

2017 NEISWA Championships
Hosted by Hyde School, Bath, ME
17 and 18 February 2017

The NFHS **Required** Skin Lesion Form:

<https://www.nfhs.org/media/882323/2015-16-nfhs-wrestling-skin-lesion-form-april-2015-final.pdf>

DISPOSITION OF SKIN INFECTIONS

Herpes Simplex

- ***Primary Infection***

1. Letter from team physician to include: clinical diagnosis, culture results (if done), verification of, and dates of systemic antiviral therapy
2. Wrestler must be free of systemic symptoms of viral infection (fever, malaise, etc.).
3. Wrestler must have no new blisters for three days prior to the examination.
4. Wrestler must be on appropriate dosage of systemic antiviral therapy for at least 5 days prior to and at the time of the tournament.
5. Active herpetic infections shall not be covered to allow participation. See above criteria when making decisions for participation status.

- ***Recurrent Infection***

1. Letter from team physician to include: clinical diagnosis, verification of, and dates of systemic antiviral therapy.
2. Blisters must be completely dry and covered by a FIRM ADHERENT crust at time of tournament, or wrestler cannot participate.
3. Wrestler must have been on appropriate dosage of systemic antiviral therapy for at least three days prior to and from the time of the tournament.
4. Active herpetic infections shall be covered to allow participation. See above criteria when making decisions for participation status.

- ***Questionable Cases***

1. Tzanck prep and/or HSV antigen assay (if available).
2. Wrestler's status deferred until Tzanck prep and/or HSV assay result complete.

Bacterial Infections (**Furuncles, Folliculitis, Impetigo**)

1. Letter from team physician to include: Clinical diagnosis, culture results (if done), sensitivity results (if done), and dosages, dates and names of antibiotic therapy. (Cultures and sensitivities are strongly encouraged and to select proper antibiotic therapy).
2. Wrestler must have been without any new skin lesions for 48 hours prior to the tournament
3. Wrestler must have completed a minimum of 5 days of antibiotic therapy and have no moist, exudative or draining lesions at tournament time.
4. Gram stain of exudate from questionable lesions (if available).
5. Active bacterial infections shall not be covered to allow participation. See above criteria when making decisions for participation status.

Tinea Infection

1. Letter from team physician to include: Clinical diagnosis, culture results (if available), names of antifungal used and dates of treatment.
2. A minimum of 3 days of topical therapy is required for skin lesions. A minimum of two weeks of systemic antifungal therapy is required for scalp lesions.
3. Wrestlers with extensive and active lesions will be disqualified. Activity of treated lesions can be judged by examination of KOH prep AND review of therapeutic regimen. Wrestlers with solitary, or closely clustered, localized lesions will be disqualified if lesions are in a body location that cannot be securely covered. Covering routine should include selenium sulfide washing of lesion or ketoconazole shampoo (Nizoral), followed by application of naftifine gelor cream (Naftin) or terbinafine cream (Lamisil), then gas permeable dressing such as Op-site or Bioclusive followed by ProWrap and stretch tape. Dressing changes should be done after each match so that the lesion can air dry.
4. The dispensation of tinea cases will be decided on an individual basis, as determined by the Tournament Dermatologist and medical staff.

Scabies

1. Letter from team physician describing and verifying appropriate treatment with scabicide.
2. Wrestler must have negative scabies prep at tournament time.

Molluscum Contagiosum

1. Lesions must be curetted or removed prior to tournament.
2. Wrestlers should have verification about the removal and wound management provided regarding the viral warts.

Herpes Zoster

1. Letter from team physician verifying and detailing drug therapy with an appropriate antiviral such as valacyclovir or famciclovir (Valtrex, Famvir) as well as dates of therapy.
2. Skin lesions must be surmounted by firm, adherent crust at tournament time, and have no evidence of secondary bacterial infection.

Pediculosis

- Wrestler must be treated with appropriate pediculocide and re-examined for completeness of response before wrestling.

Verrucae

1. Wrestlers with multiple digitate verrucae of their face will be disqualified if the infected areas cannot be covered with a mask. Solitary or scattered lesions can be curetted away prior to tournament.
2. Wrestler with multiple verrucae planae or verrucae vulgaris must have the lesions covered.

Hidradenitis Suppurativa

1. Wrestlers must provide letter to include culture and sensitivity results and dosage, dates and names of antibiotic therapy.
2. Wrestler will be disqualified if extensive, or purulent draining lesions are present.