

HOT WEATHER TIPS!



Heat Stress and Athletic Participation

by Frederick O. Mueller, Ph.D. and Robert Cantu

Early fall football, cross country, soccer and field hockey practices are conducted in very hot and humid weather in many parts of the United States. Due to the equipment and uniform needed in football, most of the heat problems have been associated with football. From 1995 through the 2002 football season there have been 15 high school heat stroke deaths in football. This is not acceptable. There are no excuses for heatstroke deaths, if the proper precautions are taken. During hot weather conditions the athlete is subject to the following:



HEAT CRAMPS –

Painful cramps involving abdominal muscles and extremities caused by intense, prolonged exercise in the heat and depletion of salt and water due to profuse sweating.

HEAT SYNCOPE –

Weakness fatigue and fainting due to loss of salt and water in sweat and exercise in the heat. Predisposes to heat stroke.

HEAT EXHAUSTION (WATER DEPLETION) –

Excessive weight loss, reduced sweating, elevated skin and core body temperature, excessive thirst, weakness, headache and sometimes unconsciousness.

HEAT EXHAUSTION (SALT DEPLETION) –

Exhaustion, nausea, vomiting, muscle cramps, and dizziness due to profuse sweating and inadequate replacement of body salts.

HEAT STROKE –

An acute medical emergency related to thermoregulatory failure. Associated with nausea, seizures, disorientation, and possible

unconsciousness or coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin (heat stroke victims, contrary to popular belief, may sweat profusely).

It is believed that the above-mentioned heat stress problems can be controlled provided certain precautions are taken. According to the American Academy of Pediatrics Committee on Sports Medicine, heat related illnesses are all preventable. (Sports Medicine: Health Care for Young Athletes, American Academy of Pediatrics, July 2000). The following practices and precautions are recommended:

1. Each athlete should have a physical examination with a medical history when first entering a program and an annual health history update. History of previous heat illness and type of training activities before organized practice begins should be included. State High School Associations recommendations should be followed.

2. It is clear that top physical performance can only be achieved by an athlete who is in top physical condition. Lack of physical fitness impairs the performance of an athlete who participates in high temperatures. Coaches should know the **PHYSICAL CONDITION** of their athletes and set practice schedules accordingly.
3. Along with physical conditioning the factor of acclimatization to heat is important. Acclimatization is the process of becoming adjusted to heat and it is essential to provide for **GRADUAL ACCLIMATIZATION TO HOT WEATHER**. It is necessary for an athlete to exercise in the heat if he/she is to become acclimatized to it. It is suggested that a graduated physical conditioning program be used and that 80% acclimatization can be expected to occur after the first 7-10 days. Final stages of acclimatization to heat are marked by increased sweating and reduced salt concentration in the sweat.
4. The old idea that water should be withheld from athletes during workouts has **NO SCIENTIFIC FOUNDATION**. The most important safeguard to the health of the athlete is the replacement of water. Water must be on the field and readily available to the athletes at all times. It is recommended that a minimum 10-minute water break be scheduled for every twenty minutes of heavy exercise in the heat. Athletes should rest in a shaded area during the break. **WATER SHOULD BE AVAILABLE IN UNLIMITED QUANTITIES**. Check and be sure athletes are drinking the water. Cold water is preferable. Drinking water before practice or games has also been found to aid performance in heat. Replacement by thirst alone is inadequate.

Salt should be replaced daily. Modest salting of foods after practice or games will accomplish this purpose. Salt tablets are not recommended. **ATTENTION MUST BE DIRECTED TO REPLACING WATER – FLUID REPLACEMENT IS ESSENTIAL**.

5. Know both the temperature and Humidity. The greater the humidity the more difficult it is for the body to cool itself. Test the air prior to practice or game using a wet bulb, globe, temperature index (WBGT index) which is based on the combined effects of air temperature, relative humidity, radiant heat and air movement. The following precautions are recommended when using the WBGT Index: (ACSM's Guidelines for the Team Physician, 1991)

Below 65° – Unlimited activity

65°-73° – Moderate risk

73°-82° – High risk

82° + – Very high risk

There is also a weather guide for activities that last 30 minutes or more (*Fox and Matthews, 1981*) which involves knowing the relative humidity and air temperature:

AIR TEMP	DANGER ZONE	CRITICAL ZONE
70° F	80% RH	100% RH
75° F	70% RH	100% RH
70° F	50% RH	80% RH
85° F	40% RH	68% RH
90° F	30% RH	55% RH
95° F	20% RH	40% RH
100° F	10% RH	30% RH

RH = Relative Humidity

One other method of measuring humidity is the use of a sling psychrometer, which measures wet bulb temperature. The wet bulb temperature should be measured prior to practice and the intensity and duration of practice adjusted accordingly. Recommendations are as follows:

Under 60° F	Safe but always observe athletes
61° - 65° F	Observe players carefully
66° - 70° F	Caution
71° - 75° F	Shorter practice sessions; more frequent water and rest breaks
75° + F	Danger levels and extreme caution

6. Cooling by evaporation is proportional to the area of the skin exposed. In extremely hot and humid weather reduce the amount of clothing covering the body as much as possible. **NEVER USE RUBBERIZED CLOTHING.**
7. Athletes should weigh each day before and after practice and **WEIGHT CHARTS CHECKED.** Generally a 3 percent weight loss through sweating is safe and over a 3 percent weight loss is in the danger zone. Over a 3 percent weight loss the athlete should not be allowed to practice in hot and humid conditions. Observe the athletes closely under all conditions. Do not allow athletes to practice until they have adequately replaced their weight.
8. Observe athletes carefully for signs of trouble, particularly athletes who lose significant weight and the eager athlete who constantly competes at his/her capacity. Some trouble signs are nausea, incoherence, fatigue, weakness, vomiting, cramps, weak rapid pulse, visual disturbance and unsteadiness.
9. Teams that encounter hot weather during the season through travel or following an unseasonably cool period, should be physically fit but will not be environmentally fit. Coaches in this situation should follow the above recommendations and substitute more frequently during games.
10. Know what to do in case of an emergency and have your emergency plans written with copies to all your staff. Be familiar with immediate first aid practice and prearranged procedures for obtaining medical care, including ambulance service.

HEAT STROKE:

THIS IS A MEDICAL EMERGENCY – DELAY COULD BE FATAL. Immediately cool body while waiting for transfer to a hospital. Remove clothing and immerse torso in ice/cold water. Immersion therapy has the best cooling rates. A plastic baby pool can be available at all practices and games, and can always be ready for immersion procedures. If not available apply ice packs in armpits, groin and neck areas. Continue cooling efforts until EMS arrives.

HEAT EXHAUSTION:

OBTAIN MEDICAL CARE AT ONCE. Cool body as you would for heat stroke while waiting for transfer to hospital. Give fluids if athlete is able to swallow and is conscious.

SUMMARY

The main problem associated with exercising in the hot weather is water loss through sweating. Water loss is best replaced by allowing the athlete unrestricted access to water. Water breaks two or three times every hour are better than one break an hour. Probably the best method is to have water available at all times and to allow the athlete to drink water whenever he/she needs it. Never restrict the amount of water an athlete drinks, and be sure the athletes are drinking the water. The small amount of salt lost in sweat is adequately replaced by salting food at meals. Talk to your medical personnel concerning emergency treatment plans.

Reducing Head and Neck Injuries in Football

by Frederick O. Mueller, Ph.D.

Head and neck injuries in football have been dramatically reduced since the late 1960s. Several suggestions for continued reduction are as follow:

1. Preseason physical exams for all participants. Identify during the physical exam those athletes with a history of previous head or neck injuries. If the physician has any questions about the athlete's readiness to participate, the athlete should not be allowed to play.
2. A physician should be present at all games. If it is not possible for a physician to be present at all games and practice sessions, emergency measures must be provided. The total staff should be organized in that each person will know what to do in case of head or neck injury in game or practice. Have a plan ready and have your staff prepared to implement that plan. Prevention of further injury is the main objective.
3. Athletes must be given proper conditioning exercises which will strengthen their necks so that participants will be able to hold their head firmly erect when making contact. Strong neck muscles may help prevent neck injuries.
4. Coaches should drill the athletes in the proper execution of the fundamentals of football skills, particularly blocking and tackling. **KEEP THE HEAD OUT OF FOOTBALL.**
5. Coaches and officials should discourage the players from using their heads as battering rams. The rules prohibiting spearing should be enforced in practice and in games. The players should be taught to respect the helmet as a protective device and that the helmet should not be used as a weapon.
6. All coaches, physicians and trainers should take special care to see that the player's equipment is properly fitted, particularly the helmet.
7. Strict enforcement of the rules of the game by both coaches and officials will help reduce serious injuries.
8. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss) he should receive immediate medical attention and should not be allowed to return to practice or game without permission from proper medical authorities.

