

## "SKIN INFECTIONS IN WRESTLING"

Data indicates that skin infections are associated with at least ten percent (10%) of the time-loss injuries in wrestling. It is recommended that qualified personnel examine the skin over the entire body, and the hair of the scalp and pubic areas of all wrestlers before any participation in the sport.

Open wounds and infectious skin conditions that cannot be adequately protected should be considered cause for medical disqualification from Practice or competition. Categories of such skin conditions and examples include:

1. Bacterial skin infections
  - a. impetigo;
  - b. erysipelas;
  - c. carbuncle;
  - d. staphylococcal disease;
  - e. folliculitis (generalized);
  - f. hidradenitis suppurative;
2. Parasitic skin infections
  - a. pediculosis;
  - b. scabies;
3. Viral skin infections
  - a. herpes simplex;
  - b. herpes zoster (chicken pox);
  - c. molluscum contagiosum and
4. Fungal skin infections --
  - tinea corporis (ringworm)

**NOTE: Current knowledge indicates that many fungal infections are easily transmitted by skin-to-skin contact.**

Besides identification of infected individuals and their prompt treatment, prevention can be aided through proper routine cleaning of all equipment, including mats and shared common areas, such as locker rooms.

If at anytime (weigh-ins or otherwise), a referee observes a skin infection in the athlete, the following shall apply:

If it is questionable as to whether a skin infection is communicable or not, the wrestler will be required to have a current licensed physician of medicine or osteopathic medicine (MD or DO) signed document stating the skin infection is no longer communicable. Any new skin infection occurring after the licensed physician of medicine or osteopathic medicine's (MD or DO) note has been written should be examined by the licensed physician of medicine or osteopathic medicine (MD or DO) and a new note may be required. For the safety of all wrestlers, it is recommended that Coaches use a similar guideline before allowing wrestlers to return to Practice. As a further precaution against skin infections, wrestlers should shower after each Practice or competition with an antibacterial soap.

Of additional concern with regard to skin infections are the equipment and clothing used by wrestlers. As mentioned earlier, Practice and competition mats should be cleaned with a disinfectant cleaner immediately prior to each use. Each wrestler's Practice uniform, including headgear, should be cleaned daily using an antibacterial soap or cleaner. Wrestlers who are suspected of being infected, or who have just returned to participation after being infected, should have their Practice uniform and any towels they may have used laundered separately to reduce the risk of contamination.

**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 which has been adopted by PIAA. 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.

**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. Ensure that appropriate health-care professionals will understand that covering a contagious lesion is not a permitted option. 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.

**Revised/Approved by NFHS SMAC - April 2015 / PIAA Revised May 4, 2015**

**NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS SPORTS MEDICINE ADVISORY  
COMMITTEE MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Enrolled in \_\_\_\_\_ School

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: \_\_\_\_\_

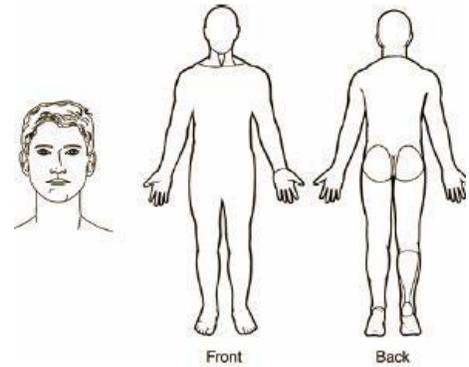
Form Expiration Date for this Lesion [Note on Diagram(s)]: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Earliest Date the Wrestler May Return to Participation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Treating Authorized Medical Examiner (\*AME) [print/type]: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Treating \*AME's Signature: \_\_\_\_\_



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, CA-MRSA (Community Associated 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 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 hyfrecator, may cover with bioocclusive and wrestle immediately.

**NOTE TO TREATING \*AME:** Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please become familiar with NFHS Wrestling 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 considered non-contagious, it may be covered to allow participation.

**Revised/Approved by NFHS SMAC – April 2015 / PIAA  
Revised March 22, 2017**

**\*AUTHORIZED MEDICAL EXAMINER (AME):** A licensed physician of medicine or osteopathic medicine, a physician assistant certified, or either a certified registered nurse practitioner or a school nurse practitioner, who is under the supervision of a licensed physician of medicine or osteopathic medicine.

**NOTE:** PIAA considers an appropriate health care professional to be a M.D. or D.O.