

Current Wrestling Rules Regarding Communicable Diseases

(Changes from previous year are highlighted)

NATIONAL FEDERATION OF HIGH SCHOOL ASSOCIATIONS (NFHS)



2011-12 NFHS RULE 4-2

ART. 2...Each contestant shall comply with standard health, sanitary and safety measures (See Rule 3-1-4). Because of the body contact involved, these standards shall constitute the sole reasons for disqualification. Application of this rule shall not be arbitrary or capricious.

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 healthcare 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.

2011-12 NFHS CASE MANUAL SITUATIONS

4.2.3 SITUATION A: In the middle of a multi-team event, it is determined that the 125-pound wrestler from Team A has an active case of ringworm. How should a referee handle this and how would this affect the scoring of this wrestler?

RULING: As soon as it is detected that the wrestler has a communicable skin disease, the wrestler would be disqualified from any further competition in the multi-school event. This is not a flagrant disqualification; therefore, all points the individual had earned up to the time of disqualification would remain with the team.

4.2.3 SITUATION B: During the weigh-in, the coach presents current, written documentation as defined by the NFHS or the state association, from a physician indicating evidence of a communicable disease with a wrestler and stating that there will be no problem as long as it is properly covered. Does this documentation make it permissible for the individual to wrestle?

RULING: Covering a communicable condition shall not be considered acceptable and does not make a wrestler eligible to participate. If a wrestler has a skin disease that is in the communicable stage, the wrestler shall not compete regardless of any statement from a physician.

4.2.3 SITUATION C: During the weigh-in for a tournament and prior to the start of competition, the referee suspects an individual of having a communicable skin disease. The coach of the individual indicates to the referee that their team doctor has checked it, but they do not have current written documentation as defined by the NFHS or the state association, from a physician. Would it be permissible for this individual to wrestle if current written documentation was obtained prior to start of competition?

RULING: The rule states that the documentation must be furnished at the weigh-in. If the documentation is not provided at the weigh-in or the individual is not cleared by the designated, on-site meet physician for that competition either immediately prior to or immediately after the weigh-in, the individual would not be allowed to compete.

4.2.3 SITUATION D: At the weigh-in, the coach from Team A presents current, written documentation as defined by the NFHS or state association, from a physician for the 145-pound wrestler, dated January 2, concerning ringworm on the upper arm. The current written documentation indicates the ringworm will not be in a contagious state on January 3 and it is permissible for the individual to wrestle, but the lesion should be covered. This is presented to the coach on January 4 at the dual meet. The referee is in agreement with the current, written documentation and the coach of Wrestler B has no concerns at the time of the weigh in. After the match has started, the coach of B goes to the scorer's table and requests a conference with the referee indicating the lesion could be contagious to his wrestler and the coach would like to have the match defaulted. Upon reexamining the ringworm, the referee agrees and awards the match to B. Following the conclusion of the 285-pound match, the referee, in the locker room, is discussing the situation with the coach of A, the referee, after carefully analyzing the situation, thinks a mistake was made in defaulting the match. It is well within the 30 minute limitation. Can this correction be made at this time?

RULING: This was a judgment decision by the referee at the time the match took place and, once the next match has been started, this is no longer a correctable error. Even though the referee should not have defaulted the match and was wrong in doing so, this

is not correctable once the next weight class is started.

4.2.3 SITUATION E: At the weigh-in, a coach notices a suspicious skin lesion on a wrestler. The wrestler's coach is asked to present the required, current, written documentation to indicate that the wrestler has been cleared by a physician. Neither the wrestler nor his coaches have the required documentation. No physician has been designated as the on-site meet physician for this particular competition. Following the conclusion of the weigh-in and prior to the competition, the wrestler presents written, current documentation signed by a physician who has just arrived at the site to watch the competition and has examined the wrestler and found the skin condition to not be contagious and in a state that it would not be harmful to any opponent. Is this wrestler now allowed to compete in this competition?

RULING: The wrestler would not be allowed to compete in this competition. The necessary documentation is required to be presented at the weigh-in. The physician who provided the clearance is not the designated, on-site meet physician for this particular competition and therefore that clearance is not valid for this competition. The rule requires wrestlers with suspect skin conditions to be prepared with documentation at weigh-in or to be examined by the designated, on-site meet physician in those cases where there is a designated meet physician present either immediately prior to or immediately after the weigh-in. The document obtained by the wrestler from the physician, provided that it remains current and fulfills the requirements defined by the NFHS or state association, could be valid for the next competition if it is presented at the weigh in

4.2.4 SITUATION A: During tournament weigh-ins, the referee notices a skin condition on the forearm of Wrestler A. Prior to the start of weigh-ins, the coach of A produces current, written documentation as defined by the NFHS or the state association, from an **appropriate health-care professional** indicating the skin condition is no longer in a contagious state. The weigh-master asks the designated, on-site meet appropriate health-care professional assigned to the tournament to inspect the skin condition, and the designated, on-site meet appropriate health-care professional determines that the skin condition is still contagious. May the wrestler participate?

RULING: No. The designated, on-site meet **appropriate health-care professional** may overrule the diagnosis of the **appropriate health-care professional signing** the release form for this particular skin condition. (4-2-3)

4.2.4 SITUATION B: A non-physician health-care provider, i.e., paramedic, athletic trainer, has been assigned to cover a tournament and is asked to inspect any skin conditions that may still be contagious. Is this permissible?

RULING: The rule is specific to a designated, on-site meet physician. A non-physician-type provider may not overrule the diagnosis of a physician who has signed a release form. (4-2-3)

4.2.4 SITUATION C: While weighing in for a dual meet, the coach of Wrestler A notices a skin condition on the forearm of Wrestler B. Prior to the start of competition,

B's coach produces current, written documentation as defined by the NFHS or the state association, from a physician that the skin condition is no longer in a contagious state. A's coach indicates that a father of one of his wrestlers is a physician and insists that the father/physician inspect the skin condition to determine whether the individual may participate. Does the coach of B have to comply?

RULING: Rule 4-2-4 specifies that a designated, on-site meet physician may overrule the diagnosis of the physician signing a release form. The father has not been designated as the on-site meet physician. The coach of B does not have to comply. (4-2-3)

4.2.4 SITUATION D: The host of a tournament has taken the necessary steps to have a dermatologist on-site for weigh-ins. The dermatologist rules that three wrestlers from School A have a communicable skin condition. The coach of School A presents prior to the start of competition, current, written documentation as defined by the NFHS or the state association, from a physician, indicating that the conditions are not contagious.

RULING: The decision by the designated, on-site meet physician takes precedence and the three wrestlers shall not compete. The committee feels that the designated, on-site meet physician has more pertinent information available as the condition could have changed dramatically from when the diagnosis was rendered by the wrestler's physician. It is incumbent on the coach to have the most accurate and current information available at inspection time.

4.2.5 SITUATION: Prior to the beginning of the medical check, the head coach of Wrestler A provides the referee with a physician's release form as defined by the NFHS or the state association, dated four weeks ago. This form shows psoriasis on the wrestler's left arm just above the elbow.

RULING: After inspecting Wrestler A and finding no other questionable areas on his/her skin, the referee allows Wrestler A to compete.

2011-12 POINT OF EMPHASIS

Communicable skin conditions are a major concern in wrestling and with the emergence of MRSA infections, the concern is greater than ever. If a participant has a suspect skin condition, NFHS rules require current, written documentation from an appropriate health-care professional stating the athlete's participation would not be harmful to an opponent. The NFHS has developed a form that can be used for that documentation and several state associations have adopted that form for use in their state. Regardless of the form used, it is imperative that ALL coaches perform routine skin checks of their wrestlers and require any wrestlers with a suspect condition to seek medical attention and treatment. It is also imperative that ALL referees perform skin checks as part of their pre-meet duties prior to EVERY meet. If there is a suspect condition, the wrestler, or coach, must present the proper clearance form at the weigh-in for the dual meet or tournament, if the wrestler is to be allowed to compete. One of the keys in preventing the spread of communicable skin conditions are coaches and referees fulfilling their responsibilities professionally. It is, however, only one of the keys. The other, equally important key is proper prevention. While prevention can be complicated, it requires that a few basic steps must be taken by ALL teams.

- Educate coaches, athletes and parents about communicable skin conditions and how they are spread.
- Clean wrestling mats daily with a solution of 1:100 bleach and water or an appropriate commercial cleaner.
- Maintain proper ventilation in the wrestling room to prevent the build-up of heat and humidity.
- Clean all workout gear (including towels, clothing, headgear, shoes, knee pads, etc.) after each practice.
- Require each wrestler to shower after each practice with an antibacterial soap. Do not share bars of soap. Use individual soap dispensers.
- Perform daily skin checks to ensure early recognition of potential communicable skin conditions.
- Refrain from sharing razors or other personal hygiene supplies.

NATIONAL COLLEGIATE ATHLETIC ASSOCIATION (NCAA)



2011-13 NCAA RULE 9.6: MEDICAL EXAMINATIONS

9.6.1 Qualified Examiners. A physician or a certified athletic trainer shall examine all contestants for communicable skin diseases before all tournaments and meets. (For guidelines regarding the dispensation of skin infections, see Appendix B, Skin Infections in Wrestling.) It is recommended that this examination be made at the time of weigh-in. Medical professionals of both genders may participate in the medical examinations.

9.6.2 Dress for Examinations. Male student-athletes shall wear shorts and female student-athletes shall wear shorts and a sports bra during examinations.

9.6.3 Medical Examinations/Skin Checks—Tournaments. At the time of medical examinations/skin checks, all competitors are required to report to the designated area. Medical examinations/skin checks will start at the lowest weight class. The medical examinations/skin checks will proceed through all weight classes in the weight class order. When all wrestlers for a weight class have been examined and the next class is called, that weight class is closed. The medical examination/skin check is completed once all heavyweight wrestlers have been examined. The games committee may consider extenuating circumstances. (See Rule 3.16.3.) Medical examinations/skin checks shall be conducted each day of competition and shall take place at the site of competition.

9.6.4 Presence of Communicable Skin Disease. The presence of a communicable skin disease (or any other condition that, in the opinion of the examining physician or certified athletic trainer, makes the participation of that individual inadvisable) shall be

full and sufficient reason for disqualification. Disqualification for communicable skin disease shall be listed as a medical forfeit in the bracket. The disqualified contestant shall retain advancement points and placement points previously earned. (See Rule 3.21.)

9.6.5 Written Documentation. If a student-athlete has been diagnosed as having a skin condition and is currently being treated by a physician (ideally a dermatologist) who has determined that it is safe for that individual to compete without jeopardizing the health of the opponent, the student-athlete may compete. However, the student-athlete, coach or athletic trainer shall provide current written documentation from the treating physician to the medical professional at the medical examination with the approved NCAA Skin Evaluation and Participation Status Form describing: (1) the diagnosed skin disease or condition; (2) the prescribed treatment and the time necessary for it to take effect; and (3) that the skin disease or condition would not be communicable or harmful to the opponent at the time of competition. Such documentation shall be furnished at the medical examination.

9.6.6 Final Determination. Final determination of the participant's ability to compete shall be made by the host site's physician or certified athletic trainer who conducts the medical examination after review of any such documentation and the completion of the exam.

9.7 Medical Examination Violations. The following penalties may be imposed by the NCAA Wrestling Committee for any violation(s) of the wrestling medical examinations:

- 1) Public or private reprimand;
- 2) Financial penalty of \$100 per institution or \$50 per individual up to a \$300 maximum penalty;
- 3) Disqualification of individual contest(s);
- 4) Disassociation of the institutional staff member from all team activities for one or more competitions. If the violation occurs during the last event of the season, the disassociation carries to the next season;
- 5) Team records or performance adjusted; and
- 6) Other penalties the NCAA Wrestling Committee deems appropriate.

When warranted, the NCAA Wrestling Committee has the authority to investigate reported violations and determine the appropriate penalty or penalties.

International Styles of Wrestling FILA/USA Wrestling



2011 FILA RULES (w/USA WRESTLING MODIFICATIONS), Article 57.

“Before the competitors weigh in, the doctors shall examine the athletes and evaluate their state of health. If a competitor is considered to be in poor health or in a condition that is dangerous to himself or to his opponent, he shall be excluded from participating in the competition.”

USA MODIFICATION.

“Athletes must be prepared and must submit to a skin disease screening prior to weigh-in. A doctor’s note on said doctor’s official letterhead may be required stating that a current skin condition is not contagious. The chief medical officer for the event has full authority without appeal in determining the eligibility of an athlete to compete.”

EXAMPLE SKIN RELEASE FORM (NFHS)
(Individual State Associations may have modifications to this form)

**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 you may consider adopting for your state. The NFHS Sports Medicine Advisory Committee 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 Sports Medicine Advisory Committee presumes to dictate to professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The NFHS Sports Medicine Advisory Committee 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 protect wrestlers from catching a skin disease from participation and should protect them 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 health-care professional can sign off on this form.
2. Inclusion of the applicable NFHS wrestling rule so appropriate health-care professionals will understand that covering a contagious lesion is not an option that is allowed by rule. 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 minimize 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.

This form may be reproduced, if desired and can be edited in anyway for use by various individuals or organizations. In addition, the NFHS Sports Medicine Advisory Committee would welcome comments for inclusion in future versions as this will continue to be a work in progress.

Revised/Approved by NFHS SMAC - April 2010

National Federation of State High School Associations
Sports Medicine Advisory Committee

MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name _____

Date of Exam ___/___/___
Mark Location AND Number of Lesion(s)

Diagnosis _____

Location AND Number of Lesion(s) _____

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

Date Treatment Started: ___/___/___

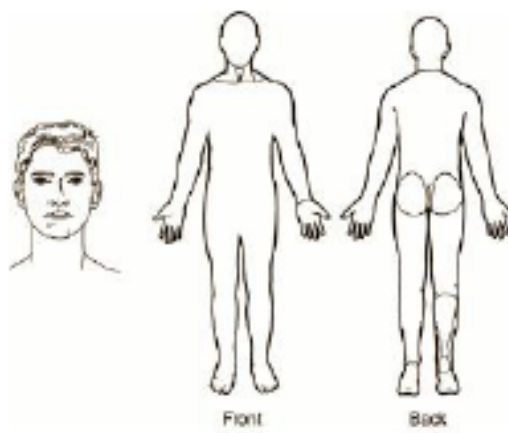
Form Expiration Date: ___/___/___

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 physician 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 physician is present, he/she may override 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, Gladiatum): 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.

Revised/Approved by NFHS SMAC - April 2010

Common Skin Infections in Athletes

These pictures are presented to provide general information about skin lesions that may be incompatible with competition. They are not meant to guide diagnostic decisions and are not an exhaustive demonstration of all infectious lesions or of all possible variations in appearance. Diagnosis of skin lesions should only be performed by appropriately licensed medical professionals.



Herpes Simplex ("cold sore")



Herpes Simplex



Herpes Gladiatorum



Herpes Gladiatorum



Herpes Zoster ("Shingles")



Impetigo



Impetigo



Tinea Corporis ("ringworm")



Severe Ringworm



Tinea Capitis ("Ringworm")



Staph Infection ("Boil")
Possible MRSA



Molluscum Contagiosum

Submitted by Thomas A. Shepotov M.D.