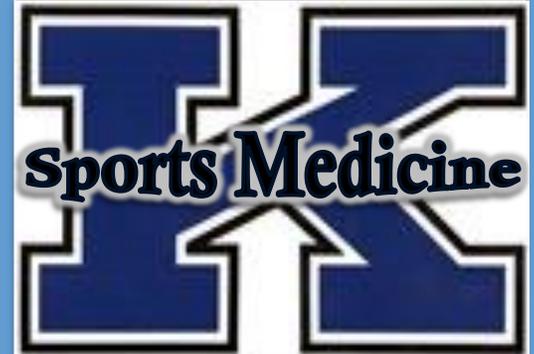
1. The team physician, athletic trainer, coach or parent may withhold an athlete from activity if it is considered to be in the best interest of the athlete's health.
2. It is the responsibility of the athletic training staff to protect the health of the athlete. This includes removing athletes from participation when they feel it is unsafe for that athlete.
3. An athletic trainer will be on site for MOST practices or events.
4. Collision sports have top priority for coverage because of the "high-risk" of serious injuries.
5. Coaches are provided phone numbers to reach the on-site athletic trainer and all injuries should be attended to in a reasonable amount of time.

## Taping/Bracing Policies

1. Tape will often be used as a supplemental treatment but is not a "quick fix."
2. Appropriate use of tape for injury care will be determined by the athletic trainers and/or physician by an evaluation.
3. It will be recommended that the athlete purchase a brace for ongoing injury management and prevention.

## Athletic Training Room Policies

1. Communicate the injury to the appropriate coaches and parents. A take-home note will be sent home if they received an evaluation by an athletic trainer.
2. The student-athlete is expected to report daily until symptoms no longer exist or they begin receiving care outside of the ATR.
3. Athletes are responsible for having inhalers, epi-pens and diabetic supplies within their reach at all times. We recommend duplicate medications for athletic use exclusively.



### **Athletic Training Staff:**

Dave Dzedzicki MS AT  
Head Athletic Trainer  
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Kelly Damschroder MS AT  
Assistant Athletic Trainer  
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Dyanne Lewis MA AT  
Head Football Athletic Trainer  
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Dr. Darrin Bright  
Dr. John Hedge  
Team Physicians

Athletic Training Room:  
614-450-6517

## Sports Medicine Team

1. A certified athletic trainer is a unique health care provider who specializes in the prevention, assessment, treatment and rehabilitation of injuries and illnesses.
2. An athletic trainer must graduate from an accredited baccalaureate or master's program.
3. Athletic trainers work under the direction of a physician.
4. Athletic trainers have the capability to refer athletes to sports medicine physicians or other specialists at the parent's request, including urgent cares.
5. Athletic trainers can implement physician requests for physical therapy. In some cases when more extensive treatment is needed and it will benefit the patient, the athlete will be referred to a PT clinic site.
6. **Athletic training room hours:**
  - M – F: 2:30–end of practices/9:00 PM
  - Saturday/Sunday: AT's discretion
  - 1<sup>st</sup> period treatments during school available with Dyanne Lewis
  - Treatments during free periods of school available by appointment.
  - Summer Hours: AT's available by appointment only.

## When To Consult a Physician:

1. The athletic training room is not designed to replace the family physician. The choice of healthcare provider and initiation of medical referral always remains at the discretion of the parents.
2. We recommend following up with a physician if:
  - The injury worsens
  - The injury persists for an extended period of time

## Concussions

1. The definition of a concussion is a disturbance in brain function caused by a direct or indirect force to the head, face or neck which results in any non-specific signs or symptoms.
2. All suspected head injuries must be evaluated by a physician and/or licensed healthcare provider approved by the school district. NO athlete is permitted to return to play on the same day that they are evaluated for a concussion.
3. No concussion can be un-diagnosed and the final say in all situations is at the discretion of the team physician.
4. All athletes will follow a 6 step return to play protocol designed by the team physician once they are symptom free.

## Return To Play

1. Any athlete who sees a physician **MUST** have a written note on file in the ATR that indicates their return to activity. A physician's note clearing the athlete to "full-go" is recognized as a release to begin a gradual transition back to full game activity. This time period ensures a safe return for the athlete.
2. Injured athletes are expected to continue a rehabilitation and maintenance program after returning to play to reduce the chances of re-injury. The athletic trainer will coordinate this with the athlete.
3. No coach or athletic trainer may clear an athlete to participate if a physician has removed them from play.
4. The team physician has final say in all return to play decisions.