FACT SHEET: “PRESEASON HEAT-ACCLIMATIZATION GUIDELINES FOR SECONDARY SCHOOL ATHLETICS” CONSENSUS STATEMENT

Subject: Leading national organizations have released an inter-association task force consensus statement on “Preseason Heat-Acclimatization Guidelines for Secondary School Athletics.”

Purpose: To work toward the elimination of heat-related athletic illnesses and deaths in secondary schools.

Key Insights: When an athlete undergoes a proper heat-acclimatization program, the body’s response to exercise and heat is enhanced, while athletes not following a proper program face measurable risks for heat illness. A proper plan in secondary school athletic programs is essential to minimize these risks.

Background: NATA and seven other organizations have developed a consensus statement to help athletic programs recognize the threat posed by athletic exertion on warm or hot days, and take the needed steps to acclimatize student athletes, prior to starting full-scale practices.

Conclusions: The consensus statement lists seven key recommendations for a 14-day heat-acclimatization period prior to full-scale athletic participation by secondary school students, as follows:

1. During the first five days of the heat-acclimatization process, athletes may not participate in more than one practice per day.

2. If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe, but total practice time should not exceed three hours per day.

3. A one-hour maximum walk-through is permitted during the first five days of the heat-acclimatization period; however, a three-hour recovery period should be inserted between the practice and walk-through (or vice versa).

4. During the first two days of the heat-acclimatization period, in sports requiring helmets or shoulder pads, a helmet should be the only protective equipment permitted (goalies, as in the case of field hockey and related sports, should not wear full protective gear or perform activities that would require protective equipment). During days three through five, only helmets and shoulder pads should be worn. Beginning on day six, all protective equipment may be worn and full contact may begin.

5. Beginning no earlier than the sixth day and continuing through the 14th day, double-practice days must be followed by a single-practice day. On single-practice days, one walk-through is permitted, but it must be separated from the practice by at least three hours of continuous rest. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.

6. On a double-practice day, neither practice’s duration should exceed three hours total, and student-athletes should not participate in more than five total hours of practice. Warm-up, stretching, cool-down, walkthrough, conditioning and weight-room activities are included as part of the practice time. The two practices should be separated by at least three continuous hours in a cool environment.
7. Because the risk of exertional heat illnesses during the pre-season heat-acclimatization period is high, the consensus statement strongly recommends that an athletic trainer be on site before, during and after all practices.

Authors/ Speakers:

Douglas J. Casa, PhD, ATC, FACSM, FNATA, is director of athletic training education, University of Connecticut, in Storrs, Conn. He has been a member of the writing group for position statements on heat illness from the National Athletic Trainers’ Association and American College of Sports Medicine. Casa is co-chair of the task force.

David Csillan, MS, LAT, ATC, is an athletic trainer at Ewing High School in Ewing, N.J. He provides medical services to the ING New York City Marathon and the New Jersey Special Olympics. Csillan was inducted into the New Jersey State Interscholastic Athletic Association/New Jersey State Coaches Association Hall of Fame and the Athletic Trainers’ Society of New Jersey Hall of Fame. Csillan is co-chair of the task force.

Francis G. O’Connor, MD, MPH, is associate professor at the Uniformed Services University and medical director for the Consortium on Health and Military Performance. He is president-elect of the American Medical Society for Sports Medicine and will take office in 2010. Dr. O’Connor is a member of the task force.

George “Iceman” Gervin is a retired San Antonio Spurs player, NBA Hall of Fame recipient and member of the NBA 50th Anniversary All-Time Team in 1996. He is founder of the George Gervin Academy and George Gervin Youth Center, among other local San Antonio programs, and a champion of youth safety, leadership and wellness.

Paul S. Saenz, DO, founded Sports Medicine Associates of San Antonio and remains a partner in this practice. He is also the team physician for the San Antonio Spurs basketball team. Dr. Saenz was also instrumental in the concept and design of the Texas Center for Athletes, a 133,000 square foot facility in the heart of the South Texas Medical Center.

Lynn Hickey has been director of athletics at the University of Texas San Antonio for nine years. Under her direction, UTSA has claimed three Southland Conference all-sports championships while winning both team and individual awards in 16 sports sponsored by the university. She is a member of the NCAA Division I Men’s Basketball Committee and has received the National Association of Collegiate Women Athletic Administrators 2005 Division I-AAA Administrator of the Year award among other honors.

Task Force: The task force is comprised of the following organizations:

- National Athletic Trainers’ Association (NATA)
- Gatorade Sports Science Institute
- United States Army Research Institute of Environmental Medicine
- American Orthopaedic Society for Sports Medicine
- American Medical Society for Sports Medicine
- American Academy of Pediatrics
- American College of Sports Medicine
- National Strength and Conditioning Association

About NATA: National Athletic Trainers’ Association (NATA) – Health Care for Life & Sport: Athletic trainers are health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and illnesses. The National Athletic Trainers’ Association represents and supports 30,000 members of the athletic training profession. Only 42 percent of high schools have access to athletic trainers. NATA members adhere to a code of ethics. NATA supports the right of all patients to have equal access to the services of athletic trainers through the Athletic Trainers’ Equal Access to Medicare Act (H.R. 1137). Visit www.nata.org.

Contact: Robin Waxenberg, 212/489-8006 (o), 917/301-1350 (c) robin@robwax.com