

National Federation of State High School Associations
Sports Medicine Advisory Committee

MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

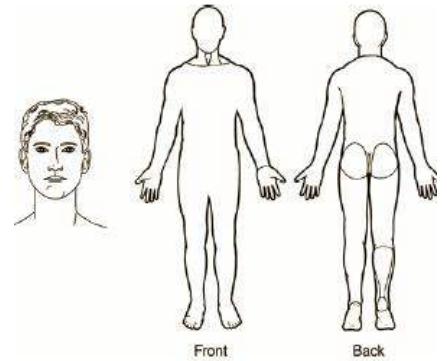
Name: _____ Date of Exam: ____ / ____ / ____

Location AND
Number

of Lesion(s)

Diagnosis _____

Location AND Number of Lesion(s):



Medication(s) used to treat lesion(s):

Date Treatment Started: ____ / ____ / ____

Form Expiration Date: ____ / ____ / ____

Earliest Date may return to participation: ____ / ____ / ____

Provider Signature: _____

Office Phone #: _____

Provider Name (Must be legible):

Office Address:

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 Rules 4-2-3, 4-2-4 and 4-2-5 which states:

"ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from an appropriate health-care professional stating

that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated, on-site meet appropriate health-care professional is present and is able to examine the wrestler either immediately prior to or immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate."

"ART. 4 . . . If a designated on-site meet appropriate health-care professional is present, he/she may overrule the diagnosis of the appropriate health-care professional signing the medical release form for a wrestler to participate or not participate with a particular skin condition."

"ART. 5 . . . A contestant may have documentation from an appropriate health-care professional only indicating a specific condition such as a birthmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation."

Once a lesion is not considered contagious, it may be covered to allow participation.

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 and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.
- **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 or five full days of oral anti-viral treatment, again so long as no new lesions have developed, and all lesions are scabbed over.
- **Tinea Lesions (ringworm scalp, skin):** Oral or topical treatment for 72 hours on skin and 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:** 24 hours after curettage.

Ringworm, Tinea Corporis

These fungal lesions are due to dermatophytes. As they are easily transmissible, the athlete should be treated with an oral or topical antifungal medication and the lesions should be covered with a special protective material (bio-occlusive dressing) and securely taped. In sports where there is likely to be skin-to-skin contact, if the area cannot be covered with dressing or clothing, the athlete should be held from competition and practices until the lesion is no longer infectious.

For wrestlers, antifungal medications must be used for 72 hours before returning to competition, even if the lesion is covered. Fungal scalp infections (Tinea capitis) can be more difficult to treat and require oral antifungal medication. Wrestlers with a fungal infection of the scalp must be on medication for 14 days before returning to competition.

Impetigo, Folliculitis, Carbuncle and Furuncle

While these infections may be secondary to a variety of bacteria, they should all be treated as Methicillin-Resistant *Staphylococcus aureus* (MRSA) infections. The athlete should be removed from practices and competition and treated with oral antibiotics. Return to contact practices and competition may occur after 72 hours of treatment, providing the infection is resolving.

All lesions are considered infectious until each one has a well-adherent scab without any drainage or weeping fluids. Once a lesion is no longer considered infectious, it should be covered with a special protective material (bio-occlusive dressing) and securely taped until it is completely healed.

All team members should be carefully screened for similar skin infections. If multiple athletes are infected, consideration should be given to obtaining nasal cultures of all teammates. This may identify carriers and allow for targeted treatment. For carriers, or those with recurrent infections, data supports the use of intranasal mupirocin two percent ointment twice a day and daily body washes with a chlorhexidine four percent solution for five days.

Shingles, Cold Sores

These are viral infections which are transmitted by skin-to-skin contact. Lesions on exposed areas of skin that are not covered by clothing, uniform, or equipment require the player to be withdrawn from any sport that may result in direct skin-to-skin contact with another participant. Covering the lesions is not acceptable for these potentially dangerous viral infections. Primary outbreaks of shingles and cold sores require at least 10 days of oral antiviral medication while recurrent outbreaks require five days of treatment before return to practice and competition is allowed. Lesions located under clothing, uniform, or equipment should be covered with a protective dressing and securely adhered to the skin.

Herpes Gladiatorum

This skin infection, specific to wrestling, is caused by Herpes Simplex Virus Type 1 (HSV-1). The spreading of this virus is strictly skin-to-skin with the preponderance of the outbreaks developing on the head, face, and neck, reflecting the typical lock-up position a wrestler has facing an opponent. The initial outbreak is characterized by a raised rash with groupings of six to ten vesicles. The skin findings are accompanied by sore throat, fever, malaise, and swollen cervical lymph nodes.

The infected individual should be removed from contact and treated with antiviral medications. An infected athlete may return to contact only after all lesions are healed with well-adherent scabs, no new vesicle has formed, and no swollen lymph nodes are near the affected area. Primary outbreaks of *Herpes Gladiatorum* require a minimum of 10 days of oral antiviral medications before returning to practice and competition is allowed. The athlete's health-care provider may consider prescribing oral antiviral medication for the remainder of the season and each subsequent season to prevent further infections.

Recurrent outbreaks usually involve a smaller area of skin, milder systemic illness, and a shorter duration of symptoms. Treatment should include oral antiviral medications, and the participant must be held from wrestling for five days. There should be no swollen lymph nodes near the affected area. If antivirals are not used, the infected participant may return to contact only after all lesions are well-healed with well-adhered scabs, no new vesicle have formed, and there are no swollen lymph nodes near the infected area. In some cases, the athlete's health-care provider may consider prescribing antiviral medication for the remainder of the current season and during subsequent seasons when a wrestler has suffered a recurrent outbreak.

As the HSV-1 may spread prior to vesicle formation, anyone in contact with the infected individual during the three days prior to the outbreak must be isolated from any contact activity for eight days and be examined daily for suspicious skin lesions.

Miscellaneous Viral Infections

Molluscum contagiosum and verruca are nuisance types of viral infections but are not considered highly contagious. Therefore, these lesions require no treatment or restrictions but should be covered if prone to bleeding when scratched or abraded.