USA WRESTLING MEDICAL OPERATIONS

USA WRESTLING MEDICAL COORDINATOR GUIDELINES

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USA WRESTLING MEDICAL OPERATIONS

USA WRESTLING MEDICAL SERVICES COORDINATOR HANDBOOK - NATIONAL EVENTS

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USA WRESTLING NATIONAL EVENTS

MEDICAL SERVICES COORDINATOR

MISSION:

Provide a prudent, state-legal Medical Staff supervised by a qualified Medical Director for all National USA Wrestling Tournaments or UWW events in the USA that are designed to protect the USA Wrestling Association Board of Directors, USOPC, and all participants from harm or legal torts.
AND
Protect all volunteer physicians (MD or DO) from malpractice and medical liability while providing medical services to minors and adult participants in the USA Wrestling National Events. This means that tournament physicians cannot return to play after suffering a concussion that occurred in the tournament.

RESPONSIBILITIES

1. Personnel and Staffing
    a. Recruit all medical staff and ensure they have a current USA Medical Membership within the Medical Pool.
        - Each provider must submit their state License number for Record on the Sign-in Register.
    b. Assist the assigned Tournament Medical Director in the performance of their duties.
    c. Tournament Medical Coordinator and assigned medical staff can access the specific Event EMR Record.
        - ONLY National Event Staff or National Teams Medical can access the USA MEDICAL EMR.
2. General Operations
    a. Know the regulations for participation in the event.
    b. Order and inventory of all supplies required for the event. Ensure all necessary equipment is on site for the Event (resource UWW Medical Regulations for recommended equipment)
    c. Manage all services of the onsite Medical Clinic and hours of operations.
    d. File an EMS Plan for each tournament site and process for activation of EMS with Tournament Operations
    e. Coordinate with local Emergency Facilities for services and inform the facilities of how each participant is covered by Secondary USA Wrestling accident insurance coverage.
    f. Coordinate for local emergency dental services for the Event.
    g. Coordinate with Host Site Security on how EMS activation will operate for the Event.

h. Coordinate with Host Site security on how spectator medical incidents will be managed. The Tournament Medical Physicians are not to manage "spectator" incidents.
    - Tournament Medical Staff can provide only BLS care to spectators and must utilize host Security to assume responsibility.
i. Supervise and ensure compliance with EAP for the Event and host site, including active shooter and infection control isolation.
j. Supervise and ensure compliance with EAP for the Event and host site, including active shooter and infection control isolation.
k. Activation of Emergency Action Plans Incident Protocols - note time and date of all actions. Identification of all on-site EMS providers, EMS access points, and the location of AED and SAFE zones.
l. Post-Event - complete the Medical Staff Performance Assessment and send documentation to Andrew Ernst, ATC, National Teams Athletic Trainer USOPC

3. Medical Check Process
    a. Work with the tournament "Weigh-In Master" to coordinate the timely Medical Check.
    b. Post MEDICAL CHECK POSTER in obvious locations, giving notification that concealment of any lesions may automatically fail medical check and disqualification with the issuance of a RED ALERT.
    c. Oversee the MEDICAL CHECKS before the Weigh-in Process and coordinate staffing and control of all wrestlers to ensure no wrestler or coach can bypass MEDICAL CHECK before weigh-in for the event.
        - All participants must have a USA Wrestling membership or a tournament-issued ID to access the services of the Event Medical Services and Clinic.
        - Collect all USA Medical forms submitted during Medical Check and Master Medical Clearance Forms for DFE.
        - Screen all wrestlers, if Screener finds no questionable marks or lesions, mark wrestler with permanent marker on right shoulder with screener initials. But if Screener identifies a questionable mark, scar, burn or lesion refer wrestler to secondary screening by Tournament Medical Coordinator or tournament physician for review.
    d. Secondary Screening during Medical Checks: Tournament Medical Coordinator will evaluate and determine if wrestler can compete. All decisions to issue a RED ALERT and disqualify the wrestler to compete should be a consensus decision of Medical Staff and Tournament Director. Reasons for Disqualification are:
        - Infectious lesion
        - Failure to walk upright to Medical Check or present with normal physical response
        - Attempt to conceal any lesion. Ie: skin concealment or temporary tattoo
    e. If a lesion can be covered by bioclusive dressing performed by tournament medical staff per Tournament Medical Coordinator, a YELLOW ALERT is issued and submitted to tournament operations. The YELLOW ALERT is recorded, and then GREEN ALERT is issued by Tournament Medical Coordinator to allow the wrestler to compete. Logs of MEDICAL CHECK ALERTS are maintained by

Tournament Medical Coordinator with Date and Time of GREEN or RED ALERTS by time and date. Medical staff will alert Tournament Medical Coordinator when lesion is appropriately covered. Cover must be checked after each match to ensure coverage of lesion.

4. Medical Incident Management:
    a. Ensure that all EMS incidents are documented with the time and date of all activities, and appropriate ALERTS are completed and submitted to the Tournament Operations as soon as possible.
    b. Assign a Medical Staff to coordinate with Tournament Operations for notification and management of ALERTS and log all ALERTS for backup to ensure the Safety of all participants.
    c. All injuries evaluated at the Event by Tournament Medical Staff must be reported in the USA Wrestling Medical Record. The report must include
        - date and time,
        - action,
        - identification of the diagnosis status of the wrestler at the time of release from care,
        - notification of parent/legal guardian if athlete is a minor.
        - notification to the Tournament Medical Staff that evaluated the wrestler, coach, or referee.
5. ALERT SYSTEM Management
    a. Coordinate all notifications of Medical Alerts to Tournament Administration promptly, noting times and dates, Tournament Operations Process
    b. Only the Medical Coordinator or Tournament Medical Director, or designated medical provider, can issue RED or GREEN Alerts.
    c. Issue all GREEN Alerts to the wrestler for knee braces, special short sleeve shirts, special medical considerations, and exceptions to the Regulations.
        - These must be noted in ALERT Database.
    d. Ensure all injury defaults on the competition mats during the event are on YELLOW ALERTS. Tournament Operations Process.
    e. Oversee that RED Alerts are only issued for wrestlers who are out of the entire event, regardless of style or age group. Coordinate with Tournament Operations to ensure all awards are granted to wrestlers who are under RED Alerts.
    f. RED Alerts does not automatically withdraw an injured wrestler from the event but does remove the injured wrestler from physical activity in the events.

GUIDELINES WHEN WORKING WITH NATIONAL TEAMS

1. Need open communication with the National Teams Director of National Teams High Performance
2. Need to understand the contract arrangements for National Teams
3. Understand that each style operates under a different business model and thus decisions need to be made in conjunction with each style of business.
4. Understand that National Teams train in different locations and any medical referral needs to be coordinated by the coach, wrestler, and Team Program Director and National Teams Athletic Trainer (USOPC)
5. Awareness of the qualifications to become a National Team Member
6. Awareness of the USOPC Mental Health Services
7. Alert any Senior or WTT wrestler and coach that they must have notified the Tournament Director that they have a "HOLD" - YELLOW ALERT NO LATER THAN 60 MINUTES AFTER THE CONCLUSION OF THE LAST MATCH OF THE DAY.
    - The wrestler must weigh in for their weight class for the next day's rounds otherwise, they will be withdrawn from the tournament as a RED ALERT.
    - All YELLOW ALERTS NOT CLEARED WITH A GREEN ALERT AFTER WEIGH IN BECOME A RED ALERT AT THE CONCLUSION OF THE EVENT.

GUIDELINES WHEN WORKING WITH UWW MEDICAL EVENTS

1. UWW provides accidental insurance for all participants who engage in UWW events, and once the participants are in the USA, they will follow the care and referral network of USA Wrestling Medical Staff
2. Tournament Medical Staff will assist the assigned WADA staff with set up for Drug Testing
3. Tournament Medical Staff must await the approval of the Drug Testing Staff to provide care for participants who are assigned to WADA for Testing
4. UWW has a separate Electronic Medical Record, and all injuries must be reported by the assigned UWW medical coordinator or Physician.
5. UWW Medical Physician must report the injuries within 10 days of the completion of the event, along with the Results of the Drug Testing Process.
6. Only two personnel can be in the corner of the mat during the competition. The Team Medical personnel can accompany each wrestler to assist the tournament medical team, by access is still limited to two individuals. Historically, USA Wrestling allows USA Team Medical Personnel to sit at the mat side table.
7. Coordinate language translators to communicate with visiting country teams for medical services at UWW Events held in USA.
8. Oversee the UWW standards for Hygienic and cleaning of mats and on-site workout and warm-up areas.
9. Refer to UWW Medical Regulations for additional information in this guideline.
10. UWW Wrestlers cannot leave the competition mat for treatment, or the match is a medical forfeit.
11. All tape applications, braces, headgear, and face guards must be approved by the UWW Medical Doctor and worn at weigh-in.

USA WRESTLING MEDICAL COORDINATOR GUIDELINES

ROLE OF USA WRESTLING MEDICAL SERVICE NATIONAL EVENTS

1. Protection of the health and well-being of the athletes, coaches, referees, and staff of every USA Wrestling Event.
2. Always practice guidelines from SAFE Sport Training
3. Supervision of Medical Checks per USA Wrestling/UVWV Regulations
4. Determination of potential infectious diseases,
    - not diagnosis unless Tournament Physician is present
5. Determination and documentation of prudent, safe return to competition after sustaining an injury
6. Providing preventive and supportive strapping to allow an athlete to compete safely and minimize the potential of re-injury or further injury.
7. Acute care of injuries and triage of care for injuries sustained in competition.
8. Set-Up and managing the EMS system for the Event
9. Management of the bloodborne pathogens and minimizing exposure.
10. Reporting all injuries sustained at a USA Wrestling Event and submission of reports to USA Wrestling National Events Staff for storage of injury reports.
11. Prudent use of RED, YELLOW and GREEN ALERTS
12. Documentation of all injuries reported to have occurred to Tournament Medical Staff and all care, evaluations, and treatment provided by the tournament medical staff.
13. Determination of injury and extent of injury, not exact diagnosis.
    - Limitations of the pre-hospital setting prevent accurate diagnosis. Tournament medical staff can provide directions, referral to the injured athlete and parent/legal guardian, the urgency of initiation of care, and risks of continued competition after the injury.
14. Education of coaches, athletes, and family members of care and prevention of infectious diseases and injuries.
15. UVVW/USA Wrestling Regulations do not provide for injury time but rather referee-granted recovery time for assessment of safe return to competition.
    - This recovery time allows USA Wrestling Medical Staff to determine the ability to safely continue participation, provide additional strapping to support the safe return, and evaluate possible head injury.
    - Recovery time is not intended to allow a wrestler to "catch" their breath, or timeout, or recover from a previous injury and choose to compete.

Management of Minor Age Wrestlers
Under the age of 18

1. Wrestlers under the age of 18 cannot assume risk and, therefore, specific guidelines must be followed to protect their health and well-being.
2. USA Wrestling Medical Services should not provide access to Over-the-Counter Medications or prescription medications to minor wrestlers unless direct written orders from a state-licensed MD or DO.
3. USA Wrestling Medical Services should make a reasonable effort to consult the legal parents/guardians of injured wrestlers before treatment beyond acute care is initiated. Coaches and Team Leaders need to demonstrate written documentation that they can act in the best interest of any injured athlete and have the correct Coach's certification to represent the parent/legal guardian.
4. All HIPPA documentation laws are followed by USA Wrestling Medical Staff
5. Copies of any injury reports from a Specific National USA Wrestling Tournament are available on request from National Event Staff at USA Wrestling.
6. Transfer of care of all injured wrestlers at the Tournament must be documented by time and date and recorded in the injury report and USA Wrestling Medical EMR.

Guidelines for Event Medical Staff

These guidelines are designed to ensure adequate staffing of USA Wrestling National Events.

1. Written EMS Action Plan for each National Event with identified Emergency Room, Hospital, transportation plan, emergency dental services and directions for coaches, team leaders, parents/legal guardians that confirms with venue operations and spectator care at venue.
2. USA Wrestling National Events will name a Tournament Medical Coordinator that is identifiable by Tournament Operations, Head official, Jury members and sets the standards of Medical Staff care and medical decisions. This Individual rules on all medical decisions and regulations.
3. A tournament medical clinic will be identified with necessary supplies and equipment including access to AED within 3 minutes of Competition Area
4. All Athletic Trainers must be state licensed, regulated or BOC Certified ATC and assigned to no more than 4 mats. All ATC must be registered in USA Medical Pool and have current SAFE Sport Certificates.
5. Tournament Medical Clinic should be staffed by a medical clerk and adequately staffed during the tournament

USA WRESTLING MEDICAL SERVICES COORDINATOR
NATIONAL TEAMS MEDICAL CHECKS PROCESS

SUPPLIES NEEDED:

- Red permanent markers, pens
- Nail clippers
- Medical clerk ALERT Log
- Flashlights and Woods Lamp
- Dozen RED ALERT FORMS
- Clipboards
- Magnifying lens
- Hand wipes
- Hand Cleaner
- Parental/Legal Guardian/Team leaders (minor age tournaments) forms of notification of Medical Check Failures
- Medical Check Poster notification of medical check failure for concealment of lesions
- Computer with access to USA Medical EMR
- Recommend Medical Coordinator or the Tournament Medical Coordinator has access to the Mat Doc app on an apple phone or iPad
- Box of Gloves for each medical provider

The Tournament Medical Coordinator must supervise all Medical Checks and sign off on all RED and YELLOW ALERTS issued. RED ALERT or failures must be the consensus of at least two medical providers from Tournament Medical Staff. Tournament Medical Coordinator/Tournament Medical Director has final responsibility for all wrestlers that fail Medical Check without appeal or protest per USA Wrestling Registration Notification. Second opinions from outside medical providers will not be accepted.

USA Wrestling Skin Infection Report Form is to be used to inform the Tournament Medical Staff of past medical involvement but does not override or change the final decision of the Medical staff.

Each wrestler must be present in a competition singlet, walk unassisted to the Medical Check, perform all movements requested by medical staff, and be alert (times 4). Two-piece wrestling competition or rash guard shirts, if approved by the medical coordinator, must not cover past the midshaft of the humerus on both arms. All dressings must be removed, including Kinesiological Tape and wound dressing. Skin needs to be dry. Each wrestler must have all skin exposed besides socks and singlet, USA Wrestling Membership card or Tournament Issued ID, scalp and hairline examined, as well as behind ears and armpits examined. Each wrestler must be able to have full ROM of both arms, be able to fully extend both elbows, and be able to squat during the evaluation. Each wrestler must be able to communicate with the Evaluator of Medical Check Failure will occur, and medical intervention will occur. Some touching of hair and skin may occur. If the medical check is cleared, the examiner will initial with a RED MARKER on the shoulder and be sent to the scales. If the Medical Check is not cleared, they will be sent to the medical table for evaluation by the Medical Coordinator/Medical Director for further

evaluation. If the wrestler fails the Medical Check, their card or ID will be held, and the coach must be called to the medical check table for consultation

If Medical Check is confirmed to be a failure, the coach, wrestler, and parent/legal guardian (if minor age) are notified, RED Alert is completed, and USA Wrestling Medical Check form must be completed and given to the adult responsible for the wrestler, and Tournament Operations is notified. The completed Medical Check Form must explain the reason for Failure. Criteria for Medical Check must be documented, and a consensus of the Medical Coordinator and Tournament Medical Physician or Assistant Medical Coordinator, including lymphatic system check for viral or bacterial lesions.

ALL WRESTLERS WHO UTILIZE SUCH EQUIPMENT MUST WEAR ALL KNEE BRACES, RIB BELTS, AND SHOULDER BRACES FOR MEDICAL CHECK. The Medical Coordinator must approve all orthopedic appliances, including wrestling face guards, and provide the wrestler with a GREEN Alert to take to their mats to wrestle. No metal is allowed on the elbow brace, and all other metal or plastic buckles must be covered for the entire match. Knee pads must have a pad that covers only the kneecap. Knee pads cannot be worn with the pad turned to the posterior of the leg. Arm Sleeves and leg sleeves are not allowed in USA Wrestling National Events or UWW Events.

Fungal infections (Tinea lesions) that are deemed infectious must be covered by an occlusive dressing and secured to the skin and must remain covered for the duration of the match. If the lesion is exposed, the match must be stopped immediately by the referee and the lesion covered by an occlusive dressing and tape. The scalp and axillary region cannot be covered if deemed infectious by Medical Staff.

A Large Poster or sign must be posted at the entrance of the Medical Check area that states any attempt to conceal any lesion (application of sticker/bandage/dressing or skin concealer) will result in Medical Check Failure and disqualification from the tournament without appeal.

Medical Check must post start time and remain open until weigh-in is completed and the end time is posted. No appeal of the end time is allowed. Announcement of the opening of Medical Check and weigh-in, and End of Medical check must be done at 5,, 2-and 1-minute messages.

Each wrestler must present themselves for a one-on-one with medical staff in a single file and must rotate 360 degrees for the examiner before the Medical Check is completed. If a wrestler successfully completes the Medical Check, the Examiner will initial the right shoulder with the designated marker.

Inspection of finger and thumb nails must occur as part of the Medical check process.

UWW Master's Competition Classes C, D, E, F Medical Clearance forms must be checked and be no older than 90 days before the competition and submitted at the Medical Check and prior to the Clearing Medical Check. Once forms are collected by Medical Staff, all forms are submitted to Tournament Operations. Must be signed by an identifiable Medical Physician or Doctor of Osteopathic Medicine licensed in the USA.

Socks, Sandals, or Sliders may be worn for medical checks.

All YELLOW ALERTS must be cleared in USA Medical EMR prior to the beginning of tournament competition. Any YELLOW ALERT not cleared by the Tournament Medical Staff will automatically be a RED ALERT, and the wrestler is disqualified from the Tournament. YELLOW ALERTS that are not cleared with a GREEN ALERT by Medical Staff at the conclusion of the Event are automatically transferred to a RED ALERT.

USA Wrestling Yellow Alert Medical Check			Date	
AGE GROUP / STYLE				
NAME	BADGE #	LEISION	LOCATION	CHECKED IN EMR

USA WRESTLING MEDICAL LIAISON CLERK LOG								
Y	G	R	NAME	STATE	DIVISION	WEIGHT	PROBLEM	COMMENT

YELLOW MEDICAL ALERT

USA WRESTLING

The contestant named below is on a medical hold and cannot compete until a **GREEN MEDICAL ALERT** is issued by the Tournament Medical Coordinator. This contestant is not withdrawn from the competition until he or she has two losses and will be paired until two losses occur or a **GREEN MEDICAL ALERT** is issued, and he/she can safely return to competition.

Contestant's Name:_____ **Age Group:**_____

Date of Issue: _____**Time of Issue:** _____

State/Team/Organization: _____ **Weight Class:** _____

Tournament Site: **Event:**

Comments:

Problem:

Coach Notified: Yes No

Signature: _____ **Print Name:**_____

This Form must be recorded and returned to the Pairing Official immediately.

USA WRESTLING MEDICAL SERVICES COORDINATOR HAND BOOK

APPENDIX

- **UWW MEDICAL REGULATIONS**
- **USA RULEBOOK**
- **CONCUSSION GUIDELINES and Post Concussion Forms**
- **Wrestling Skin Condition Report**
- **Parental/coach/team leader Notification of Medical Check Failures**
- **RED ALERT CLEARANCE FORM/Concussion Return to Play Form**
- **Medical Clearance Form for Master's Divisions C,D,E,F**
- **National Events Operating Procedure**
- **Medical Clerk/Tournament Operations Log for ALERTS Status**
- **Medical Decision on Mat Return to Play**
- **Management of Bleeding on the Mat**
- **Management of Panic Attacks on the MAT and Poster**
- **Management of POTS on the MAT and Poster**
- **Management of Choke Out Incidents**
- **UWW Injury Reports**
- **Medical Staff Management Forms**
- **Tournament Medical Staff Performance Review**
- **UWW Equipment Requirements**
- **How to utilize SCAT 6 and Mat assessment of Concussion**
- **SCAT6**
- **CRT6**
- **SCAT6 CHILD (8-12 Years old)**
- **WADA PROHIBITED LIST (needed for World Team Try outs or Reference for Wrestlers/Coach**

UNITED WORLD
WRESTLING

MEDICAL REGULATIONS

TABLE OF CONTENTS

TITLE I - GENERAL PROVISIONS

Article 1

These Regulations are set to establish the essential health and hygienic conditions that must be met by the wrestlers, the National Wrestling Federations, the Organizing Committees (OC) and the United World Wrestling's Medical and Anti-Doping Commission (UWW-MC) in the competitions supervised, regulated, controlled, directed or recognized by United World Wrestling (UWW).

These Regulations also contain the basic health protection requirements of the participating wrestlers, who must have received an annual medical certificate from their home doctor authorizing them to practise the sport of wrestling and must undergo a medical examination carried out by the doctor in charge before the weigh-in.

Article 2

Each National Federation affiliated or associated with UWW must draft and adjust its own rules to fully incorporate the various matters covered by the present Regulations.

Article 3

Only those wrestlers who fully meet and completely satisfy the requirements established by these Regulations are entitled to participate in UWW-sanctioned competitions.

TITLE II - MEDICAL EXAMINATIONS AND CONDITIONS FOR PARTICIPATION IN THE COMPETITION

Article 4

Medical examinations must take place once a year for all wrestlers in senior, junior and cadet age categories in a medical institution approved and authorized in the country of their National Federation or their country of residence. These medical examinations must be carried out by a specialist in sports medicine or in a sports medicine institution and are compulsory to obtain the wrestler's international licence delivered by UWW.

In the veteran's age group, special conditions apply regarding medical examinations. They are described in the UWW General Regulations for the Veteran World Championship.

Article 5

The medical examination shall include the following:

a) Medical history and past history
b) Family history
c) Complete clinical examination including:
   - cardiopulmonary examination
   - orthopaedic examination
   - neuropsychiatric evaluation
   - dermatological examination
d) Routine laboratory examination, as well as venereal disease and AIDS detection
e) Functional and ergonomic evaluation

Article 6

The results of each wrestler's examinations and laboratory tests should be recorded and kept either by the wrestler or by the National Federation's doctor or with the parental authority for wrestlers under 18 for the purpose of assessing and monitoring the athlete's health over their sporting career.

Article 7

All wrestlers selected to participate in a competition supervised by UWW are highly advised to undergo an additional medical examination by a sports medicine specialist of their respective National Federation a minimum of three weeks before the competition.

Article 8

One hour before the weigh-in, each wrestler must undergo a medical clearance carried out by a doctor appointed by the UWW-*MC* (UWW Doctor). This clearance medical examination is necessary and conducted to inspect for contagious and dermatological diseases.

TITLE III - INELIGIBILITY CRITERIA FOR THE PARTICIPATION IN A COMPETITION

Article 9

Participation in the competition is not authorized if, in the opinion of the UWW Doctor:

a) The wrestler has open or infected wounds
b) The wrestler has a condition which, through contact, may develop into open wounds
c) The wrestler is suffering from a condition or a disease which, as a result of strain exerted during the competition, might adversely affect his health or his opponent's health.
d) For health reasons, confirmed by the UWW Doctor, the wrestler is not in a position to take part in the competition.
e) The wrestler carries an infectious disease.
f) For the U17 category, a wrestler cannot produce official documents (passport and birth certificate) to prove their age.

TITLE IV - HEALTH AND HYGIENE - CONDITIONS LAID DOWN FOR THE ORGANIZATION OF A WRESTLING COMPETITION

Article 10

The OC / the National Federation must ensure that all the requirements in these Regulations are met.

Article 11

The appointed UWW Doctor must approve the quality and adequacy of the medical coverage of the competition.

If the appointed UWW Doctor does not approve the quality and adequacy of the medical coverage, the competition may be cancelled or postponed until the requirements are met.

Article 12

Before the competition, the UWW technical delegate, together with the appointed UWW Doctor, must inspect the conditions of accommodation for wrestlers, the food and the conditions of preparation and distribution. Appendix I is an example of standard menus served throughout a competition.

Food tests may be carried out throughout the competition. If it is established that the quality of accommodation and food does not meet minimum commonly admitted standards, UWW may decide upon a sanction to be imposed on the OC.

Article 13

The OC of any UWW-sanctioned competition must provide a permanent medical service, headed by a qualified medical doctor, at the place where the wrestlers are accommodated.

Article 14

The competition must take place in a well-prepared and equipped sports hall offering all the necessary sanitary facilities.

The capacity of the hall shall depend on the number of participating countries as well as on the size and the importance of the event.

The competition hall must be clean, brightly lit and ventilated with temperature control (22 degrees Celsius).

The number of spectators must not exceed the capacity of the hall.

TITLE V - MEDICAL PROCESS AND MEDICAL FACILITIES FOR THE COMPETITION

Article 15

Medical coverage of the UWW-controlled competitions must be organized by qualified emergency and sports physicians set by the organizing committee under the supervision of an appointed UWW Doctor. This medical service shall comprise the same individuals from the beginning until the end of the competition.

A team doctor can accompany each wrestler to assist mat doctors when necessary.

Article 16

The OC must prepare 3 or 4 large rooms for the medical examination, equipped with tables and chairs and adequate space for the pre-competition examination of the wrestlers before the weigh-in.

The OC shall arrange the protection of privacy for athletes when setting the space for medical examination. In cases where men and women undergo a medical examination simultaneously, the separation between them shall be clearly defined, and privacy even better preserved.

The condition and facilities of the examination rooms must be confirmed by the UWW Doctor.

Article 17

The OC must provide a wide table and three chairs per wrestling mat in the sports hall for the medical team. Any alternative setting shall be validated beforehand by UWW.

Each medical team should include one qualified medical doctor (mat doctor) with one assistant nurse or technician arranged by the OC. The latter shall be qualified to assist doctors with medical procedures (for example, first aid, wound treatment, blood tests, etc.).

Each table must be adequately supplied with basic life support equipment and standard first aid materials for the most common minor injuries.
Standard means, including a wheelchair for safe transportation of injured athletes from the field of play to the emergency room, should be provided.

Appendix II provides an example of mandatory medical equipment, substances and medications required during official competitions.

Article 18

The OC must prepare an emergency room facility equipped for casualty, staffed with emergency specialists and sports medicine physicians able to handle minor to mild injuries. Injury is defined as any physical or physiological harm or damage to the body that occur during wrestling competitions and receives medical attention regardless of consequences concerning absence from competition or training. This emergency room will also be used if the public or officials need first aid.

This emergency station, located in the building of the sports hall, must be provided with all the equipment required for advanced life support and intensive care, i.e.:

- Cardiopulmonary resuscitation equipment
- Defibrillator
- Oxygen breathing apparatus, endotracheal tubes
- ECG systems, sphygmomanometer
- Sterile surgical instruments for suturing lacerations
- Sufficient quantity of splints, surgical tapes and bandages in different sizes
- Sufficient amount of sterile syringes and needles
- All the necessary medications are needed in the following emergency situation: resuscitation, hypersensitivity reactions, pain control and local anesthesia.

Article 19

A stretcher and an ambulance have to be permanently on site for the immediate transportation of the severely injured wrestlers to the nearby hospital.

Article 20

A close-by-hospital must be consulted, informed and approved by the doctor in charge of the organization before the competition in order to be ready to accept and care for any injured wrestler immediately.

TITLE VI - HYGIENIC AND PROPHYLACTIC CARE OF THE WRESTLING MAT

Article 21

The wrestling mat on which the competition will occur must be clean and meet the UWW standards and requirements.

a) After each round of the competition, that means at the end of the morning session and the end of the evening session, the mat must be cleaned with a mop soaked with soap and water and dried.

b) If a wrestling mat becomes dirty during the competition, the referee must stop the competition to allow the mat to be cleaned and disinfected.

c) When the wrestling mat is contaminated by blood, it must be cleaned with the special antiseptic solution selected and approved by the UWW-MC.

d) The bleeding wrestler, the source of contamination, must be attended immediately. Under the supervision of the UWW Doctor, the mat doctor must strive to stop the bleeding. If the laceration is severe and the injured wrestler cannot be cared for in the four minutes allocated time, the competition should be terminated for this wrestler, and they should be sent to the emergency room or possibly to the hospital.

e) When a wrestler is injured, they must be placed on the protective part of the mat outside the competition area. Medical intervention should not take place in the wrestling space.

f) The declaration of the winner of the competition and the awarding of various recognitions or medals should not be made on the wrestling section of the mat.

g) The wrestling shoes must be worn only on the mat. Wrestlers cannot walk in their wrestling shoes outside the mat.

h) Nobody is authorized to step on the wrestling mat wearing ordinary shoes.

i) For antiseptic measures, the wrestler and his trainer can choose from one of the following procedures:

   1. Apply the shoe covers provided by the OC before stepping on the mat
   2. Clean the sole of the wrestling shoes with the antiseptic solution provided by the organizer:
      a. The antiseptic may be in the form of a spray. The coach should spray the sole of the shoes with antiseptic and dry them with towels. Care must be taken not to spray on the face or skin and not to step on the mat with wet shoes.
      b. The antiseptic may be provided in the form of a soaked towel. The towel must be rubbed on the bottom of the shoes, or the wrestler can step on the towel and rub the bottom of his shoes on the soaked towel.

The selected procedure above applies to the referees before they step on the mat.

TITLE VII - OBLIGATIONS AND APPEARANCE OF WRESTLERS & OFFICIALS

Article 22

The wrestlers and all other persons participating in the competition have an obligation to comply with the provisions of these Regulations.

During these competitions, the wrestlers must wear clean sports clothes and clean shoes.

The wrestlers must have their beards completely shaved. If beards are worn, they must not be shorter than 5 mm.

The nails of all wrestlers must be cut short.

A Wrestler may not use wrist, hand and finger tapings without medical justification. Medical evidence justifying their use must be provided to the UWW Doctor during the pre-competition medical examination. In case of an injury during training or during the competition, the UWW Doctor's approval is required for their use. In all cases, an official authorization shall be signed by the UWW Doctor for the use of medical taping.

Protection helmets are allowed because they do not have the potential to harm the opponent. They must be presented to the UWW Doctor for review and authorization during the medical examination.

Mouthguards are authorized.

The referees must wear the UWW-approved uniform. They are not allowed to step on the mat wearing ordinary shoes.

TITLE VIII - UNITED WORLD WRESTLING MEDICAL & ANTI-DOPING COMMISSION (UWW-MC)

Article 23

The members of the UWW-MC are appointed by the President of UWW with the approval of the UWW Bureau and on the basis of the candidacies submitted by the National Federations. Prior to their assignment, their credentials must be approved by the chairperson of the UWW-MC.

In the competition they are assigned to, the UWW Doctors must wear a distinctive outfit provided by UWW.

Article 24

The Chairman of the UWW-MC is suggested by the General Secretary of UWW and appointed by the President of UWW.

The President of UWW has the authority to appoint associated members.

Article 25

The UWW Doctor (if not applicable, the medical officer appointed by the OC) is responsible for the entire organization of health protection and supervision of doping controls during the competition organized under the auspices of UWW.

Article 26

For any UWW-controlled competition, the UWW General Secretary appoints a doctor among the members of the UWW-MC. The appointed UWW Doctor is responsible for the following:

a) Assessing accommodation and food
b) Supervising hygienic requirements of all mats
c) Supervising medical examination
d) Managing medical coverage of the competitions
e) Reviewing injury or medical reports of the wrestlers issued by the mat doctors to approve and have them recorded in the system provided by UWW
f) Observing doping control procedures during the competition as the representative of the UWW
g) Managing all the issues connected to medical matters.

Article 27

The UWW Doctor must, within ten days after the end of the competition, submit a full report to the UWW-MC Chairman, who will forward a copy, after review, to the UWW Secretary General.

This report should include all information on medical coverage, medical examination, injuries, doping control program, accommodation and food.

It is the UWW President's discretion whether to report or not to the Bureau.

Article 28

Prior to any competition supervised by UWW, the UWW Doctor must attend the Technical meeting with all teams and provide them with the following information:

a) The place and time of the medical examination
b) Names of the doctors who will each, in turn, provide the medical services required for each day of the competition.
c) The place where the complaints and requests may be submitted
d) General information regarding the doping controls and reminders of the athletes' and athletes' support personnel's rights and obligations.

The UWW Doctor must also attend the Referees' meeting to coordinate the work of referees and doctors effectively.

TITLE IX - RESPONSIBILITIES OF THE UNITED WORLD WRESTLING DOCTORS ON DUTY DURING THE COMPETITION

Article 29

If one of the wrestlers is injured, the UWW Doctor on duty can request the officiating body and the mat chairperson to stop the bout.

Article 30

During the competition, upon request of the referee, the UWW Doctor on duty must manage and supervise immediate medical assistance to an injured wrestler. The UWW Doctor assesses the severity of the injury and advises the referee as to whether the said wrestler can continue the bout. The decision of the UWW Doctor to forbid the wrestler to resume the bout in case of injury is final. In the event of an injury simulation medically admitted, the wrestler concerned will be sanctioned.

In case of bleeding injuries, a total injury time of four (4) minutes over the whole duration of the bout is allocated to each wrestler for a doctor to treat the bleeding. The procedures in this regard are described in the International Wrestling Rules.

Article 31

Each injury should be reported using the injury report system provided by the UWW-MC. The UWW Doctor appointed to the competition is responsible for providing this report.

In case of injury during the competition, the injury report must be filled in by the mat doctor and duly signed by the UWW Doctor.

In case of injury during the training or at residence, the injury report must be filled by the team doctor, the coach or the team leader of the injured wrestler and submitted to the UWW Doctor for their review and approval.

The form must be submitted for processing under the conditions laid down by the insurance company partnering with UWW at the time of the injury.

UWW must provide all forms and necessary information concerning insurance services on its website.

Article 32

If, in the opinion of the UWW Doctor on duty, an official seems physically or mentally unable to work or is found to be under the influence of alcohol or drugs, he must inform the Technical Delegate and the head of the Refereeing Commission. If the UWW Doctor on duty considers it necessary, they may also require a special medical examination, including laboratory tests for alcohol and drugs.

In the event of a positive result of these tests, the official concerned will be excluded, notwithstanding the fine imposed on the National Federation.

TITLE X - ORGANIZATION OF THE DOPING CONTROL

Article 33

The doping control is governed by specific regulations (for detailed information, refer to the UWW Anti-doping Rules, the WADA Code and the International Standards).

UWW shall set the number and the distribution of controls for each UWW-sanctioned event as well as the type of analysis. The OC shall cover the costs of the controls ordered by UWW.

TITLE XI - HEALTH PROTECTION

Article 34

In accordance with Article 2 of these Regulations, all National Federations must organize health protection within the framework of their internal structure.

All National Federations are encouraged to promote health (physical and mental) and safety within their organization. Athletes' education programs focusing on healthy nutrition for the management of weight as well as the prevention of injuries through exercise-based programmes must be privileged.

TITLE XII - PROVISIONS REGARDING THE VALIDITY OF THIS TEXT

Article 35

The UWW Executive Committee or the UWW Bureau are the sole bodies authorized to approve any modifications or additions to the present Regulations as suggested by the UWW-MC.

The current version was approved by the UWW Bureau on 27 June 2023.

The previous version was approved by the Executive Committee on 29 June 2019

UNITED WORLD **WRESTLING**

UWW TRANSGENDER POLICY

United World Wrestling (UWW) believes in the right of transgender people to take part in and achieve their potential in the sport of wrestling. This policy has been produced to clarify rules and responsibilities pertaining to transgender athletes in wrestling and to create a clear framework for participating in UWW sanctioned events. As much as possible, this policy is in compliance with the World Anti-Doping Agency (WADA) transgender Athletes guidelines (Attachment 1) and the International Olympic Committee (IOC) guidelines, as presented in the Statement of the Consensus Meeting on Sex Reassignment and Hyperandrogenism (Attachment 2).

1. APPLICATION

1. The term "Transgender" is used in this policy to refer to individuals whose gender identity (i.e. how they identify) is different from the biological sex assigned to them at birth (whether they are pre- or post-puberty, and whether or not they have undergone any form of medical or surgical intervention).

2. This policy applies to all officially sanctioned UWW events. National Federations are responsible to establish their own national transgender policies, which govern National Competitions.

3. This policy establishes the conditions enabling transgender wrestlers to participate in UWW Competitions in the style that is consistent with their gender identity.

4. In the event that an issue arises, which was not foreseen in this policy, it will be addressed by UWW in a manner that protects and supports the imperatives of the policy.

5. All cases arising under this policy, and in particular all wrestler information provided to UWW under this policy, and all results of examinations and assessments conducted under this policy, will be dealt with in strict confidence at all times. All medical information and data relating to a wrestler will be treated as sensitive personal information and UWW will ensure at all times that it is processed as such in accordance with applicable data protection and privacy laws. Such information will not be used for any purpose not contemplated in this policy, and will not be disclosed to any third party except (a) as is strictly necessary for the effective application and enforcement of this policy; (b) as is required by law or (c) an official request of World Anti-Doping Agency (WADA).

2. ELIGIBILITY CONDITIONS

Eligibility conditions for male-to-female Transgender wrestler

2.1. To be eligible to participate in UWW Women's Wrestling (WW) style Competitions, a male-to-female transgender wrestler must satisfy the following requirements:

(a) she must provide a written and signed declaration, in a form satisfactory to UWW, that her gender identity is female; and

(b) she must demonstrate to the satisfaction of UWW that the concentration of testosterone in her serum has been less than 10 nmol/L[1] continuously for a period of at least 12 months (with the requirement for any longer period to be based on a confidential case-by-case evaluation, considering whether or not 12 months is a sufficient length of time to minimize any advantage in women wrestling competition), and that she is ready, willing and able to continue to keep it below that level for as long as she continues to compete in the women wrestling style.

2.2. If UWW determines that the above eligibility conditions have been met, UWW will issue a written certification of that wrestler's eligibility to compete in UWW WW Competitions. That eligibility will be subject, in every case, to the wrestler's consistent compliance with and continuing fulfillment of the above eligibility conditions, including (without limitation) to continuously maintaining her serum testosterone at a concentration of less than 10 nmol/L.

2.3. To avoid discrimination, if an athlete is deemed ineligible for UWW WW competitions, the wrestler should be eligible to compete in UWW Men's Greco-Roman (GR) or Free Style (FS) Competitions.

Eligibility conditions for female-to-male Transgender wrestler

2.4. To be eligible to participate in UWW Men's GR or FS Competitions, a female-to-male transgender wrestler must provide a written and signed declaration, in a form satisfactory to UWW, that his gender identity is male. As soon as it is reasonably practicable, following receipt of such declaration, UWW will issue a written certification of that wrestler's eligibility to compete in UWW GR or FS Competitions. In order to avoid ambiguity, a female-to-male transgender wrestler will not be eligible to participate in UWW WW Competitions once they have commenced hormone treatment.

Conditions applicable to all Transgender wrestlers

2.5. Once a transgender wrestler has satisfied the eligibility requirements and has started participating in UWW Competitions in the wrestling style consistent with his/her gender identity, he/she may not then switch back to participating in the other gender category in UWW Competitions unless and until (a) at least four years have passed since the first UWW Competition in which he/she participated as a transgender wrestler; and (b) he/she satisfies all of the conditions for eligibility to compete in the other style/s.

2.6. It should be clear that, the eligibility conditions for a transgender wrestler specified in this policy, operate without prejudice to all other eligibility requirements that are applicable to all wrestlers (transgender or otherwise) under the rules of UWW, which must also be satisfied, at all relevant times. In particular, nothing in this policy is intended to undermine or affect, in any way, any of the requirements of the World Anti-Doping Code, of the WADA International Standards (including the International Standard for Therapeutic Use Exemptions), or of the UWW Anti-Doping Program. Nothing in this policy will be deemed to permit, excuse or justify non-compliance with any of those requirements, including (without limitation) any requirement for a wrestler to obtain a Therapeutic Use Exemption (TUE) for the use of a prohibited substance, such as testosterone.

2.7. Transgender wrestlers may be granted a TUE only after their eligibility and gender has been established and confirmed by UWW.

2.8. The final decision on the transgender eligibility should be reflected in his/her UWW passport.

3. MONITORING/INVESTIGATING COMPLIANCE

1. UWW may review or monitor a wrestler's compliance with the transgender eligibility conditions at any time, with or without notice, whether by random or targeted testing of the wrestler's serum testosterone levels (and the wrestler agrees to provide serum samples for this purpose, and also agrees that any samples provided for anti-doping purposes and/or any anti-doping data relating to him/her may also be used for this purpose), or by any other appropriate means.

3.2 In addition, UWW may investigate, at any time:

(a) whether a wrestler who has not filed a declaration under this policy is a transgender wrestler who needs to establish his/her eligibility to compete in a particular wrestling style in accordance with this policy;

(b) whether (because of a subsequent change in circumstances, subsequent learning or experience, or otherwise) it is necessary to require a transgender wrestler who has previously been determined to satisfy the transgender eligibility conditions to undergo further assessment by UWW to determine whether he/she still satisfies those conditions; and/or

(c) any circumstances indicating potential non-compliance with this policy; and in such cases the wrestler in question must cooperate fully and in good faith with that investigation, including (without limitation) by providing serum samples upon request.

3.3 To avoid abuse, only UWW may initiate an investigation under paragraph 3.2, and UWW should only do so in good faith and on reasonable grounds, based upon information derived from reliable sources, such as (for example) the affected wrestler him/herself, results from a routine pre-participation health examination, or data as to serum

testosterone levels and/or other data obtained from analysis of samples collected for anti-doping purposes.

3.4 The dignity of every individual must be respected. All forms of abuse and/or harassment are expressly prohibited. In particular (but without limitation):

(a) Any person or entity (including, without limitation, any other wrestler or official) that provides information to UWW for consideration under this policy is under a strict obligation (i) to ensure that the information is accurate and complete; and (ii) not to provide any information in bad faith, to harass, stigmatize or otherwise injure a wrestler or for any other improper purpose.
(b) No stigmatization or improper discrimination on grounds of gender identity will be tolerated. In particular (but without limitation), persecution or campaigns against wrestlers, simply on the basis that their appearance does not conform to gender stereotypes, are unacceptable. Any such conduct will be considered a serious breach of this policy, which is, without prejudice, subject to any action UWW may take under any applicable Regulations, Code of Conduct and/or Welfare Policy.

3.5 Where UWW determines that a male-to-female transgender wrestler who has previously been declared eligible to compete in the women's wrestling style in UWW Competitions has failed to maintain her serum testosterone level at a concentration of less than 10 nmol/L, she may not compete in the women wrestling style in UWW Competitions until such time as she demonstrates, to the satisfaction of UWW, that she has maintained her serum testosterone below 10 nmol/L for a new continuous period of at least 12 months.

This document will be subject to review in light of any scientific or medical developments.

UWW Medical, Prevention and Anti-Doping Commission
June 4, 2018

[1] For purposes of this policy, all measurements of serum testosterone levels must be conducted by means of tandem mass spectrometry.

united world wrestling transgender policy

United World Wrestling (UWW) has a transgender policy in place to ensure fair and inclusive participation in wrestling competitions. This policy outlines specific requirements for transgender athletes based on their transition stage and gender identity.

Key aspects of the UWW transgender policy include:

- **Gender Transition Before Puberty:** Individuals transitioning before puberty will be regarded as their declared gender (girls and women for male-to-female, and boys and men for female-to-male).
- **Gender Transition After Puberty:**
  - **Female to Male:** Eligible to compete in the male category without restriction after declaring their male gender identity.
  - **Male to Female:** Eligible to compete in the female category under specific conditions, including:
    - Declaring their female gender identity (cannot be changed for sporting purposes for at least four years).
    - Maintaining a total testosterone level in serum below 10 nmol/L for at least 12 months prior to their first competition and throughout the period of desired eligibility.
- **Monitoring and Compliance:** UWW may monitor and investigate compliance with eligibility conditions, including serum testosterone level testing.
- **Discrimination and Stigmatization:** No stigmatization or improper discrimination on grounds of gender identity will be tolerated.
- **Review:** The policy is subject to review in light of scientific or medical developments.

Important Notes:

- This information is based on the available sources, and it's always best to refer to the official United World Wrestling website for the most up-to-date and complete policy details.
- USA Wrestling, the national governing body for wrestling in the United States, has adopted a policy that incorporates the guidelines of the International Olympic Committee's Medical Commission and is based on similar principles to the UWW policy.

AI responses may include mistakes. Learn more

2 sites

UWW TRANSGENDER POLICY

* 2. ELIGIBILITY CONDITIONS. * 3. MONITORING/INVESTIGATING COMPLI

United World Wrestling

USA Wrestling Transgender Guidelines

* USA Wrestling Transgender Guidelines. USA Wrestling...

USA Wrestling

Ask anything

US WRESTLING Appendix A – Medical Service regulations

https://www.usawmembership.com/usa_wrestling_rule_book

TITLE 1 GENERAL PROVISIONS

TITLE 2 MEDICAL EXAMINATIONS

TITLE 3 TRANSGENDER POLICY

TITLE 4 INTERRUPTION OF THE BOUT

TITLE 5 MEDICAL ALERTS

TITLE 6 MEDICAL PROCESS DURING COMPETITION

- **ARTICLE A CONCUSSION MANAGEMENT**
- **ARTICLE B MANAGEMENT OF BLEEDING**
- **ARTICLE C APPROPRIATE MEDICAL APPLIANCES**

TITLE 1 GENERAL PROVISIONS

A MEDICAL COORDINATOR should be appointed by the USA Wrestling entity for each event who is a medical professional recognized by the state in which the event is held. The USA Wrestling National Events Coordinator will appoint a Medical Services coordinator for every National Event and must be working under a Medical Doctor or Doctor of Osteopathy (Physician) standing orders unless the Physician is on site. All Medical decisions by the Tournament Medical Coordinator/Physician Director are not subject to appeal or protest and are made in the best interest of the health and well-being of the wrestler and all competitors of the event.

All competitors in a USA Wrestling International, National, and Regional Event must receive a copy of the rule related to the Medical Coordinator/Physician Director and Concussion Management Protocol before the competition.

All medical staff working at a USA Wrestling-sanctioned event must have a current USA Wrestling Medical Membership, a completed background check, and a current SAFE SPORT CERTIFICATE on file with USA Wrestling. Only those individuals who meet these requirements are entitled to work as a USA Wrestling Medical Provider at any USA Wrestling tournament or event

The tournament is a specific style and age group competition ie: U18 Freestyle

An event is a group of tournaments that is comprised of a number of tournaments held at the same location. I.e.: US Open or National Junior Duals

For events in which no Medical Services coordinators are appointed or provided the referees should follow the 2-minute injury time and 4-minute blood rule. USA Wrestling does not recommend tournament operations to host a wrestling tournament without appointed medical providers.

TITLE 2 MEDICAL CHECKS PRIOR TO WEIGH-IN

Before the competition, each competitor must submit to a medical examination by the Event/Tournament Medical Coordinator. Each competitor must present with trimmed nails in a COMPETITION SINGLET and must walk independently to the medical check area. No shoes or other equipment, cell phones, towels, or clothing are allowed in the medical check/weigh-in area. The medical check must examine competitor for skin disease and any of the following ineligibility criteria:

a. No open, infected wounds

b. Suffering from a condition or disease as a result of physical strain during the competition which might adversely affect health or his opponent's health

c. Has an infectious disease as determined by the tournament medical coordinator

d. Has a Red Alert for Concussion from a previous USA Wrestling Event that has not been cleared by a Medical Physician (MD or DO or State-Approved Concussion Specialist)

e. Master's Level Competitor in Class C and above that does not have written medical clearance by a physician

f. U12 category: The wrestler is not able to produce an official document to validate age.

After the wrestler has passed an approved medical check, can the wrestler proceed to the weigh-in area?

If a wrestler fails a medical check a Red Alert/Yellow alert is issued and provided to the Event Director and the wrestler may not participate in the tournament. U18 and underage category the wrestler's coach must be notified and note the time and date of notification.

The Tournament/Event Medical Coordinator has full authority without appeal in determining the eligibility of a wrestler to compete.

Medical Checks are available until weigh-ins are completed.

No weight reduction activity is allowed in the Medical Check/ weigh-in area.

Any wrestler, who presents at Medical Check with Makeup/temporary Tattoo covering a skin lesion will be disqualified for the event and a RED Alert issued.

TITLE 3 TRANSGENDER POLICY

USA Wrestling deems it necessary to ensure, insofar as possible that transgender athletes are not excluded from the opportunity to participate in a wrestling competition. As such USA Wrestling Gender Policy is based on the results and guidelines of the IOC and USOC Transgender Policy.

TITLE 4 INTERRUPTION OF THE BOUT

The referee is obligated to stop the match if THEY determine a situation to be potentially dangerous and could cause harm to either wrestler. The mat judge should also have an active role in recognizing a potentially dangerous action and inform the referee if they believe the match should be stopped. Wrestling will restart in the standing position.

If a wrestler is injured/bleeding, the bout must be stopped immediately, and the wrestler must be attended to by medical staff. Coaches may assist injured or bleeding wrestlers, but cannot interfere with medical staff or use the time for coaching. **The unaffected wrestler must remain on the mat at all times but can be attended by coaches. The medical staff will determine bleeding management versus injury time and take appropriate actions. Bleeding time is limited to four (4) minutes from the time the medical staff declares bleeding time. If the bleeding time exceeds four minutes (4) the bout is awarded to the opponent as a medical default. Clean-up time is not considered part of Bleeding time.**

Injury Time is unlimited if the medical staff requests the time and the referee grants the time. The medical staff must determine when the injury is assessed and when recovery time is completed. If the medical staff allows the wrestler to continue, the wrestler must be instructed that any additional stoppage for this injury in the bout could result in a point being awarded to the opponent in the 16U categories and older. It is the refereeing team's discretion to award a point to the opponent for an athlete who repeatedly stops the match for injury management. Medical staff will only serve to assess and treat injuries and determine if a wrestler can safely continue in the match.

The coach may not request recovery time, and abuse could result in the refereeing team issuing a yellow card.

After the appropriate medical treatment, the bout will resume in the same position the athletes were in just before the interruption. However, if the offensive athlete in par terre requests injury or bleeding time on their own accord, the bout will resume in the standing position.

If the bout cannot be continued due to medical reasons, the tournament medical staff has full authority to not allow the injured athlete to continue. The medical staff's decision cannot be contested, and a Yellow/Red Alert must be generated.

If the injury could be a HNC (Head/Neck/Cervical) incident, the USA Wrestling HNC Management Policy must be followed.

TITLE 5 MEDICAL ALERTS

USA Wrestling uses Medical Services Alerts to communicate the eligibility of wrestlers to compete with tournament staff. All Alerts must be signed by the Tournament Medical Coordinator with the time and date of the Alert and this determined eligibility status. All injury defaults on the match should have a YELLOW Alert issued.

RED Alert: The RED Alert removes the wrestler from participation in the EVENT and requires a non-tournament Physician's written clearance to return to participation in a USA Wrestling Event. If the wrestler is eligible for a placement in the tournament, the RED Alert does not change that status.

YELLOW Alert: YELLOW Alert suspends the wrestler's ability to compete until the Tournament Medical Staff determines if it is safe for the wrestler to return to competition at this event. It does not affect the ability of the wrestler to place in the tournament. If the YELLOW Alert is active but the wrestler is not cleared to compete, the match is awarded to the opponent as an injury default.

GREEN ALERT: GREEN Alert clears a wrestler to compete if signed by the Tournament Medical Coordinator with the date and time of granted eligibility. It can be used for the approval of protective equipment or tape.

TITLE 6 MEDICAL SERVICES PROCESS

Any wrestler seeking medical attention for any reason must sign in at the check-in area of the Medical Services.

All on-site medical decisions by the Tournament Medical Coordinator/Physician Director are not subject to appeal or protest and are made in the best interest of the health and well-being of the wrestlers and all wrestlers in the Event.

All injuries evaluated and treated with acute care techniques should be documented and the appropriate use of the USA Wrestling Alert System utilized.

USA WRESTLING CONCUSSION MANAGEMENT PROCEDURE

If a wrestler becomes unconscious or the referee, coach, athlete, or medical provider suspects a wrestler may have received an HNC injury, the bout must be stopped and a tournament medical staff member will assess the wrestler. The tournament medical staff will have unlimited time to determine if the wrestler can continue.

If the wrestler is allowed to continue by the tournament medical staff, after completion of the bout, the wrestler and if U18 category or below, with the coach to the medical area. The involved wrestler will undergo a comprehensive HNC evaluation by the tournament medical staff. The tournament medical staff will complete a YELLOW Alert, and until the wrestler is cleared and a GREEN Alert is issued, the wrestler is on a MEDICAL Hold.

If the Wrestler is diagnosed with an HNC concussion injury, a RED Alert is issued and eligibility to compete in the Event is suspended. A RED Alert in a USA Wrestling Event must be cleared by the Physician or his or her State's HNC Specialist and must be submitted to National Events before the next event.

No concussed wrestler will return to competition without a written return to play document from a trained concussion specialist, as written into State Law at the location of the event within 24 hours of the incident. Parents of a concussed wrestler cannot clear the wrestler to return to the Event. Tournament Physicians cannot clear the concussed wrestler to participate in the Event. A RED Alert removes the concussed wrestler from the competition in the Event in which the concussive event occurred. Ideally, USA Wrestling recommends a multi-step and multiple-discipline return to play procedure. See Post-Concussion Instructions, which are provided to all concussed wrestlers.

If a wrestler is choked out and rendered unconscious during competition, the Tournament Medical staff will determine return-to-play, and written documentation of signs and symptoms must be submitted to the Tournament Medical Coordinator. If a choked-out wrestler is allowed to continue, a YELLOW alert is issued after the match and must be taken to the Medical area for comprehensive evaluation. If a GREEN Alert is issued, the wrestler will continue as an eligible competitor. If a RED Alert is issued the wrestler is no longer eligible to participate and a RED Alert is issued.

A wrestler who has a RED Alert for an HNC incident or choke out from a USA Wrestling International, National, or Regional Event must present a Return to Play Form from a Physician or State-Approved Concussion Specialist to the USA Wrestling National Events Office to be eligible for the next Event.

MANAGEMENT OF BLEEDING

Tournament medical staff will be granted 4 minutes to control bleeding from the time they announce to the referee they are on blood time. If the bleeding is not controlled within the allotted time, the bleeding wrestler will medical default to the opponent.

Clean-up of the mat and wrestlers will not be part of the blood time.

APPROPRIATE MEDICAL APPLIANCES

The Tournament Medical Coordinator needs to approve all medical appliances or rule adaptations to uniforms for wrestlers to use exceptions. No rib belts are allowed in Greco-Roman competition

Exceptions include:

Full neoprene cover for Rigid metal or composite knee braces

Short-sleeve compression shirt for upper body medical issues

½" Closed Cell foam coverage completely covering all casts or plastic splints

Full face masks with headgear

Elbow sleeves that cover only ¼ the length of the wrestler's forearm

Leg sleeves that cover only ¼ the length of the lower leg

USA WRESTLING CONCUSSION GUIDELINES

For USA Wrestling Nationals and USA Wrestling tours, the following steps should be followed.

1. **Determine if the wrestler or official has sustained a concussion. The match should be stopped until the tournament medical staff has determined that the wrestler can safely return to competition. The medical staff can determine if the wrestler needs to leave the mat for a safe return to competition evaluation. It is advisable to utilize a Standardized Concussion Assessment Tool such as the Current SCAT protocol; BESS, Sideline Assessment of Concussion, C-3 Logix, and record the Signs and Symptoms and measurable findings. Please include the date and times of the assessment**
2. **If the participant is allowed to continue in the match by USA Wrestling Medical Staff, a concussion evaluation must be carried out immediately after completion of the match. A YELLOW FORM NEEDS TO BE COMPLETED IMMEDIATELY.**
3. **If the medical staff determines the wrestler cannot safely return to competition YELLOW Alert is submitted to the Tournament Director, and the match ends in a medical default.**
4. **RED Flags for Medical default are Unresponsiveness, unconsciousness, Gross motor instability, or Amnesia. USA Wrestling Medical Staff will determine when to EMS transport injured wrestlers based on evaluation.**
5. **USA Wrestling Medical Staff must follow the (USA) State's Concussion Laws for the STATE in which the tournament is located.**
6. **Any wrestler that is deemed Concussed by the USA Wrestling Tournament Medical Staff must have a written evaluation on record, issued a" USA Wrestling Post Concussion Management" form and be released to a responsible adult with Management Directives: if minor age wrestler the parent or legal Guardian must be contacted by Tournament Medical Staff or designated Team or Club Coach.**
7. **All RED Cards from a USA Wrestling-sanctioned event must be cleared by State Licensed Physician (MD or DO) and written clearance submitted to National Events Staff prior to an registration for Next USA Wrestling Event. Please refer to RED ALERT CLEARANCE Form.**
8. **USA Wrestling Tournament Medical Physicians are not allowed to clear a RED ALERT on a Concussed Wrestler at the Tournament they are assigned.**

9. **USA WRESTLING TOUR MEDICAL STAFF can choose to Return Concussed Participants based on the best Medical Standard of Care.**

USA Wrestling Association recommends that all Concussed participants be CLEARED to Return to competition based on being Symptom Free and cleared of all Signs of Concussion and have completed a five-step Progressive Return to Competition that is documented and supervised by a STATE QUALIFIED CONCUSSION SPECIALIST. A Concussion Specialist should follow up on the concussed participant at least 10 days after clearance is granted. Recommend that all Concussed Wrestlers with RED ALERT Form wait 24 hours before Flight home.

USA WRESTLING NATIONAL EVENTS
CONCUSSION MANAGEMENT and UNCONSCIOUSNESS of COMPETITOR

USA WRESTLING NATIONAL EVENTS COORDINATOR will appoint a designated Medical Services Coordinator and/or Tournament Medical Director for each USA Wrestling International, National and Regional Event. This must be a medical professional licensed or a Certified Health Care Provider. All on-site medical decisions by the Tournament Medical Coordinator/Physician Director are not subject to appeal or protest and are made in the best interest of the health and well-being of the wrestler.

All competitors in a USA Wrestling International, National, and Regional event must receive a copy of the rule related to Medical Coordinator/Physician Director and Concussion Management Protocol prior to competition.

USA WRESTLING CONCUSSION MANAGEMENT PROTOCOL

If a wrestler becomes unconscious or a referee, coach, athlete, or medical provider suspects a wrestler may have received a concussion, the match must be stopped, and a tournament medical staff person will assess the wrestler. The tournament medical staff will have unlimited time to determine if the wrestler can continue. If the wrestler is allowed to continue the match, after completion of the match, the wrestler must be escorted to the Medical area and must be given a recognized concussion evaluation, which is documented by tournament medical staff. The tournament medical staff will complete a YELLOW Medical Alert, and until the wrestler is granted a GREEN Alert by tournament medical staff, the wrestler is on a Medical Hold.

If the Tournament Medical staff determines the wrestler has a concussion or was determined unconscious by the Tournament Medical Staff on the Mat or post-match, the following procedure must be followed:

A. RED ALERT is completed, and the Medical Staff submits to the Operations TOS Official
B. Tournament Medical Staff will provide written documentation of findings of the Standardized Concussion evaluation and signs and symptoms of the wrestler.
C. Tournament Medical Staff will determine a specific acute care plan. If a wrestler is under the age of 18, the coach or club representative will notify the parent/legal guardian as soon as possible of the incident.
D. If the Tournament Medical Staff does not send the wrestler to the Hospital via EMS, the Tournament Medical Staff will provide the parent, coach, and club representative with USA Wrestling Post-Concussion Care Recommendation. Prior to the release of the wrestler, the Tournament Medical Staff will complete a final symptom checklist.
E. No concussed wrestler will return to competition without a written return to play document from a trained concussion medical professional, excluding a parent of the wrestler, and cannot return for

a minimum of 24 hours. Ideally, USA Wrestling recommends a multi-step and multiple-discipline return-to-play procedure. See Post-Concussion Instructions.

F. If a wrestler is choked out during competition, the Tournament Medical Staff will determine return to play, and written documentation of signs and symptoms must be submitted to the National Events Director. If a choked-out wrestler is not permitted to return to competition, a standardized concussion test must be administered and findings submitted; a RED Alert is completed and submitted to Pairings. A YELLOW Alert or RED Alert does not remove a wrestler from the tournament, but does not allow a wrestler to physically participate in the tournament.

G. Once the Tournament is completed, the Pairings Official submits all RED Alerts to the National Events Director.

H. A wrestler who has RED Alert from a USA Wrestling International, National, or Regional Event must present a Return to Play Form from a Physician (MD or DO) to USA Wrestling Tournament Medical Check to be cleared for the next tournament. The National Events Director must maintain a list of all RED Alerts issued at International, National, and Regional events hosted by USA Wrestling.

APPENDIX A

WHAT YOU NEED TO KNOW ABOUT CONCUSSIONS

Athlete Name:_____ Date of Injury:_____

Your athlete sustained a concussion, and to optimize their recovery, we will need your help.

Athletes with signs and symptoms of a concussion should be removed from play immediately and not returned to participation until cleared by a Concussion Medical Specialist. Continuing to play with signs and symptoms of a concussion sets them up for greater brain injury, prolonged recovery, long-term problems such as Post-Concussion syndrome, and possible death. Each concussion requires consistent monitoring of the athlete until their brain has fully healed.

RED FLAGS: Call 911 immediately if your athlete appears to be getting worse and has any of the following symptoms:	
Headache that gets much worse,	**Increased confusion, Unusual behavior changes**
Repeated violent vomiting	**Seizure/convulsions, Weakness/numbness**
Unable to recognize people,	**Garbled/slurred speech**
Loss of consciousness,	**Can't be awakened, Trouble using arms/legs**

Each concussion is unique and may present with multiple symptoms. Most concussed athletes' symptoms clear in 7 to 10 days, but research indicates that the brain takes a minimum of 3 weeks to fully heal. Some appear-quickly and others may take a day or two to present. *Please see the attached symptom log.* The symptoms should be checked off daily to monitor recovery. Initially, your athlete should avoid electronic stimuli (i.e., cell phone, tablet computer) and rest, but gradually increase activity levels as long as the symptoms do not get worse or new symptoms appear. The brain must rest to heal quickly, but still requires progressive stimulation both mentally and physically to recover as quickly as possible. Sub-symptoms threshold aerobic exercise makes your athlete feel more like themselves. The sub-symptom threshold aerobic activity needs to be supervised by a concussion specialist. Every concussion recovery is unique.

Once symptoms have been at zero for 24 hours, your athlete can begin the return to participation process under the supervision of a concussion specialist.

Please remember that Return to School activities must occur before you begin the physical activity stages return to the participation process.

What Care Givers need to Know.

It is OK to:	
Use acetaminophen (Tylenol) for Headaches	Use ice pack on head and neck for comfort
Eat a light balanced diet and drink plenty of water	Rest and SLEEP!!!!
Return to school (when you can tolerate 30 min. of mental activity without symptom change	

Gradually return to normal daily activities as the concussed athlete feels better
Use sunglasses if going outside (light sensitivity is a symptom)

There is NO Need to:

Check eyes with a flashlight	Wake up every hour
Test Reflexes	Stay in Bed in a dark room

Do NOT :

Participate in activities that increase symptoms, i.e., TV, computers, video games, text messages, reading, loud music, and homework. Remember, every concussion is unique, so avoid anything that increases symptoms.
Leave the concussed athlete alone without a responsible adult present
Avoid pain medication: i.e., Advil, Aleve, Motrin, aspirin, anti-inflammatories

Do NOT:

Consume large amounts of sugar	Drink caffeine, or energy drinks
Drive until medically cleared	Drink Alcohol

Critical Information:

A Concussed Athlete needs to be seen with a written release with a specific date of return by a physician (MD or DO) before return to participate. The Concussion Specialist who evaluated them will provide specific instructions on when and who to see. The need for CT or MRI will be determined by the Concussion Specialist to whom you are referred. A Concussion is not a structural problem but rather a Brain Chemistry issue, and the MRI or CT scan is used to determine a structural problem, such as a bleed in the brain. A normal MRI or CT scan means there is no structural problem, but not if they have a concussion. When the concussed athlete returns to school, they should report to the School Nurse and the School's Athletic Trainer (if the school has an Athletic Trainer available).

POST CONCUSSION NOTIFICATION

_____(Student Athlete) suffered a concussion on___/___/___.
Although your student athlete is currently alert and conscious, further follow-up is necessary to ensure a complete recovery. The following recommendations should be followed:

- Carefully monitor your student athlete for worsening symptoms
- Avoid pain medication as this may mask symptoms
  - Tylenol (acetaminophen) is fine for minor headaches- follow package instructions
- Avoid devices such as smartphones, tablets and computer- they can increase symptoms
- Avoid caffeine or other stimulants
- Avoid exercise until instructed to do so by your physician and athletic trainer
- Avoid driving as reaction times and decision making can be impaired

Worsening symptoms or new symptoms can indicate possible complications of this injury. If the following signs and symptoms are present, seek immediate emergency room evaluation:

- **Severe Headache that intensifies**
- **Vomiting**
- **Change in mental status** (inability to concentrate, understand simple directions, inability to arouse from sleep)
- **Double or blurred vision with sudden onset**
- **Loss of memory**
- **Difficulty with talking** (slurred speech or garbled)
- **Weakness and clumsiness**
- **Bloody or yellowish fluid leaking from ears or nose**
- **Bruising appears behind the ears**

Athletic Trainer Name: _____

Athletic Trainer Phone: _____

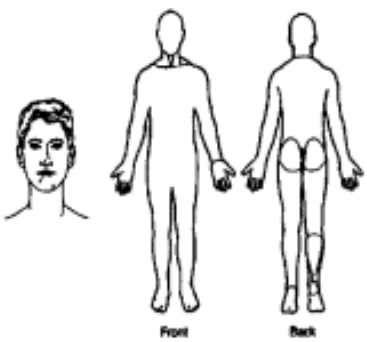
Athletic Trainer Email: _____

Revised 2024

WRESTLING SKIN CONDITION REPORT

Name _____ Date of Exam:____/____/____

Diagnosis. _____



Circle Location AND list number of lesions:

_____

Medication(s) used to treat:

_____

_____

Date treatment started:

_____

Earliest date may return to participation: ____/ ____ / _____

PLEASE NOTE THAT WHILE SOME MEDICATIONS AND TREATMENTS MAY BE CONSIDERED ACCEPTABLE IN THE GENERAL POPULATION, WE HAVE SPECIFIC STANDARDS FOR THE ABILITY TO PARTICIPATE IN WRESTLING. PLEASE SEE OUR MINIMUM TREATMENT GUIDELINES BELOW.

Due to the continual changes in these infections, the Chief Medical Officer or Tournament Physician at the event has the final decision regarding wrestlers' ability to participate.

Below are MINIMUM TREATMENT guidelines required before returning to wrestling:

Bacterial Diseases (impetigo, folliculitis, etc.): To be considered "non-contagious," all lesions must be scabbed over and not be moist, exudative, or draining and no new lesions having occurred in the preceding 48 hours. Treatment with oral antibiotics for a minimum of three days (72 hours), unless Methicillin-Resistant Staphylococcus aureus (MRSA) is the cause, then 5 days (120 hours) of antibiotics are required. If new lesions develop or drain after three days (72 hours) of treatment, MRSA should be considered.

Herpetic Lesions (Simplex, Fever blisters/cold sores, Zoster, Gladiatorum): To be considered "non-contagious," lesions must be dry and covered with a firm, adherent crust and no new lesions occurring in the preceding 72 hours. For primary outbreaks (first episode of Herpes Gladiatorum), wrestlers should be treated with oral antiviral medications and not allowed to compete for a minimum of ten (10) days. If systemic signs and symptoms like fever and swollen lymph nodes are present, the minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours of oral antiviral treatment, and lesions must be dry and covered with a firm, adherent crust and no new lesions occurring in the preceding 72 hours.

Tinea Lesions (ringworm, capitis, corporis): To be considered "non-contagious," lesions must be treated with oral or topical treatment for two days (48 hours). Tinea Capitis must be treated with oral antifungal medication for fourteen (14) days.

Scabies, Head lice: To be considered "non-contagious," it must be 24 hours after appropriate topical management.

Molluscum Contagiosum: May compete if treated and appropriately covered (preferred method of treatment is curettage).

Once a lesion is considered non-contagious, it may be covered to allow participation.

Provider name and title: _____

_____

Facility name:_____

Provider signature:_____ Date:_____

USA WRESTLING MEDICAL SERVICES MEDICAL SCREENING

FAILURE NOTIFICATION

Dear Parent/Wrestler:

USA Wrestling requires a brief pre-participation screening to assess if an athlete has a normal range of motion of all joints, normal function, and does not have any contagious skin condition that could endanger any other competitor's health by the designated tournament medical staff. The screening will include multiple evaluations by staff prior to disqualification. The decision by the tournament medical coordinator is final and not subject to appeal.

Name of Athlete:_____ Date:_____

Club/Team: _____State: _____

Card#:_____Tournament:_____Location:_____

Reason for Failure: _____ Potentially Contagious Skin Condition

_____ Medical Concern:_____

Location of Skin Lesion:_____

Findings of Screening:

Impression of Problem:

Recommendations:

Tournament Medical Coordinator: _____

Contact Information:

Action:

USA WRESTLING MEDICAL SERVICES

RED ALERT CLEARANCE

USA WRESTLING MEDICAL SERVICES requires all USA Wrestling contestants that have been issued a RED ALERT as result of a concussion diagnosis by a USA Wrestling Medical Staff Tournament Medical Director (MD or DO) to have a RETURN TO COMPETITION CLEARANCE signed by a State Licensed MD or DO to return to competition in a USA Wrestling Event prior to their registration at their next event. This form should be completed and returned to USA Wrestling National Events prior to the acceptance of their registration.

USA WRESTLING RECOMMENDS THAT THE RETURN TO COMPETITION PROGRAM SHOULD INCLUDE THE 5 STEP RETURN PROTOCOL AS DETAILED IN SCAT 6 CONCUSSION PROGRAM

NAME:_____AGE Group: _____

WEIGHT CLASS: _____ STATE/TEAM: _____

DATE OF CLEARANCE TO RETURN TO COMPETITION: _____

W

MD or DO NAME (PLEASE PRINT): _____

SIGNATURE (MD/DO): _____

STATE LICENSE #: _____PRACTICE NAME:_____

GREEN ALERT MUST BE ISSUED BY USA WRESTLING NATIONAL EVENTS STAFF and NOTED IN USA WRESTLING EMR

This form must be recorded and returned to USA Wrestling National Events

CONCUSSION RETURN TO PLAY FORM

Must be signed by M.D./D.O.

This form is adapted from the standards for Acute Concussion Evaluation (ACE) care plan on the CDC web site (hrtps://www.cdc.gov/traumaticbraininjury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Please initial any recommendations that you select. Only an M.D. or D.O. may authorize return to play once an athlete is deemed to have been concussed.

Athlete's Name		Date of Birth	
Date of Injury			

Return to Sports and Sport-Activities

1. Athletes should not return to practice or play the same day that their head injury occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms.
3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating health care provider.
4. The return to play must be based on today's evaluation.
5. The return to activity/play may only be authorized after completion of step-wise protocols as required by the medical provider.
6. The return to play may not be issued based on resumption at a future date.

Physical Education

	Do not Return to PE class at this time
	May return to PE class at this time

Sports (check as appropriate)

	Cleared for full participation in all activities without restrictions as of this date
	Cleared for participation as of this date with restrictions as described below
	Not cleared at this time

Date of Evaluation		Date patient is to return to this office for additional evaluation	

Provider Information

	Medical Doctor		Osteopathic Physician (D.0)
Provider Name		Provider Office Phone	
Provider Signature		Provider Office Address	

Concussion Return to P ay Protocol

Return to play policy for a student-athlete receiving a concussion, after the mandatory removal that day

a) Once a concussion has been diagnosed (or presumed by lack of examination by an appropriate health care provider), only an MD or DO can authorize return to play on a subsequent day, and such shall be in writing to the administration of the school.

b) Such approval should not be given unless a stepwise protocol has been observed by all practitioners with separate periods for:
   (1) No activity;
   (2) Light aerobic exercise;
   (3) Sport-specific exercise;
   (4) Non-contact training drills;
   (5) Full-contact/competition practice; and
   (6) Return to normal game play.

c) It is highly recommended that each of these protocol steps be no less than twenty-four hours in length.

d) It is highly recommended that no student-athlete return to play unless he/she has been properly recommended to also return to school.

e) School administration shall then notify the coach as to the permission to return to practice or play.

f) If an event continues over multiple days, then the designated event physician has ultimate authority over return to play decisions and such return to play may not be prior to the third day following the initial diagnosis, and until all steps of the protocol in Section (b) have been followed.

USA Medical Clearance Form for Divisions C, D, E, and F

WRESTLING

All wrestlers in Divisions C, D, E and F must present a medical clearance form at weigh-ins that states the competitor is cleared to compete without any restriction. The medical clearance form must be dated within 90 days of the competition and clearly identify the doctor with location and contact information.

Name of Medical Center or Practice: _____

Name of Doctor (MD/DO): _____

Office Address: _____

City:_____State:_____Zip: _____

Phone:_____ Email: _____

Certify that I have examined this day

Athlete First Name: _____ Last Name: _____

Athlete Date of Birth: _____Blood Pressure: _____ Heart Rate:_____

Athlete Style:_____ Athlete Weight: _____

City:_____ State: _____

I certify that the above athlete is cleared to compete in USA Wrestling Master's division without any restriction. The above athlete has the cardiovascular to compete in an intense, vigorous competition per USAW and UWW regulations. All wrestlers in Divisions C, D, E and F must present a medical clearance form at weigh-ins.

Doctors (MD/DO) Printed Name: _____

Doctors (MD/DO) Signature:_____

Date: _____

USA WRESTLING ASSN EMR
NATIONAL EVENTS OPERATING PROCEDURE

MEDICAL CLERK for NATIONAL EVENTS:
NATIONAL EVENTS: assigned by the tournament director.

RESPONSIBILITY:

1. Scan all credentials of wrestlers or coaches requesting medical services. The clerk may check the Checkin box for TAPE, ICE, and GEN MED. EVALUATION BOX NEEDS TO BE CHECKED BY MEDICAL STAFF AFTER FUNCTIONAL ASSESSMENT, or BEING NOTIFIED of Head Injury Evaluation noted.
2. Greet all individuals requesting medical services and ask for what they need.
3. Request all individuals to step into the RED BOX on the floor to wait for USA Medical personnel to pick them up
4. Medical staff must determine if the wrestler has one or two losses to determine the need to activate the ALERT system
5. Medical clerks/operations/TOS –(Tournament Operations Specialist) cannot clear any RED alert during a competition event. Only National staff or the Medical Coordinator can clear any RED ALERT
6. Ensure that a Sign is in front of the Medical Check area stating that each wrestler/coach/official must have credentials to receive any service. SIGN MUST SAY THAT USA WRESTLING CREDENTIALS ARE REQUIRED TO RECEIVE SERVICE
7. Needed for weigh-in/medical check and every round except " Blood Round" or medal matches.
8. Medical Clerk must be on-site and ready to work one hour before the competition or 30 minutes before the Medical check scheduled.
9. All RED, YELLOW, or RED ALERT MUST BE ISSUED BY DESIGNATED MEDICAL COORDINATOR. ALL EVALUATIONS THAT HAVE A FUNCTIONAL LIMITATION OR HEAD INJURY MUST HAVE A YELLOW ALERT COMPLETED by the assigned MEDICAL PROVIDER.
10. RED ALERTS CANNOT BE CLEARED OR GREEN ALERT ISSUED EXCEPT BY MEDICAL COORDINATOR or NATIONAL STAFF

AT MEDICAL CHECK:

SCAN credentials for any wrestler that requires coverage of skin lesions, a YELLOW ALERT is issued, and a box on the system is marked Skin covering. The System will need a box on the YELLOW ALERT PAGE to state Skin coverage.

All RED ALERTS ISSUED for infectious lesions deemed infectious and cannot be covered must be input. Only the Medical Coordinator or National Staff can clear a RED Alert during the Competition.

Each Evaluation in which the wrestler has a functional limitation must complete a YELLOW ALERT.

Any wrestler who is requested to be evaluated on the mat by the referee but allowed to continue the match by the medical staff must have a Concussion

Assessment performed after completion of the match in under the age of 18 competition.

All concussions must have a RED ALERT completed and SCAT 6 completed and signed by Medical staff, or a Head Injury Assessment performed by Medical staff, and a GREEN ALERT issued before the wrestler is allowed to return to competition.

Medical Staff must clear all TAPE/ICE/GEN MED scans at the end of each shift.
ONLY MEDICAL COORDINATOR or NATIONAL STAFF MAY INPUT ALERTS INTO THE SYSTEM

MEDICAL COORDINATOR is responsible for all physician notes to be input into the system and ensure all ALERTS and SCAT 6 are signed before the competition is completed.

USA WRESTLING MEDICAL LIAISON CLERK LOG								
Y	G	R	NAME	STATE	DIVISION	WEIGHT	PROBLEM	COMMENT

USA WRESTLING MEDICAL COORDINATOR GUIDELINES ON THE MAT MEDICAL DECISION to RESUME COMPETITION

USA Wrestling Medical Pool Athletic Trainers (ATC) are licensed medical providers and are trained to make appropriate, prudent decisions on the mat based on training and experiences with the Sport of Wrestling. The ATC has several assessment "tools" to make decisions in a brief amount of time on the mat after a referee stops a wrestling match to determine the safety and health of an injured wrestler. The UWW Regulations allow the ATC or physician to make a prudent decision whether the injured wrestler can safely return to competition and protect themselves from further harm. That decision must be based on the function and observation of the wrestler and requires serial observation if returned to competition until the match is over, and then follow-up evaluation without time constraints. These guidelines are designed to help the ATC or physician to make the right decision to allow the wrestler to continue. Never should the ATC or the physician's decision to be based on the outcome of the match, and always consider the long-term effects on the health and well-being of the wrestler. The concern is if the ATC or physician makes a decision that could alter the outcome of the wrestler in the tournament, as one injury default could make the decision on whether the outcomes result in a medal.

EXAMPLES OF INJURIES or Loss of Function that REQUIRE IMMEDIATE REMOVAL FROM PLAY

- Concussion or Closed Head Injury
- Fracture of long bone or spine
- Dislocation of a major joint
- Neck or Spine injury with loss of function
- Unconsciousness
- Neurological dysfunction with loss of function
- Illness with fever or diarrhea for greater than 24 hours
- Loss of Bladder or Bowel function
- Balance dysfunction, stumbling gait
- Tachycardia
- Abnormal breathing or hyperventilation

ATC must always document any assessment at the time of assessment on YELLOW or RED ALERT if the wrestler is removed from competition. This requires the date and time of assessment and justification for removal from competition. Chain of control and referral to the Tournament Medical Director or Medical Coordinator must be recorded. All YELLOW ALERTS need an injury report on paper or documented in EMR.

EXAMPLES of FUNCTIONAL ASSESSMENTS

One hop on single leg, three hop on single leg grip assessment, Axial load on spine jump stop, Burpee or Squat thrust with pushup push/pull against resistance, Pushup Plank Visual tracking in multiple planes BESS test.

USA WRESTLING MEDICAL COORDINATOR GUIDELINES
HOW TO MANAGE BLEEDING DURING COMPETITION

USA WRESTLING UINW REGULATIONS allow for a total of 4 minutes to manage active bleeding during competition. Tournament medical providers need to work with officials on how to manage clean-up time. For senior-level competition and U23 tournaments, the medical provider needs to only allow a maximum of two stoppages of competition, as that is the standard in UVVW World events. Take the team initially to ensure the bleeding is stopped the first time before continuing the competition.

Athletic Training is a Medical Art, and therefore, each ATC working in wrestling should develop how they will deal with active bleeding during competition. This guideline is not designed to mandate how each ATC practices. Coaches should be responsible for cleaning the mat and their wrestler; therefore, always use the 4 minutes to stop the active bleed.

Best Practices

- Always use direct pressure applied below the nasal plates of the nose. Direct pressure to the bones of the nose will not apply pressure to a nosebleed
- Always fold the plug-in half so none of the plug sticks out. If the plug is too long, as in youth or small wrestlers, cut off the plug to ensure the plug is not sticking out
- Use Silver nitrate or Monsel's Solution-soaked plug to chemically cauterize bleeding vessels
- Use a wet lug under the top lip to compress the vessels to the lower portion of the nostrils
- If necessary, you can tape the plug into the nostrils, place a plug below the nose, and wrap around the ears if time is running out and the wrestler keeps blowing out the plugs
- Always "grease" the tape with skin lube to keep blood from leaking through tape
- Use a couple of second skin 1" squares to absorb blood from seeping into the tape on sutures or lacerations
- Use black or maroon tape to keep the blood from seeping out and provide direct pressure
- When wrapping the head, always hook one side of the tape under one ear.
- Coaches will often attempt to help you during the time you are dealing with active bleeding of the nose or laceration. If you can work around them, this avoids confrontation. No coaching of the athlete needs to occur during time stoppage for bleeding
- Always apply skin lube to eyebrows and any wounds or cuts before each match.

USA WRESTLING MEDICAL COORDINATOR GUIDELINES
HOW TO MANAGE PANIC ATTACKS DURING COMPETITION

DEFINITION: Sudden episode of intense fear or anxiety and physical symptoms based on perceived threat rather than imminent danger. Symptoms include shortness of breath, difficulty speaking, shaking, sweating, muscle tension, syncope, lightheadedness, and numbness with sudden onset.

USA Wrestling Medical staff working at a tournament do not have the benefit of knowing the wrestlers or coaches, and rarely have parents/legal guardians immediately present when an incident goes down. In addition, ATCs do not have the educational background of dealing with Panic Attacks or even knowing if the wrestler who is experiencing the symptoms has ever been identified by a medical professional prior to the incident. Often, the ATC must depend on a coach to inform the tournament medical staff of conditions. This is compounded by the fact that many times the condition has been self-identified by a family member rather than a medical professional. The tournament staff must make a decision on return to play within a reasonable recovery time period, as set by the Tournament Medical Coordinator, before the match will result in medical default. UWW Regulations do not provide a maximum recovery period, and that decision is made upon the designated Medical Coordinator for USA Wrestling to determine the amount of recovery.

If an injury default by the ATC is decided, then a YELLOW ALERT is issued, and the wrestler is moved to the tournament medical clinic, or EMS is activated.
If the ATC allows a reasonable recovery time and the wrestler returns to full consciousness, normalized breathing, pulse oximetry is normal, and balance is normal. The ATC should warn the coach and wrestler that, should the symptoms return, the match will be an injury default, and a YELLOW ALERT will be issued. Before the wrestler's next match, a GREEN ALERT must be issued and tournament operations notified.

MATSIDE ATHLETIC TRAINER will record pulse oximeter reading and Blood Pressure before allowing the wrestler to return to competition after a choke out/Panic attack, or POTS incident. These readings should be submitted to the Tournament Medical Coordinator after the competition each day. Provide name, weight class, and competition level with readings and the name of the Athletic Trainer.

USA WRESTLING MEDICAL COORDINATOR GUIDELINES
HOW TO MANAGE POTS IN COMPETITION

DEFINITION: POTS Postural Orthostatic Tachycardia Syndrome, a condition in which the wrestler gets lightheaded, becomes unconscious, experiences tachycardia, is unable to exercise, has blurred vision, and is unresponsive. In some cases, will react abnormally, i.e., spontaneous giggling. Management is based on lying down with feet elevated to 90 degrees of hip flexion. Some research suggests that POTS may be an autoimmune disorder

Management during competition: During competition, the wrestler collapses and is unresponsive without any mechanism of injury, such as a head butt or striking head on the mat. The medical provider needs to assess BLS needs and determine if to activate EMS. If the medical provider determines normal breathing, a reasonable pulse, and pulse oximetry, then place in recovery posture with feet elevated at 90 degrees of hip flexion. After a reasonable recovery time period, as determined by the Tournament Medical Coordinator, the match is either resumed after documented assessment by a medical provider or a YELLOW alert is completed, and the match is scored a medical default. The criteria for returning the wrestler to continue must include normal Blood Pressure, pulse, and pulse oximetry with the time and date of assessment. A GREEN ALERT to remain in the tournament is required with the same documentation.

Generally, POTS is a pre-competition diagnosis, and the coach is aware of the condition. If the coach or wrestler (minor age wrestler) is not aware of a POTS diagnosis, then the parent/legal guardian needs to be immediately notified before a GREEN ALERT is issued.

MATSIDE ATHLETIC TRAINER will record pulse oximeter reading and Blood Pressure prior to allowing the wrestler to return to competition after a choke out/Panic attack, or POTS incident. These readings should be submitted to the Tournament Medical Coordinator after the competition each day. Provide name, weight class, and competition level with readings and the name of the Athletic Trainer.

USA WRESTLING MEDICAL COORDINATOR GUIDELINES
HOW TO MANAGE CHOKEOUT INCIDENTS

DEFINITION: Incident in combat sports in which a contestant is held in a posture that compresses the vascular structures that provide blood and oxygen to the brain, causing a loss of consciousness. This may be a result of a legal lock or an illegal technique, but it results in loss of consciousness. The legality of the hold is not the responsibility of the medical provider but rather the referees, but the loss of consciousness still requires medical intervention at the request of the referee. The medical provider must determine in a reasonable time (UVWV/USA Regulations allow the medical provider to determine a reasonable time) for recovery and whether the match can continue based on the medical assessment performed on the mat. **Injured wrestlers cannot leave the mat for medical assessment within UVVW/USA Wrestling Regulations.** The medical provider will assess the breathing, full consciousness, balance, visual tracking, ability to perform a squat thrust, and ability to protect oneself, and document the findings of the assessment with date and time if the Wrestler is returned to competition. This needs to be reported to the Tournament Medical Clinic and recorded.

If the medical provider determines that the safety of the injured wrestler is at risk the match is an injury default, and the winner is decided by the referee. The medical provider will complete a YELLOW ALERT with time and assessment and escort the wrestler to the tournament medical clinic for assessment and a concussion tool completed. A GREEN ALERT must be completed by tournament medical staff for the injured wrestler to continue in the event. The medical provider on the mat may request an escort for the injured wrestler from the mat to the tournament medical clinic by contacting the tournament medical administrator. If the medical provider determines that EMS needs to move the injured wrestler because of loss of responsiveness, then an EMS activation occurs, and a YELLOW ALERT is completed with date and time as per EMS activation requirements.

MATSIDE ATHLETIC TRAINER will record pulse oximeter reading and Blood Pressure prior to allowing the wrestler to return to competition after a chokeout. These readings should be submitted to the Tournament Medical Coordinator after the competition each day. Provide name, weight class, and competition level with readings and the name of the Athletic Trainer.

USA WRESTLING MEDICAL RETURN TO COMPETITION PULSE/OXIMETER AND BLOOD PRESSURE AFTER INCIDENT ON THE MAT

TOURNAMENT									
DATE	**STYLE**	**AGE GROUP**	**ATC/LAT**	**WRESTLER NAME**	**STATE**	**WEIGHT**	**OXIMETE**	**B/P READING**	**INCIDENT**

THIS FORM IS USED FOR ANY CHOKEOUT/POTS/PANIC ATTACK IF THE WRESTLER IS RETURNED TO COMPETITION

Wrestling Match stopped by medical default should result in a YELLOW ALERT SUBMITTED TO MEDICAL

UNITED WORLD
WRESTLING

INJURY REPORT / RAPPORT DE BLESSURE

THIS FORM MUST BE SENT BACK TO UWW SECRETARIAT /
CE FORMULAIRE DOIT ETRE RENVOYE AU SECRETARIAT FILA

Name of competition :

City :

Country :

Athlete information

Last name: .....

First Name: .....

Nationality: .....

Male ☐ Female ☐

Weight category: .....

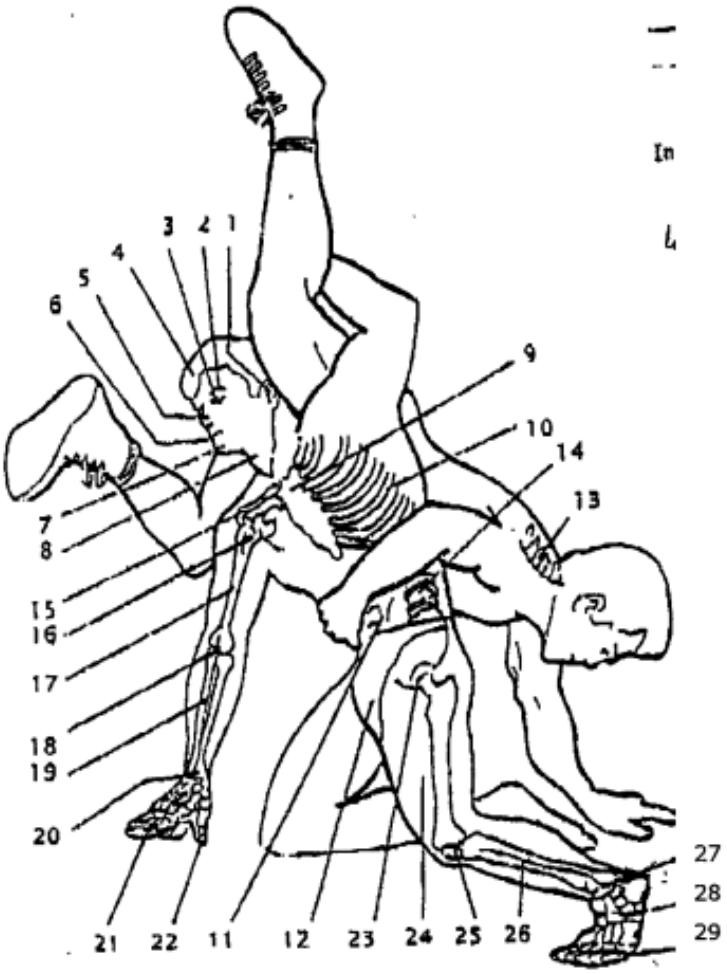
Date of injury: .....

Nationality of opponent: .....

Injury / Blessure :

Number / chiffre : ..... Letter / Lettre : .....

Laterality right-left / Latéralité droite-gauche : .....



A. Abrasion / Ecorchure
B. Contusion
C. Hematoma / Hématome
D. Laceration / Lacération
E. Sprain / Foulure
F. Strain / froissement
G. Subluxation
H. Luxation
I. Fracture
J. Cerebral contusion / Contusion cérébrale
K. Suffocation
L. Bleeding / Hémorragie
M. Other / Autre (describe)

Comments /Commentaires: .....

.....

.....

.....

Signature, name and stamp of the doctor / signature, nom et timbre du médecin:

.....

2

Hospital Transfer Form / Bon de transfert à l'hôpital

I, the undersigned / Je, soussigné,

Dr....., UWWOfficial Medical Delegate / Médecin délégué officiel UWW

Certify that the health of / Certifie que l'état de santé de

Last name / Nom.....

First Name / Prénom.....

Injured today / accidenté ce jour,

Requires a transport by ambulance and his/her admittance / nécessite son transport en ambulance et son admission

To hospital (name of hospital) / à l'hôpital (nom de l'hôpital)

.....

Name and place of competition.....

Date.....

Dr.....

3

FOR USE IN USA WRESTLING DOES NOT HAVE COMPUTER ACCESS IN MEDICAL CLINIC

USA WRESTLING MEDICAL AREA CHECK IN					**DATE:**		
NAME	**WT CLASS**	**AGE GROUP**	**TEAM**	**TAPE/ICE**	**EVAL**	**ANY ALERTS**	**COMMENT**

TOURNAMENT/EVENT: _____

USA WRESTLING MEDICAL SERVICES
INJURY REPORT

NAME: _____TEAM:_____WEIGHT CLASS:_____EVENT:_____

TOURNAMENT:_____COACH/PARENT: _____

CONTACT INFO:_____PRESENT: Y N DOB

INJURY ONSET: _____DATE OF EVAL:_____ TIME:_____

INJURY ALERT: YELLOW RED

BODY PART:_____ R L ACUTE/CHRONIC CONCUSSION Y N N/A LOC
SCAT 6 COMPLETED Y N

MECHANISM 0F INJURY:

PREVIOUS INJURY: YES EXPLAIN:

CHIEF C/O:

EVAL FINDINGS:

ASSESSMENT:

ACTION:

ASSESSMENT DATE:_____TIME EMS CALL:_____ EMS ARRIVAL:_____

TRANSFER OF CARE: _____ATHLETE STATUS RELEASE: _____

DID ATHLETE RETURN TO COMPETITION: Y *N*

REFERRAL STATUS: RECOMMENDED If N REQUIRED: Y N

REFERRAL TO WHOM

STAFF:_____SIGN:_____DATE: _____

REVISED 2025

USA WRESTLING MEDICAL LIAISON CLERK LOG								
Y	G	R	NAME	STATE	DIVISION	WEIGHT	PROBLEM	COMMENT

USA WRESTLING MEDICAL STAFF SING IN/ SIGN OUT		TOURNAMENT :		
DATES				
Name	**Credentials**	**Email**	**Date Time In /Out**	**Date Time In /Out**

USA WRESTLING SPORTS-MEDICINE NATIONAL EVENTS

PERFORMANCE REVIEW

NAME: _____ CREDENTIALS: ATC MD DO

EVENT STAFF: _____ DATE: _____

MEDICAL COORDINATOR: _____

RECOMMEND to work at National Events OR Tours? Y N

Rate the Communication skills with other Medical Staff _____(1-6)

Rate their integration into the Medical Team _____(1-6)

Rate their reliability and availability to wrestlers _____ (1-6)

Rate their knowledge of USA wrestling EMR _____ (1-6)

Rate their skill in blood management on the mat _____(1-6)

Ability to use the prudent MEDICAL Alert System Y N

Completeness of their reports and signing all evaluations? Y N

Rate their skills with on the mat assessment of Medical Default_____(1-6)

Rate their skills in performance of SCAT 6 evaluation_____(1-6)

Please list the things the Provider did well:

Areas of concern for future events/tours:

Rating system 1.2 poor 3-4 Acceptable performance 5,6 exceptional (acceptable to use unobserved skill)

Medical coordinator signature: _____ Date:_____

This is an internal assessment and must remain confidential, and is used for education and instruction. Access to only USA Wrestling Sports Medicine Advisory Committee. Revised 7/2025

UWW MEDICAL REGULATIONS SUPPLY LIST

APPENDIX II - LIST OF MEDICAL EQUIPMENT & MEDICATION FOR UWW CHAMPIONSHIPS

Note: this list is to help organizers and their medical team to prepare the medical coverage of a UWW competition as per the UWW Medical Regulations, including but not limited to Title V (Medical Process a Medical Facilities for the competition). The competition medical team, in consultation with the UWW Doctor, must ensure that the medical facility is always appropriately supplied with medical equipment throughout the competition.

EQUIPMENT	
Blood pressure monitor	2
Stethoscope	2
Blood glucose meter	2
Oximeter	2
Paramedic flashlight	2
Transfusion set	6
Ice, Ice packs + Ice box,	One per medical desk
Cervical collar adjustable, 3 sizes	3
Ice Spray	6
Sling	6
Sterile sets for skin sutures	4
CPR Equipment, including AED	2 sets
Guedel tubes, Ambu/CPR mask	2 sets each
Intubation tube set and sterilized tubes	2 sets
Oral Pharyngeal airway in different sizes	4 sets
Oxygen	2 Bt
Inhalation masks	3
Scissors	2
Wheelchair	2
Stretcher	1

CONSUMABLES	
Plastic Handgloves	4 box (100 pieces/box)
Alcohol Wipes (70% Alcohol)	2 box
Elastic bandages, 5, 10, 15, 20 cm	20 pieces each
Surgical tapes, 2.5, 5 cm	20 rolls of each
Surgical Elastic tapes, 2.5 cm	10 rolls
Tensoplast different sizes and shapes	2 sets
Sterile/Non sterile Gauzes	10 boxes (100 pieces/each)
Dental Cotton	3 boxes
Steri strips	30 pieces
Scotch Cast 10 and 15cm	6 each
Orthoban cotton orthopaedic bandage 10, 15 cm	12 each
Syringe with needle	20 pieces (5 and 10ml)
Angiocath IV catheters - different sizes	10 pieces
Lancets	12
Disposable bags	100
Alcohol Gel/Hand Sanitizer	4
Sharps Box	4

United World Wrestling Medical Regulations

MEDICATION	
Critical Care Agents	
NaCl Solution 0.09, 500-1000m1	6
Glucose (dextrose) water solution 5-10-20-33%	3
Ringer Solution, 500-1000m1	3
Hydrocortisone sodium succinate 250mg Amp -	6
Adrenaline 1mg/ml Amp	6
Atropine 0.5m3/ml Amp	6
Glucose 40% Amp	10
Nitro (GTN) Spray	6
Theophyttin Amp	6
Anti Septic Agents	
0.9% Sodium Chloride Sterile Saline 250-500 ml	6
Isopropyl Alcohol 70 Percent Sterilization Solution	10
Povidone Iodine 10% Topical Solution	6
Octenisept Spray	6
Central Nervous System Agents	
Diazepam 10mg Amp	6
Naloxone HCl 0.4mg ml Amp	3
Anticonvulsants-fast acting oral and rectal rescue medications such as rectal diazepam and buccal midazolam	6
Myorelaxants-such as Baclofen 5mg tablets	10
Anti Infection Agents	
Amoxicillin 500mg Capsules	100
Zinadol 500 mg Capsules	100
Doxycycline 100mg Tablets	100
Fluctoxacillin 500mg Tablets for skin infections	60
Aciclovir tablets 400mg Tablets	30
Chloramphenicot Eye Ointment	3
Ciprofloxacin with dexamethasone ear Drops	3
Mupirocin topical antibiotic agent	6
Anti Inflammatory Agents	
Diclofenac 50mg or Naproxen 250mg Tablets	40
Aerius Tablets	40
Ibuprofen 400mg Tablets	40
Paracetamol 500mg Tablets	40
Medrol 16mg Tablets	40
Hydrocortisone 100mg Amp	6
Dexamethazone 10mg Amp	6
Local Anesthetics	
Xylocaine 10mg Spray	3
Lidocaine hydrochloride Ointment	3
Gastro-intestinal Agents	
Omeprazole 20mg tablets, Mylanta Tablets	10
Ranitidine Amp	6
Loperamide 4mg Tablets	30
Buscopan 10mg Tablets	30
Metoclopramide 10mg Tablets	10
Dimetindene maleate 4mg Amp	6
Cardiovascular system (emergency)	
Glyceryltrinitrate Spray (GTN Spray)	6
Beta-blockers (atenolol) Tablets	10
Furosemide 20mg/2m1. Amp	6
Anti-histamines (local, nasal, ophthalmic, and systemic)	
Cetirizine, Loratadine, Fexofenadine Tablets	40
Hydrocortisone topical cream	3
FenistiL Gel	3
Salbutamol Spray	6
Miscellaneous	
Vaseline cream	3

United World Wrestling Medical Regul

USA WRESTLING MEDICAL PROCEDURES

HOW to COMPLETE THE SCAT 6 FORM for NATIONAL EVENTS

Always include the USA Wrestling membership number on form (found on the front of tournament Badge.

INJURY DEFAULT ON THE MAT PROCEDURE (Yellow Alert completed?)

- Always complete the last page of the test, note any failures in the appropriate box, **Diagnosis why,** complete Professional Attestation and provide a **RED** Medical Clearance form and Post Concussion Instructions. If a wrestler is a minor the parent/legal guardian must be contacted immediately.
- Any RED Flag sign is a Concussion diagnosis and only complete the symptoms checklist on page 3 and last page. Discontinue testing and release to a responsible coach or parent or guardian.
- SCAT6 TEST is only reliable for 72 hours post incident and then you should use SCOAT6 for evaluation of Concussion.
- Use on 5 words and 3 numerical sequences for memory and concentration
- Do not use a foam mat for balance testing in tournament setting
- Moderate increase in symptoms result in Failure and Discontinue testing and place Wrestler on RED ALERT FORM.
- Note time and date that Testing was stopped and Mark FAILURE on each test not performed.

IF WRESTLER is BROUGHT to the MEDICAL STATION AFTER MATCH BY FLOOR ATHLETIC TRAINER. Wrestler was allowed to continue wrestling after stoppage or choke out by medical staff after checked on the mat evaluation.

- **Perform Off Field Assessment** Do not complete page 2.
- **Immediately complete a YELLOW Alert.**
- Perform assessment with which includes a post test exertional test (3-5 Squat thrust) and symptom recheck before completing a **GREEN Alert**
- **Release wrestler to responsible adult with instructions to follow up in 24 hours with medical professional or upon return home but only use acetaminophen (Tylenol) for the next 72 hours. Note time/date of release on Additional Comments on last page**

SCAT 6 TEST FOR CONCUSSION CAN ONLY BE USED IF CONCUSSION OCCURRED LESS THAT 7 DAYS FROM ASSESSMENT OTHERWISE USED SCOAT 6 TEST.

EVALUATION OF CONCUSSION ON MAT BY MEDICAL STAFF
WRESTLER MAY NOT BE REMOVED FROM MAT

IF WRESTLER LEAVES COMPETITION SURFACE IT IS AUTOMATIC INJURY DEFAULT AND YELLOW CARD IS ISSUED BY MEDICAL STAFF

RED FLAGS IDENTIFIED AS AUTOMATIC RED ALERT AND INJURY DEFAULT

- **Gross motor instability observed by mat side medical staff**
- **Loss of consciousness**
- **Seizure, convulsion**
- **Increased confusion or deteriorating consciousness**
- **Repeated vomiting, projecting vomiting**
- **Visible deformity of face or skull**
- **Loss of fine motor skills in extremity**
- **Inability to visually track with eyes while head remains still**

On the MAT Function Testing:

- **Progressing challenges of balance and vision and ability to protect head, neck and extremities. Medical staff will make observations tasks and document balance after each progressive tasks**
- **Static modified BESS testing with eyes closed**
- **Movement of wrestler's head in multiple directions with eyes closed**
- **Question wrestler about score, opponent, Coaches name, Officials on mat, # of matches today, what was their weight today, have they had a concussion in past. How does their head feel**
- **Finger to nose to examiner finger in multiple directions**
- **Smooth pursuits, Horizontal Saccades, Visual Convergence, VMS Test with a static closed eye stance between each test.**
- **Five Squat Thrust followed by Static BESS Stance with eyes closed.**
- **Not any deviation of balance. If no deviation with eyes closed, no reported change in head question. Wrestling can continue but after match Issue a YELLOW ALERT and take wrestler to Medical Clinic for SCAT 6 Assessment. If under age of 12, Injury default and request parent take wrestler to medical physician for assessment.**