
**MASSACHUSETTS INTERSCHOLASTIC ASSOCIATION
OFFICIAL RELEASE FORM FOR WRESTLER TO
PARTICIPATE WITH SKIN LESION(S)**

Thank you for agreeing to evaluate this student-athlete with a skin lesion that may be infectious in origin. In the wrestling community, skin infections are a common cause of disqualification from wrestling practice and competition.

Data from collegiate and high school injury reports indicate that 20% of lost practice time in wrestling is due to an infection. NCAA data indicates that 40% of the reported infections are due to the Herpes Simplex virus. This virus is the causative agent of Herpes Gladiatorum (HG). The attack rate of this infection has been estimated to be 34%. Recurrent HG (HSV- 1) will have milder symptoms and a less prominent rash when compared to an initial infection with HG. HSV infections are more common than impetigo in this population. A visual diagnosis is not sufficient given the attack rate of HSV thru the skin to skin transmission during wrestling practice and competition.

Wrestlers with a cold sore should not be permitted to compete or participate in wrestling practice. The infections associated with the sport of wrestling have a predilection for the face and neck. Unfortunately the face and forehead of an adolescent wrestler are associated with a background of acne, abrasions and contusions. The skin trauma that occurs in this sport will alter the typical appearance of a skin infection and an atypical appearance must be anticipated. The Massachusetts wrestling community has had a number of outbreaks of Herpes Gladiatorum in recent years. Wrestling competition has been suspended in a number of other states due to an increased frequency of Herpes Gladiatorum.

Accurate diagnosis is important for the management and isolation of any infection that can occur on a wrestling team. The use of culture data or molecular infectious disease testing is encouraged. The visual appearance of skin infections can be similar. It is difficult to manage outbreaks without laboratory data. Test results can influence the choice of active treatment or prophylactic therapy. Post exposure management of exposed teammates and competitors is also dependent on an accurate diagnosis. This is particularly important when Herpes Gladiatorum or MRSA is suspected. Prophylaxis with anti-viral medication has been shown to be very helpful for HG.

Non-contagious lesions do not require treatment prior to participation. The presence of a communicable skin lesion shall be full and sufficient reason for disqualification. Once a lesion is considered non-contagious it may be covered during participation. Please note the following National Federation of High School wrestling rules:

Rule 4-2-3 ... 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 documentation from an appropriate health-care professional stating that the suspected disease 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 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.**

Rule 4-2-5....A contestant may have documentation from a health care professional indicating a specific condition such as birthmark or other non-contagious skin conditions such as psoriasis or eczema, and that documentation is valid for the duration of the season. It is with the understanding that a chronic condition could become secondarily infected and require re-evaluation.

References 1) National Athletic Trainers' Association Position Statement: Skin Diseases Journal of Athletic Training 2010;45(4)411-28.2) Summary: Report National High School Sports Related Injury Surveillance Data 2012-133) Agel, J Descriptive Epidemiology of Collegiate Men's Wrestling Injuries 1988-89 through 2003-2004 J Athl Train 2007 42(2) 303-10 4) Belongia, EA An Outbreak of Herpes Gladiatorum at a High School Wrestling Camp 1989. NEJM 1991 325 906-10 5) Anderson BJ Epidemiologic and Clinical Analysis of Several Outbreaks of Herpes Gladiatorum Med Sci Sports Exerc 2003, 35 (11) 1809-14 6) Anderson, BJ Managing Herpes Gladiatorum Outbreak in Competitive Wrestling The 2007 Minnesota Experience Current Sports Med Reports 2008 7 (6) 323-27

Approved by MIAA SMC - October 2014
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OFFICIAL MIAA RELEASE FORM FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)

Please indicate the location of the skin lesion(s) on the student athlete on the bodygram.

NFHS Rule 4-2-4If a designated on-site health care professional is present, he/she may overrule the diagnosis of the health care professional signing the medical release form for a wrestler to participate or not participate with a particular skin condition. Please provide the requisite information to help this pre-participation process

Name: _____

Date ____ / ____ / ____

School: _____

Diagnosis _____

Location AND Number of Lesion(s) _____

Lesion IS Communicable _____ Lesion IS NOT Communicable _____

Medication(s) prescribed _____

Date Treatment Started: ____ / ____ / ____ Time: _____

Culture results _____ Culture not performed _____ Date ____ / ____ / ____

Earliest Date the Wrestler May Return to Participation: ____ / ____ / ____

Form expiration date ____ / ____ / ____ Provider name _____ (Printed)

Provider Signature _____ Specialty _____

Office Address _____

Please consider the following treatment guidelines that suggest the MINIMUM treatment that is necessary before considering a return to wrestling practice or competition:

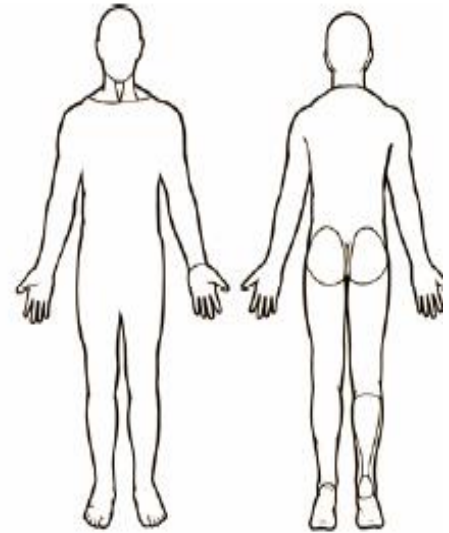
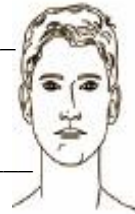
Herpetic lesions (cold sores, fever blisters, herpes simplex, herpes gladiatorum and herpes zoster) in order to be considered non-contagious all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the previous 48 hours. A wrestler cannot compete with an untreated cold sore. PRIMARY HERPES GLADIATORUM (initial episode) wrestlers should be treated and not allowed to participate for TEN days. If the wrestler has a fever or adenopathy the treatment duration can be extended to 14 days. RECURRENT herpetic infections will be less obvious and require a minimum of 120 hours of treatment as long as no new lesions have developed and all of the lesions are scabbed over.

BACTERIAL diseases (folliculitis, boil, abscess, Impetigo, cellulitis) to be considered non-contagious, all lesions must be scabbed over and no new lesions should have occurred in the last 48 hours. 3 days of an oral antibiotic is the minimum duration to achieve this status. If new lesions develop or drain after 72 hours please consider MRSA, the minimum duration of oral antibiotics should be extended to 10 days and return to participation should not occur until all lesions are scabbed over.

Tinea infections (ringworm of scalp or skin) oral or topical treatment for 72 hours for skin infection and 14 days of oral medication for scalp infections.

Scabies/ Head Lice (24 hours after treatment), **Molluscum** (24 hours after curretage), **Conjunctivitis** (24 hours of topical or oral medication and no discharge.

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