LCPS Athletics Electrical Modalities Protocol and Parental Consent Form

The Loudoun County School Board/Loudoun County Public Schools (LCPS) Athletic Trainers are licensed and authorized to possess and use the following electrical modalities: Transcutaneous Electrical Nerve Stimulation (TENS), Electrical Stimulation (E-Stim), Therapeutic Ultrasound (US), and Compression Unit, for treatment and rehabilitation of sport related musculoskeletal injuries for LCPS student-athletes.

When not in use, the electrical modalities shall be stored in a locked area to prevent unsupervised tampering. The specific electrical modality protocols available are as follows:

☐ **TENS-** This modality will be used in an effort to decrease pain and muscle spasm of musculoskeletal injuries.

Treatment Length: Not to exceed 20 minutes per session or 3 sessions per day. **Treatment Duration:** Not to exceed 2 weeks without referral from physician.

Contraindications: Possible nerve damage or loss of sensation.

- Over areas of skin irritation or infection. Patients with extreme or severe pain.
- Any area of the face or head above the cervical spine.
- Patients with known heart conditions.
- Evidence of worsening conditions.

☐ **Electrical Stimulation-** This modality will be used in an effort to decrease pain and muscle spasm of musculoskeletal injuries.

Treatment Length: Not to exceed 20 minutes per session or 3 sessions per day. **Treatment Duration:** Not to exceed 2 weeks without referral from physician. **Contraindications:**

- Possible nerve damage or loss of sensation. Over areas of skin irritation or infection.
- Patients with extreme or severe pain.
- Any area of the face or head above the cervical spine.
- Patients with known heart conditions.
- Evidence of worsening conditions.

☐ **Ultrasound-** This modality will be used to produce an increase in tissue temperature, which may help to stimulate tissue healing, increase tissue elasticity, decrease tissue adhesions and reduce muscle spasm.

1 MHz frequency to be used when treating tissue depths of 3-5cm. Parameters:

3 MHz frequency to be used when treating tissue depths of 1-2cm.

Intensity not to exceed 2.5 Watts per centimeter squared.

Must be used in conjunction with a coupling gel.

Not to exceed 10 minutes per session or 2 sessions per day. **Treatment Length: Treatment Duration:** Not to exceed 2 weeks without referral from physician. Contraindications:

Possible nerve damage or loss of sensation.

- Over areas of skin irritation or infection.
- Patients with extreme or severe pain.
- Any area of the face or head above the cervical spine.
- Patients with known heart conditions.
- Patients that display signs of acute inflammation.
- Directly over the spine.
- Over open epiphyseal areas.
- Over the site of a possible fracture.
- Over areas of impaired circulation.
- Over ischemic areas.
- Near the heart.
- Evidence of worsening conditions.
- On patients that display any signs of cancer.

Print Student-Athlete Name			Student-Athlete Signature	Date
acknowledge tha student-athlete a signature below Schools (LCPS) LCPS Athletic Tr	t there may re voluntary that I have re Electrical Mo ainer to use	be serious risks involved, ar at my request and not requi eceived a copy of the Loudo dalities Protocol and that I o	nis information about Electrical nd understand that use of these red. I acknowledge, understand un County School Board/Loude give my consent and permission student-athlete for the purpose	e treatments on my d, and certify by my oun County Public n to the school
use the following el Therapeutic Ultraso	ectrical modali ound (US), and tes. The LCPS	ties: Transcutaneous Electrical N Compression Unit, for treatment	by a physician, are licensed and auderve Stimulation (TENS), Electrical and rehabilitation of sport related me a written and signed Parental/Guar	Stimulation (E-Stim), susculoskeletal injuries for
Contraindication	CoPoOrArOrOrRaOr	re pulmonary edema. registive heart failure. ressible nerve damage or loss of some areas of skin irritation or infectory area of the face or head above for the site of a possible fracture. register areas of impaired circulation of anynaud's disease. register ischemic areas. register idence of worsening conditions.	tion. the cervical spine.	
Treatment Leng Treatment Dura	tion: Not	Not to exceed 30 minutes per session or 4 sessions per day. Not to exceed 2 weeks without referral from physician.		
Parameters: Upper Extremity: do not exceed the diastolic blood pressure of 40-60mm Hg. Lower Extremity: do not exceed the diastolic blood pressure of 40-70mm Hg. Cryocompression unit temperature range: 32-60 degrees Fahrenheit.				
injured extre movement o Some comp	mity by increa f fluids to retur ression units a	sing external pressure with the us n to the venous and lymphatic ch	ce a movement of swelling from the se of an inflatable boot or sleeve. The sannels in order to reduce swelling a cous cold and compression treatmer spasm and pain.	is modality helps the nd encourage healing.

Parent/Guardian Signature

Date

Print Parent/Guardian Name