

FIRST AID



A Guide for
adaptedSPORTS™
Coaches



American Association of adaptedSPORTS™ Programs

FOREWORD

I've been with the American Association of adaptedSPORTS™ Programs since it was incorporated in 1996 and am proud to be a part of an organization that has become known as the United States' most innovative provider of interscholastic athletic programs for youth with physical disabilities or visual impairments.

Throughout my coaching career, I have had the privilege of working with many outstanding coaches and players. The ideas contained within the adaptedSport™ Coaching Guides represent the cumulative experiences in an ever-growing body of knowledge that was in its infancy 10 years ago.

My ultimate goal with AAASP has always been to make sure that every child who wants to play adapted sports has a well-trained and knowledgeable coach who will help them develop into a well-rounded athlete. I am proud of what we are able to present within the adaptedSPORTS™ Coaching Guides, as well as our sports rule books and our professional coaches training program.

I hope you find our resources helpful in your quest to help these deserving young athletes.

Sincerely,



RON LYKINS
AAASP Director of Training
U.S.A. Paralympic Coach

Please go to www.adaptedsports.org or call 404 294 0070 to sign up for certification, schedule a workshop or order any of our publications.

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First Aid: A Guide for adaptedSPORTS™ Coaches
By Rennae Williams
First Edition

The American Association of adaptedSPORTS™ Programs, Inc.
P.O. Box 451047
Atlanta, Georgia 31145
404 294 0070
www.adaptedsports.org

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INTRODUCTION

The American Association of adaptedSPORTS™ Programs (AAASP) has produced this first aid guide to help reduce the frequency and severity of sport-related injuries by providing a healthy, safe environment for sports activity in interscholastic adapted athletics programs. This guide will help anyone charged with the responsibility of overseeing these healthy athletic activities to provide the most effective health and safety care.

SPORTS MEDICINE GOALS

1. Prevention of Athletic Injuries

- a. Know the exact disability of the athlete and recognize any specific pre-existing conditions or needs that should be monitored.
- b. Construct and apply protective materials (i.e., pads, strapping, taping) that may be needed to protect the athlete.

2. Recognition and Evaluation of Injuries

- a. Determine severity of the injury and get information about the mechanism and nature of the injury.
- b. Observe and thoroughly inspect the injured area.
- c. Decide the capabilities of the athlete to function normally in his/her sport.

3. Immediate Care and Treatment of Athletic Injuries

- a. If necessary, apply the proper first aid or activate emergency protocol.
- b. If properly trained to do so, and if equipment is available, apply emergency protective equipment to the injured area (i.e., splints, bandages, or cervical collars).
- c. If necessary, refer the athlete to a physician or other appropriate health professional.

4. Rehabilitation and Reconditioning of Athletic Injuries

- a. Under guidance of trained professionals (i.e., athletic trainer, physical therapist), return the athlete to optimal health status and physical fitness.
- b. Establish and maintain the proper criteria to determine if athlete is ready to return to participation.

PRIMARY DISABILITIES SERVED IN adaptedSPORTS™ PROGRAMS

Cerebral Palsy (CP):

Cerebral Palsy is a disorder involving an injury to the motor strip of the brain. The disorder usually occurs during or immediately after birth. Athletes with this disability can be ambulatory or use a wheelchair for mobility. Types of cerebral palsy include spastic, athetoid and atoxic cerebral palsy. Individuals with spastic C.P. usually exhibit increased muscle tone, making their muscles appear very tight. Their movements often appear labored and they may need more time to complete an activity. Individuals with athetoid C.P. exhibit uncontrolled, writhing movements of their extremities, which increase when voluntary movements are attempted. Individuals with ataxic C.P. exhibit severe balance difficulties. These individuals who are ambulatory often appear “drunk” because of their staggering gait.

Spinal Cord Injury:

A spinal cord injury is an injury to the spinal cord, causing paralysis (partial or total) below the level of the injury. Motor function of the arms, trunk, and legs can be affected to varying degrees. Control of the bowel and bladder could also be affected. For high-level injuries, breathing capabilities could also be impaired.

Spina Bifida:

Spina bifida is a condition present at birth involving an opening in the spine that exposes the spinal cord. The opening is surgically repaired but partial to total paralysis results below the level of the opening. Motor function and impairment are similar to those with spinal cord injury.

Amputation:

Amputation is a disability involving the loss of one or more extremities.

Visual Impairment:

There are different levels of visual impairment. Some athletes have measurable eyesight but are legally blind. Other athletes have limited vision or no usable vision while some athletes are totally blind.

REFERRAL PROCESS

During AAASP competitions, if the coach believes that an injury needs immediate medical attention or should be evaluated by a physician, the following steps are to be taken:

1. If necessary, the Area Coordinator will call an ambulance.
2. The Area Coordinator will contact the parents and inform them of the nature of the injury.
3. At the parents' discretion, they will arrange for the athlete to see the family doctor or the team physician.
4. The Area Coordinator will notify the contact person for the venue.
5. The coaches will complete two reports:
 - AAASP Athletic Injury/Illness Report
 - AAASP Incident Report
6. The athlete or parent must present the documentation from the physician regarding his/her status to the AAASP coach in order to be allowed to participate again. The coach must forward the documentation to the Area Coordinator. The Area Coordinator will forward the documentation to the AAASP office.

EMERGENCY PROCEDURES

Chain of Command:

1. AAASP Coach
 2. Athlete's Parent/Guardian
 3. Area Coordinator
 4. State Coordinator
 5. On File at AAASP Office
- A. Check for ABC's (Airway, Breathing, and Circulation). If anything is impaired provide first aid and call 911 immediately.
 - B. The person on site that is highest in the chain of command should always stay with the athlete.
 - C. A designated person will call for an ambulance. This person will tell the dispatcher the nature of the emergency, caller's name, location of the caller, phone number, and location of the incident. The caller will not hang up until he/she hears the dispatcher hang up first.
 - D. After calling the ambulance, the caller will watch for their arrival and assist them in finding the location of the injured athlete, and make sure all locked or blocked entrances are cleared and opened.
 - E. Notify all necessary individuals of the emergency, including the parents or guardian of the athletes, the proper school officials, and the proper AAASP staff, if not already present.
 - F. Remember to record all events in the AAASP Athletic Injury/Illness Report and the AAASP Incident Report.
 - G. Never leave games unattended after injured athlete has been removed.

WARM-UP/COOL-DOWN:

It is very important for the athletes to participate in the proper warm-up and cool-down before and after practice or competition. A proper warm-up increases the blood supply to the tissues. This rise in temperature increases the muscle's ability to accommodate stress; prevents muscle soreness and cramping; and prevents injury to the ligaments, muscles, or tendons due to overuse or stress. Warming up also helps to increase flexibility, which is essential for optimal performance in sports.

Begin the warm-up phase with a sub-maximal activity such as wheeling or running slow laps for about three to five minutes. Next, progress to stretching. Stretching should focus on the muscles that will be used for the particular activity. The warm-up phase should last for 15 to 20 minutes for optimal results. Athletes should stretch each major muscle group for at least 15 seconds and repeat the stretch three times. If there are any long periods between events, the athlete should do light warm-up exercises during the down time. No more than 15 minutes should pass between the warm-up and the actual event. On cool days, the warm-up should be longer to increase sufficiently the temperature of the muscles. In addition, athletes should wear appropriate sweat suits or other loose clothing to maintain proper body and muscle temperature.

To further increase flexibility and prevent muscle cramping and post-exercise soreness, the athlete should do a proper cool-down after any strenuous workout or competition. During the cool-down, the athlete should exercise less intensely for about five to 10 minutes and partake in a stretching routine similar to the warm-up for at least 10 to 15 minutes.

PREVENTION AND TREATMENT OF COMMON ATHLETIC INJURIES FOR ATHLETES WITH DISABILITIES

Heat Intolerance

Athletes with spinal cord injuries and cerebral palsy tend to be more susceptible to heat induced injuries. These athletes may not perspire or have completely effective vasodilation below the level of the spinal cord injury. In other words, they may not have an effective mechanism for body cooling. Specific drugs may also predispose the athlete to heat

injuries. Examples of these drugs are tranquilizers, diuretics, sympathomimetics, anticholinergics, and thyroid replacement drugs.

Prevention:

Prevention is a very important issue considering the probability of heat illness for athletes with disabilities. Practice sessions and competitions should be limited when the temperature in the training/competition area is greater than 85°F and humidity higher than 70°. Parents and coaches should encourage the athlete to drink plenty of fluids even when not playing. The athlete should hydrate the body as much as possible before the event and should consume one to two cups of water every 10 to 15 minutes during competition or practice.

For outdoor sporting events, AAASP staff and coaches are encouraged to provide tents and other shade. When not competing, athletes should move to a shaded and cooler area. The use of shade, hats, and light clothing is recommended. Sunscreen should be applied whenever the athlete will be in the sun for a prolonged period. (This is especially true for athletes with spinal cord injuries who may be at higher risk of sunburn due to a decreased sensory awareness).

For indoor sporting events, coaches should schedule water breaks every 10 to 15 minutes. Athletes should drink plenty of water/sports drinks in between period breaks, time-outs and at half times. Players should also have their own water bottles and should not use other players' water bottles. Only water or sports drinks (no soft drinks or carbonated beverages) should be consumed prior to and during the competitions and practices.

Treatment:

If an athlete is overheated, the coach should have the athlete move to a shaded or a cooler area. The athlete should drink cool water and cool down immediately by misting water over the body, sponging off with water, or placing ice packs under the arms or in the groin area. The coach or Area Coordinator should seek immediate medical assistance.

Hypothermia

Athletes having prolonged exposure to cold environmental conditions such as wind chill and wetness require careful monitoring. Normal mechanisms for heat production by the body, such as shivering, goose-bump production, and circulatory shunting, may not take place in athletes with a spinal cord injury.

Prevention:

Prior episodes of hypothermia may predispose the athlete to further problems in a cold environment. Therefore, this should be noted in the athlete's past medical history on the pre-participation physical. In addition, certain medications or medical conditions may predispose the athlete to temperature regulation problems in the cold. The athlete should be encouraged to wear appropriate clothes for the cold weather. It is recommended that the inner layers of clothing be cotton and other fabrics that absorb moisture. Additional layers should be added or taken off to maintain proper body heat. Hats should be worn because a large amount of heat is lost from the head. All wet clothing should be removed immediately after exercising to prevent post-exercise chilling. Minimize exposure to the cold conditions and maintain hydration. Careful attention should be paid to athletes with communication or cognitive disorders because they may not be able to relay information about symptoms of hypothermia (this should be taken into consideration for all conditions). Special awareness of environmental conditions must also be considered.

Treatment:

If an athlete displays signs of hypothermia, the coach should cover the athlete with blankets, towels, or anything available that will warm them, and move the athlete to a warmer area. The coach or Area Coordinator should seek medical assistance immediately.

Autonomic Dysreflexia (AD)

This is a condition seen in athletes with a spinal cord injury at the T6 level or higher with involvement of the splanchnic nerves. The usual cause of AD in a majority of the cases is a distended bladder and, in some cases, a distended bowel. Other causes may be anything that causes a sacral input. Some symptoms of AD may include sudden hypertension

(increased blood pressure); bradycardia (heart rate less than 60 heartbeats per minute); increased perspiring; severe headache; and goose flesh.

Prevention:

The main strategy for prevention of AD is to make sure that the athletes' bladder and rectum are emptied before they begin physical activity.

Treatment:

When AD occurs, the athlete should be placed in an upright position to take advantage of orthostatic changes and then the bladder should be drained. The coach or Area Coordinator should seek medical assistance immediately.

Lacerations/Abrasions and Wheel Burns

Prevention:

Check the wheelchair for sharp surfaces. Athletes must also use proper fitting equipment and prosthetics. Make sure the athlete is strapped in securely and check the width of the wheelchair. Make sure the athlete, especially in track and field, wears protective clothing. It is especially important to protect the upper arms and elbows. This reduces the potential of injury from the wheel. Athletes should always sit on a cushion while participating in practice or competition. For severe injuries, follow the referral process on page 3.

Treatment:

Apply injury-specific principles of care, keeping wounds dry and clean. Be aware of areas that lack sensation. Instruct the athlete and their parent/guardian to look for redness on the athlete's body. If redness is present, the athlete should not be allowed to participate in practices and games, and should seek medical assistance immediately.

Blisters

Prevention:

Encourage the athlete to allow callous' to form on their hands. After a blister forms, use athletic tape and padding to protect the blister(s). After the blister(s) has healed, the player should stop taping that area.

Treatment:

The hands and other high-friction areas should be cleaned frequently and excessive callous formation filed to reduce skin layers. If a blister is present, cover it with pro wrap and athletic tape. Be careful not to cut off the circulation of blood by wrapping the tape too tight.

Fractures/Dislocations

Prevention:

Using safe equipment and appropriate padding can prevent fractures.

Treatment:

Check for signs of fracture/dislocation or deformities, an irregular pulse, immobility or lack of feeling (if possible) in the afflicted area. Stabilize the area and seek prompt medical evaluation if fracture/dislocation is suspected.

Head, Face, Dental, and Eye Injuries

Prevention:

It is recommended that athletes wear helmets for wheelchair racing. Parents/guardians and AAASP coaches or area coordinators should evaluate the equipment for potential safety hazards. It is also recommended that equipment be checked and necessary maintenance be completed on a regular basis.

Treatment:

In the case of a dental injury, do not touch the tooth. Refer the athlete to the dentist immediately. For a completely avulsed tooth, (if it cannot be reimplanted), put it in milk or saline solution for transport by the ath-

lete to the dentist. For all other head and face injuries, seek prompt medical attention, especially in cases of severe bleeding or deformity.

Muscle Strains and Soft Tissue Injuries

Prevention:

Flexibility and strength training programs, as well as warm-ups and cool-downs, are very important in preventing muscle strains and soft tissue injuries (refer to warm-up section on page 5). Strength training of sport-specific muscles to achieve a muscular balance is also important. Allow adequate rest between practice sessions and monitor the frequency and duration of exercise. Provide safe equipment, and stress proper wheelchair positioning. It is important for coaches to teach the proper techniques of sports skills.

Treatment:

For initial injury, the RICE method is very important (Rest, Ice, Compression, Elevation). For serious injuries, the coach and Area Coordinator should follow the referral process on page 3. If anti-inflammatory medication is administered, be aware of possible interactions with anti-seizure drugs or other medicines that the athlete may be taking. If necessary, get professional supervision (i.e., athletic trainer or physical therapist) in a program of selective strengthening, muscle balancing, and flexibility. Gradually step up the progression of the exercise program. Analyze and adjust sport techniques.

Stump Problems with Amputee Athletes

Athletes with amputations may suffer from irritations and stress at the point of contact with the prosthetic device. This problem usually occurs with lower-limb prostheses. It is characterized by redness and irritation at the prosthesis-skin interface. If an athlete has redness and/or irritation on their stump, the athlete should see a physician immediately.

Prevention:

Stump problems can be prevented by a proper fit and maintenance of the prosthetic device. An excessively loose or tight fit will increase the stress at the junction.

Protective padding at the end of the prosthesis or any friction-eliminating fabric over irritated areas can aid in the healing process.

Treatment:

Instruct parents/guardians about protective padding at the end of the prostheses. Cleansing the irritated area helps with the healing process. In advanced cases, the athlete may have to temporarily stop using the prosthesis and reduce athletic participation. The athlete should see a doctor immediately.

Shoulder Injuries

In wheelchair sports, there is a lot of repetitive stress on the athlete's anterior chest and shoulder muscles. The rotator cuff may develop overuse injuries such as impingement and painful arch syndrome, in addition to bicipital tendonitis.

Prevention:

Strength and flexibility exercises and a carefully monitored training program can prevent many shoulder injuries. The posterior muscles, including the external rotators and scapular adductors, should be strengthened equally with the anterior muscles. This is to prevent an imbalance between the often-overdeveloped anterior muscles and posterior muscles. A static flexibility program should be established for all ranges of motion of the shoulder, especially for the anterior muscles and rotator cuff. In addition, careful monitoring of the training program and variation of activity could reduce the number and incidence of chronic shoulder injuries. If an athlete has shoulder pain, they should see a physician immediately.

Treatment:

Treatment of chronic and acute shoulder injury should follow the RICE method (Rest, Ice, Compression, Elevation), along with nonsteroidal anti-inflammatory medications.

Pressure Sores

Pressure areas often form over bony prominences, especially on the buttocks or hips, when pressure cuts off the blood supply to the skin and underlying tissues. Excessive friction can also cause pressure sores because of the shearing of the superficial tissue over bone.

Prevention:

To prevent pressure sores from forming, athletes should frequently shift their weight to relieve the pressure, eat balanced meals, and change out of wet clothes as quickly as possible. It is also very important to regularly inspect the athlete's skin that may lack sensation. Instruct the parents/guardians to check routinely for redness or open sores. If redness or sores are present, the athlete should see a doctor immediately.

Treatment:

Athletes who observe persistent redness, hardening of the skin, or a raised area, should relieve all pressure from sitting or avoid restrictive clothing until the redness resolves and normal skin returns. It is also important to keep the area dry and clean. This is done by changing the bandages. Athletes with open sores should not train or compete until the sores have completely healed. They should rest and avoid sitting on the sores. Time off will prevent additional pressure damage.

MILD HEAD INJURIES

Mild head injury or cerebral concussion have such symptoms as head trauma (caused by acceleration/deceleration forces or contact forces); a brief period of either diminished consciousness or unconsciousness that last for seconds or minutes; post-traumatic amnesia lasting less than 24 hours; or negative CT or MRI imaging studies. If any athletes suffer from potential concussion, check for the following signs or symptoms:

- headache
- tinnitus (ringing in the ear)
- nausea
- irritability
- confusion
- disorientation
- dizziness
- loss of consciousness
- post-traumatic or anterograde amnesia (cannot remember anything that occurred after the injury)
- retrograde amnesia (cannot remember things that occurred before injury) concentration difficulty
- blurred vision
- photophobia
- sleep disturbance

Athletes who have suffered a concussion should only be allowed to return to play if all of their symptoms have resolved (no headache or dizziness; no impaired orientation, concentration, or memory during rest or exertion) and they have written documentation from their physician. Permitting an athlete to return to play too early before their symptoms resolve may cause second impact syndrome, which could result in death.

HEAD INJURY GUIDELINES

Any head, face, neck, or jaw injury has the potential to be significant. The danger from a blow to the head area or through significant contact may not appear until later in the day or even the following day after the contact. The following signs, symptoms, and suggestions are offered to parents as a reference by which to judge your child's appearance and behavior following an episode of head injury or significant body contact.

DO NOT give pain medications (aspirin, Tylenol, etc.) unless recommended by your physician.

- During the first 24 hours after the injury, the athlete should be awakened every two to three hours to make sure he/she is not unconscious.
- The parent/guardian should notify the athlete's physician or seek medical assistance if any of the following occur:
 1. The child is unusually sleepy
 2. The child is nauseated and/or vomiting
 3. The child cannot see clearly from both eyes, complains of blurred vision, dizziness, or loss of balance
 4. Headache gets worse or lasts more than 24 hours
 5. The child seems to be confused, irritable, has loss of memory, or their personality changes noticeably
 6. The pupil (the black spot in the center of the eye) of one eye becomes different in size from the other.

BLOOD-BORNE PATHOGEN CONTROL

It is possible that the AAASP coach and/or Area Coordinator could be exposed to blood and blood-borne pathogens. They must recognize that HIV and hepatitis A, B, and C are all blood-borne pathogens that can be transmitted through infected blood or body fluids. This should be taken very seriously and precautions should always be taken. The following procedures have been established.

1. All AAASP persons are required to use **latex-free** rubber gloves at all times when dealing with the blood or other body fluids.
2. Any surface that has come in contact with blood or other potentially infectious material must be cleaned immediately with a solution consisting of one part bleach to 10 parts water or with a disinfectant approved by the Environmental Protection Agency.
3. Any body part that is exposed to blood or other blood-borne pathogens must be thoroughly washed with soap and water immediately after exposure. This should be done even if latex-free rubber gloves were worn.
4. All bloodied materials (i.e., gauze pads) must be disposed of in the closest hazardous waste container.
5. Food and drink are not to be kept on countertops or tables where blood or other potentially infectious materials are present.

POST EXPOSURE PROTOCOL

In the event that anyone is directly exposed to blood or other blood-borne pathogen materials without any protection, the following will apply:

1. The exposed person will be provided with the following information:
 - Documentation regarding the routes of exposure and circumstances under which the exposure incidence occurred.
 - Identification of the source individual (unless infeasible or prohibited by law).

2. If necessary, the blood of the source individual can be tested at a designated testing site to determine if HBV or HIV is present. This information can be made available to the exposed person.
3. If requested, the blood of the exposed person can be collected and tested for the presence of HBV and HIV.
4. An appointment can be arranged for the exposed person to meet with a qualified healthcare professional to discuss medical status and any reported illnesses, including recommendations for treatment, if necessary.

OTHER CONSIDERATIONS:

The athlete must get a pre-participation physical done by a physician before participating in any AAASP sport. The physician can rule out any medical conditions that may prevent the athlete from participating and make any recommendations that assist the athlete in any way.

Proper wheelchair fitting is also important to minimize injuries and maximize the athlete's performance. For example, poor back support often leads to rounding of the upper back and may increase the risk of shoulder injury. Athletes may also be more prone to falls and other injuries due to their seating positions in the wheelchair. The use of belts and straps on the trunk and legs may improve functional reach, trunk stability and minimize risk of injury in case of falls. Coaches, athletes, and parent/guardians should pay special attention to wheelchair parts, cushion, etc. to identify potential equipment hazards and take precautions to minimize the chances of injury.

Coaches, athletes, and parents/guardians should pay attention to proper hygiene, nutrition, and hydration needs. For optimal performance, it is important to drink adequate fluids before, during, and after an event. Sports medicine personnel or a nutritionist can also recommend diet and nutrition tips because a proper diet can help keep the immune function high. Athletes should practice proper hygiene to prevent such things as pressure soars, chafing, rashes, etc.

SEVERE WEATHER PROTOCOL FOR ALL OUTDOOR SPORTS

1. The AAASP staff and Area Coordinator will monitor the daily weather forecast for all outdoor activities. This will include calling local agencies for up to date information.
2. Before a game or practice, if severe weather is predicted, the designated monitor(s) will discuss the impending severe weather protocol with the game officials prior to the start of the game.
3. All play or practice will be stopped and the field/stands will be evacuated if:
 - A. Radio or TV has announced severe storm warning for the area.
 - B. Lightning storm detector (if present) signals thunder-storm warnings.
 - C. Conditions are right for the development of a severe storm.
 - D. Lightning is within 6 miles of playing field.

To determine the distance of lightning, use the Flash-Bang Method:

1. Watch for the flash of lightning.
2. After the flash of lightning, begin to count (one, one thousand; two, one thousand; three, one thousand, etc.)
3. Stop counting when you hear the bang of thunder.
4. Take this number and divide by 5.

This will give you an approximation of how far away the lightning is (5 seconds = 1 mile). **EXAMPLE:** You see a flash of lightning and you begin to count. You

reach 45 before you hear the bang of thunder ($45 \div 5 = 9$). The lightning would be approximately 9 miles away. Using this method, you would suspend activity with lightning at or within 6 miles.

4. A PA announcement will be made. All spectators are to immediately evacuate the area and go to a designated shelter.
5. Play will not resume for a minimum of 30 minutes. This may need to be extended depending on the weather conditions.
6. Following the initial 30 minutes, reassessments will be made at 15-minute intervals to determine if conditions are appropriate for the resumption of play.

RECOMMENDED SUPPLIES FOR FIRST AID KIT

Scissor (7" tape scissors, small suture scissors)	Taping base (Tuf-skin spray)	Steri-strips
Tape cutter	Tape underwrap (4-6)	Cotton-tipped applicators
Fingernail cutter	Thermometer (oral)	Fungicide ointment
Penlight	Triangular bandages or sling	Alcohol swabs
Tongue forceps	Padding (cotton sponge, misc., 1/4" and 1/2" ; felt, misc., 1/4" and 1/2")	Medicated antibiotic cream
Tweezers	Plastic bags for ice or instant cold pack	Hand Towel
Vinyl gloves (not latex)	Materials for disposal of blood items	Moleskin
1" adhesive tape (2-3 rolls)	Petroleum jelly	Second Skin or Blister Pack
One 1/2" adhesive tape (6-8 rolls)	Gauze pads (4x4, 3x3, large) (4-6 each)	Peroxide, 6 oz.
1/2" adhesive tape (2 rolls)	Telfa pads (nonadherent, various sizes; 2-3 each)	Ampu Balm
2" Elastikon tape (2-3 rolls)	Antiseptic soap	Mirror (small)
Ace wraps (2", 4", 6")	Bandages (various sizes)	Sunscreen lotion
Contact-lens solution		Pocket CPR mask or shield
Eyewash		Solution for cleaning up blood

AAASP Vision

AAASP envisions a society where sports for youth with physical disabilities or visual impairments are a common and vital part of America's education system.

About AAASP

In a dual governing alliance, AAASP and the Georgia High School Association oversee interscholastic athletics on behalf of Georgia's high school students with physical disabilities or visual impairments and those who are not disabled. AAASP oversees a statewide interscholastic athletic system for these students in grades one through 12. Six competitive sports leagues are offered throughout each school year: wheelchair basketball, indoor wheelchair soccer, power wheelchair hockey, track & field, beep baseball and wheelchair football.

American Association of
adaptedSPORTS™
PROGRAMS

P.O. Box 451047
Atlanta, Georgia 31145
t 404. 294. 0070
f 404. 294. 5758
www.adaptedsports.org

