NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) ISSUES ADVANCE RELEASE OF ITS FIRST EVER ASTHMA IN ATHLETICS POSITION STATEMENT AT 56 the ANNUAL MEETING

Recommendations Offered During Tuesday, June 14, Press Conference at Indiana Convention Center and RCA Dome

INDIANAPOLIS (June 14, 2005) – Many athletes, professional and amateur alike, have difficulty breathing during or after workouts, athletic events and practices. Although a wide variety of conditions can predispose an athlete to such problems, the most common cause is uncontrolled or undiagnosed asthma. In the United States, 20.3 million people report having asthma, with 9 million children under 18 being diagnosed with the condition. Studies suggest that as many as 15-20 percent of athletes have signs and symptoms suggestive of asthma.

To provide certified athletic trainers (ATCs) and other health care professionals, parents and coaches, with guidelines on how to help athletes recognize, prevent and manage asthma in athletics, the National Athletic Trainers' Association (NATA) issued today an advance release of its new statement. A press conference was held this morning at the Indiana Convention Center.

Lead author Michael G. Miller, EdD, ATC, CSCS, and Robert J. Baker, MD, PhD, ATC, FACSM, a member of the writing group for the position statement, presented highlights from the position statement on Management of Asthma in Athletics, which will be published in its entirety in the September 2005 issue of the *Journal of Athletic Training*.

"Athletic trainers are in a unique position to recognize breathing difficulties caused by uncontrolled or undiagnosed asthma," says Miller. "Once the diagnosis is made, the athletic trainer should play a pivotal role in supervising therapies to prevent and control symptoms. The recommendations contained in the position statement describe a structured approach for the diagnosis and management of asthma in an exercising population."

"The National Heart, Lung, and Blood Institute launched the National Asthma Education and Prevention Program in March 1989 to address the increasing prevalence of asthma in the United States and its cost to society," says Baker. "At the same time, the Global Initiative for Asthma developed guidelines for asthma awareness and management worldwide. These guidelines are extremely comprehensive and have regularly been updated. Nevertheless, they do not describe the role of the ATC or other allied health care professionals, coaches or parents in recognizing and managing asthma in an athletic population."

Bill Polian, president of the Indianapolis Colts, who has witnessed the devastating effects of asthma in football, introduced Miller and Baker at the press conference. Also speaking at the event were Makoa Freitas, an offensive tackle with the Indianapolis Colts, and Tamika Catchings, a forward with the Indiana Fever, who both discussed the challenges of being a professional athlete with asthma.

The position statement is the result of 17 months of research, interpretation and writing, conducted by a prominent team of experts that included Miller, Baker and John M. Weiler, M.D., University of Iowa and CompleWare Corporation, Gilbert D'Alonzo, D.O., Temple University School of Medicine, and James Collins, ATC, head athletic trainer, San Diego Chargers.

Miller and Baker presented a summary of their findings. Among their key recommendations, ATCs and other health care professionals should:

- Be aware of the major signs and symptoms of asthma, such as coughing, wheezing, tightness in the chest, shortness of breath and breathing difficulty at night, upon awakening in the morning or when exposed to certain allergens or irritants.
- Devise an asthma action plan for managing and referring athletes who may experience significant or life threatening attacks, or breathing difficulties.
- Have pulmonary function measuring devices, such as peak expiratory flow meters (PFMs), at all athletic venues, and be familiar with how to use them.

- Encourage well-controlled asthmatics to engage in exercise to strengthen muscles, improve respiratory health and enhance endurance and overall well being.
- Refer athletes with atypical symptoms; symptoms that occur despite proper therapy; or other complications that can exacerbate asthma (e.g. sinusitis, nasal polyps, severe rhinitis, gastroesophageal reflux disease [GERD] or vocal cord dysfunction), to a physician with expertise in sports medicine. They include allergists, ears, nose and throat physicians, cardiologists and pulmonologists trained in providing care for athletes.
- Consider providing alternative practice sites for athletes with asthma. Indoor practice facilities that offer good ventilation and air conditioning should be taken into account for at least part of the practice.
- Schedule practices during times at which pollen counts are lowest.
- Encourage players with asthma to have follow-up examinations at regular intervals with their primary care physician or specialist. These evaluations should be scheduled at least every six to 12 months.
- Identify athletes with past allergic reactions or intolerance to aspirin or non-steroidal anti-inflammatory drugs (NSAIDs), and provide them with alternative medicines, such as acetaminophen.