



# National Federation of State High School Associations

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## Heat Stress and Athletic Participation

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

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

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

**HEAT EXHAUSTION (WATER DEPLETION)** – Excessive weight loss, reduced sweating, elevated skin and core body temperature, excessive thirst, weakness, headache and sometimes unconsciousness.

**HEAT EXHAUSTION (SALT DEPLETION)** – Exhaustion, nausea, vomiting, muscle cramps, and dizziness due to profuse sweating and inadequate replacement of body salts.

**HEAT STROKE** – An acute medical emergency related to thermoregulatory failure. Associated with nausea, seizures, disorientation, and possible unconsciousness or coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin (heat stroke victims, contrary to popular belief, may sweat profusely).

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

1. Each athlete should have a physical examination with a medical history when first entering a program and an annual health history update. History of previous heat illness and type of training activities before organized practice begins should be included. State High School Associations recommendations should be followed.
2. It is clear that top physical performance can only be achieved by an athlete who is in top physical condition. Lack of physical fitness impairs the performance of an athlete who participates in high temperatures. Coaches should know the **PHYSICAL CONDITION** of their athletes and set practice schedules accordingly.
3. Along with physical conditioning the factor of acclimatization to heat is important. Acclimatization is the process of becoming adjusted to heat and it is essential to provide for **GRADUAL ACCLIMATIZATION TO HOT WEATHER**. It is necessary for an athlete to exercise in the heat if he/she is to become acclimatized to it. It is suggested that a graduated physical conditioning program be used and that 80% acclimatization can be expected to occur after the first 7-10 days. Final stages of acclimatization to heat are marked by increased sweating and reduced salt concentration in the sweat.
4. The old idea that water should be withheld from athletes during workouts has **NO SCIENTIFIC FOUNDATION**. The most important safeguard to the health of the athlete is the replacement of water. Water must be on the field and readily available to the athletes at all times. It is recommended that a minimum 10-minute water break be scheduled for every twenty minutes of heavy exercise in the heat. Athletes should rest in a shaded area during the break. **WATER SHOULD BE AVAILABLE IN UNLIMITED QUANTITIES**.

5. Check and be sure athletes are drinking the water. Replacement by thirst alone is inadequate. Test the air prior to practice or game using a wet bulb, globe, temperature index (WBGT index) which is based on the combined effects of air temperature, relative humidity, radiant heat and air movement. The following precautions are recommended when using the WBGT Index: (ACSM's Guidelines for the Team Physician, 1991)

Below 65 – Unlimited activity

65-73– Moderate risk

73-82 – High risk

82 plus – Very high risk

6. An alternative method for assessing heat and humidity is the weather guide or heat index. Refer to the Sports Medicine Handbook section on heat related illness published by the NFHS. Figure 1 is an example of a heat-humidity index table that defines low, moderate, high, and extreme risk zones.

7. Cooling by evaporation is proportional to the area of the skin exposed. In extremely hot and humid weather reduce the amount of clothing covering the body as much as possible. NEVER USE RUBBERIZED CLOTHING.

8. Athletes should weigh each day before and after practice and WEIGHT CHARTS CHECKED. Generally a 3 percent weight loss through sweating is safe and over a 3 percent weight loss is in the danger zone. Over a 3 percent weight loss the athlete should not be allowed to practice in hot and humid conditions. Observe the athletes closely under all conditions. Do not allow athletes to practice until they have adequately replaced their weight.

9. Observe athletes carefully for signs of trouble, particularly athletes who lose significant weight and the eager athlete who constantly competes at his/her capacity. Some trouble signs are nausea, incoherence, fatigue, weakness, vomiting, cramps, weak rapid pulse, visual disturbance and unsteadiness.

10. Teams that encounter hot weather during the season through travel or following an unseasonably cool period, should be physically fit but will not be environmentally fit. Coaches in this situation should follow the above recommendations and substitute more frequently during games.

11. Know what to do in case of an emergency and have your emergency plans written with copies to all your staff. Be familiar with immediate first aid practice and prearranged procedures for obtaining medical care, including ambulance service.

12. Warn your athletes about the use of any products that contain ephedra. Ephedra has been associated with two heat stroke deaths in athletes. Ephedra speeds metabolism and increases body heat, constricts the blood vessels in the skin preventing the body from cooling itself, and by making the user feel more energetic it keeps him/her exercising longer when they should stop. Do not use ephedra or ephedra products.

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

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

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