Wrestling With Skin Issues
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Basic skin lesion prevention methods for the Medical Staff:

In 2014 Vermont had the most reported cases of Herpes Gladiatorum(26), per wrestler, than has ever been reported in in any state across the USA. Naive, until last year, we considered our wrestlers relatively “safe” from serious skin issues. Now we must aggressively move forward to protect our athletes as best as we can and prevent any serious outbreaks in the future. After much research, including direct communication with some of the foremost experts of skin lesions in the wrestling community, this recommendation was developed.

The following is a comprehensive guide designed to decrease the risk of contracting or spreading of skin lesions. Not all skin issues will be prevented, even when following this guide, however significant science and common sense show that these guidelines will be effective in decreasing the prevalence of skin lesions.

A school’s sports medicine staff is responsible for educating everyone involved regarding infection-control policies and procedures. This includes coaches, athletes, parents, custodial staff and doctors as needed. Outlines are provided individually for: Coaches, Athlete/Parents, ATC’s, and MD’s.

Skin Checks
1. ATC’s should perform skin checks weekly and/or day prior to competition.
2. Any athlete with a suspicious lesion should be kept OUT of the wrestling room until seen and cleared by a medical professional.

Skin Checks at Competitive Events
The number one emphasis in this year’s NFHS wrestling rules meeting was clarifying the skin check rule for referees and coaches.”The referee shall perform the skin checks or verify that the designated, on-site meet appropriate health-care professional has performed the skin checks.”

To see a fuller elaboration of the skin check rule: http://www.nfhs.org/sports-resource-content/wrestling-points-of-emphasis-2015-16/

1. Skin checks should be performed by a medical professional, trained in recognizing skin lesions, during weigh-ins at every event.
2. Skin lesion form should be collected by the meet/tournament director prior to weigh-ins.
3. The current (2015) skin form should be used, signed by MD and given to ATC prior to weigh-in.
4. Skin checks should be performed on each day of competition, including each day of multi-day tournaments.
5. If weigh-ins are prior to the day of competition, skin checks should still occur on each day of competition.
*Alternate model worth noting: Wisconsin requires MD’s to perform skin checks 3 days prior to every competition.

Reporting lesions to medical staff
Bacteria, virus and fungus occur on the skin naturally. It is when there is a disruption of the skin that they typically propagate and cause an infection. Any disruption of the skin is an avenue to infection.

1. Athletes should report all abrasions, cuts, and skin lesions to an ATC for proper cleansing, treatment, and dressing. All acute, uninfected wounds (eg, abrasions, blisters,
lacerations) should be covered with a semi-occlusive or occlusive dressing (eg, film, foam, hydrogel, or hydrocolloid) until healing is complete to prevent contamination from infected lesions, items, or surfaces.

Medical Requirements/Considerations

1. **Each team should have a go-to medical clinic and/or dermatologist** who is specifically trained in skin issues of wrestlers
2. If a wrestler goes to another physician, a handout accompanying the athlete with a recommended protocol for testing of skin diseases should be followed in addition to the NFHS form.

4. **All completed skin lesion forms must be given to ATC prior to weigh-ins**
5. Athletes with a history of herpes outbreaks should be put on suppressive therapy during the wrestling season. Protocol is 800mg of acyclovir daily.
6. Athletes should also consider prophylactic treatment if they seem susceptible to recurrences of ringworm.
7. Proper treatment of ringworm - multiple lesions or lesions on the scalp require oral antibiotics. Singular lesions, not on scalp may be treated with ointment.
8. Diagnoses of MRSA warrants culture of all wrestlers in contact with the infected wrestler. Skin and nose cultures recommended *Many skin infections develop a secondary infection of another type. This was how the VT herpes outbreak spread so easily. Most lesions were initially diagnosed as ringworm, later, after treatment was ineffective, herpes was tested for and confirmed.

9. **It is critical that a herpes culture be performed with any suspicious lesion.**
10. Virtually every skin lesion should improve by the third day of treatment. **If no improvement occurs within 2-3 days, return to your doctor for a re-eval.**
11. Don’t blow-off “minor” types of skin injuries because these breaks in the skin open the pathway for all types of infection.

*Remind athletes of protocol regularly

Outbreaks of a skin lesion

1. **In instances of an outbreak of herpes in any wrestler**, the recommended course of action is to keep ALL wrestlers from direct contact with ANY OTHER wrestler for eight days. This time period will allow for 90% of incubating cases to erupt and be identified, thereby preventing the disease from being spread to other wrestlers.
2. If multiple outbreaks occur on multiple teams, the state organization should require cancellation of practices and competition for eight days statewide.

Resources for further reading:
- A basic power point about skin lesions in wrestling
- A more comprehensive power point about skin lesions in wrestling
  https://www.iahsaa.org/resource_center/Sports_Medicine_Wellness/Comm/NWCA_Skin_Infections.ppt
- NATA position statement
  http://www.nwcaskinprevention.com/webinar/home.asp
  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2902037/