

The Next Practice

Douglas J. Casa, PhD, ATC, FNATA, FACSM

Every summer, the same news occurs again. In the blur and chaos of our crazy lives, we hardly stop to take notice that another athlete has died after performing intense exercise in the heat. When parents drop their sons and daughters off for practice, they wish their children well and establish plans for a pick-up. Yet sometimes the pick-up never happens, replaced instead by a furious rush to the hospital after a frantic call from an assistant coach: "Your child collapsed during practice and became unconscious and is currently being taken to the hospital." Parents arrive at the hospital to learn that their child had an exertional heat stroke (EHS), a sudden cardiac event, exertional sickling, asthma attack, severe head injury, or any of a myriad of other injuries and conditions that can cause an otherwise healthy child or young adult to go from extremely vibrant to death's door in a matter of minutes.

Tempting as it is, looking away will not make the problem disappear. The shock only becomes more personal when such an event occurs to your athlete. Sudden death is occurring more frequently, at a pace that we cannot completely explain.

I once had an EHS. I was 16 years old, running a 10-K race on the track at the Empire State Games in upstate New York. Looking back, as I have for the past 24 years, in a daily ritual to examine the seminal moment that shaped every subsequent action, I know that many factors leading to my EHS were preventable. The 25-lap race began in the middle of the day during a heat wave, even though events with much less risk were being run under the lights in the evening. Hydration was not allowed during the race. (Today, it's almost impossible to imagine teenagers running 6+ miles "all out" in extreme heat and not being allowed fluids.)

I first contemplated all this as I lay in my hospital room, and I have spent my career as a professor at the University of Connecticut dedicated to preventing sudden death in sport. Here is my simple message: most cases of sudden death in sport are preventable, whether through better prevention strategies or enhanced treatment plans. Exertional heat stroke is the perfect example, with 100% survival possible if immediate, on-site cooling via cold-water immersion is provided. Surprisingly, athletes continue to die from EHS. This message is not meant to depress

you but rather to inform and motivate you. When a parent drops his or her child off at the next practice, the school assumes responsibility for the child's health and well-being during that practice, but is the school ready to assume this responsibility?

As we have learned from the very high-profile case of a Kentucky high school football coach who was arrested in 2009 as a result of his alleged involvement with an EHS death, public health is at stake. The Kentucky legislature responded in an impulsive manner, mandating that coaches receive enhanced education and training regarding emergency medical care of athletic injuries. As a result, coaches, who may be largely responsible for the condition in the first place, are now in charge of providing care to help their athletes survive. This is the gut reaction of a sympathetic and caring legislature, but it does not solve the core problem. Coaches are great at coaching, and they should be encouraged to continue that pursuit with all the vim and vigor they can muster. However, athletic health care should be left to the medical professionals—athletic trainers and team physicians, who work tirelessly to create the safest environment possible. If a serious condition does occur, we are prepared to determine the exact condition that is causing the medical emergency and invoke a life-saving plan to maximize the odds of survival. I have long said that we should do whatever we can "before they die," as the gut-wrenching reality of my everyday existence is that most of the people who contact me do so after a tragedy. I lend a sympathetic ear to the traumatized parent, coach, or friend. Yet I ultimately must deliver the truth to the family and friends, that the death from EHS was completely preventable. Crushing to hear but the honest truth. It is long overdue for the knowledge we have gained from research regarding the prevention of sudden death in sport to become a greater part of our clinical practice, and the first step in that process is being sure that every high school has an athletic trainer on-site who can assume responsibility for athletic health care.

Editor's note: Douglas J. Casa, PhD, ATC, FNATA, FACSM, is an associate professor in the Department of Kinesiology, Neag School of Education, University of Connecticut, and a Section Editor for the Journal of Athletic Training.