SIDELINED

-A parent's field guide to injury—

EAST BAY

YOUR CHILD'S BEST ADVOCATE

Hint: It's YOU!

LEARN THE LINGO

Brush up on the pain medications your child may be prescribed

IT TAKES A VILLAGE



YOUR CHILD'S BEST ADVOCATE — Communicating knowledgeably with doctors —

Knowing how to advocate for your child in the doctor's office can be confusing and overwhelming. It's important to remember that you, not the doctor, has the final say on what medications your child takes and for how long. Asking questions is always

HOW YOU CAN HELP

- Avoiding pressuring. Allow injured athletes to rest, heal and rehabilitate before returning to play.
- Foster dialogue. Encourage open communication between parents, other coaches, athletic trainers, and athlete about their treatment plan.
- Be aware. Educate yourself on signs of opioid use and misuse.

Opioids essentially rewire the brain, meaning that the users often require increasingly higher dosages to feel "normal". The stilldeveloping teenage brain is at even greater risk of addiction. Sometimes turning teen athletes who have been prescribed opioids into accidental users. okay. Does the prescribed medication have addictive side effects? Are there any drug-free pain management alternatives we can try? For a full list of questions ask your child's doctor and to consider yourself, see the back of this pamphlet.

Signs of potential OPIOID MISUSE:

- Small pupils
- Slurred speech
- Redness of face and neck
- Becoming withdrawn
- Complaints of constipation

ALTERNATE TREATMENT OPTIONS:

- Ibuprofen or Acetaminophen
- Physical therapy
- Chiropractic care
- Massage
- Cognitive Behavioral Therapy

PLAYING THROUGH PAIN

Athletes who are pressured by coaches, parents, or teammates to return to play before they're fully healed are more likely to turn to prescription opioids as a way of forcing recovery. Remind your athletes that rest is the best way to avoid re-injury.

—— IT TAKES A VILLAGE —— Supporting parents through their child's injury

A parent's job doesn't end when the game is over, many put in countless hours off the field as mentors, confidants, role models, and parental figures for the athletes in their care. Just as important however, is the support that the coaches provide to parents and guardians when their children are injured, as it can be a scary and confusing time. The enclosed Pain Management card is a great resource for you to give to the parents of injured athletes directly after the injury, before they ask to seek a physical consultant.

OPIOID PRESCRIPTION PAIN MEDICATION

- Act on the brain the same way as heroin
- Cause the brain to bock the feeling of pain, if they do not treat the injury.
- Are very addictive, even in low doses, and even in short durations.
- Can cause a person to stop breathing leading to an accidental overdose.

LEARN THE LINGO

Opioid pain medication an injured child may be prescribed or given in the hospital:

Hydrocodone: Vicodin, Norco, "Vikes, Hycodan cough syrup.

Oxycodone: Percocet, Oxycontin, "Percs"

Hydromorphone: Dilaudid, Exalgo

Codeine: Tylonel #3, Tylenol #4, cough syrup with "AC"

- Increase the chances of having an accidental overdose if drinking alcohol, or if taking prescription anti-anxiety medication (e.g. Xanax, Ativan, and/or sedating medicine (e.g. Ambien).
- Can make a person feel to tired to safely drive or operate heavy equipment

It's important to encourage parents to lock up all opioids and monitor them closely to avoid misuse. If your child has leftover prescription medication from an injury encourage him/her to dispose of it properly. For more information on safe medication disposal, visit www.riprevention.org.

Did you know?

Adolescent male athletes are twice as likely to be prescribed opioid painkillers and four times more likely to abuse the prescribed pills than non-athletes.



QUESTIONS FOR YOUR CHILD'S DOCTOR

- Does the prescribed medication have addictive side effects?
- Is there an alternative medication available that poses less or no risk of addiction?
- Are there drug free alternatives such as physical therapy or exercise available that can reduce or eliminate the duration of consumption, or the need for pain medication?
- Is the duration of the prescription consistent with the duration that medication will be required?
- Can the dosage be reduced over time, or adjusted per the level of pain being mitigated?

PARENT PLAN

Count It! Monitor your prescription drugs. Make it a goal to store your pills in a secure place, count them frequently, and check expiration dates.

Lock it! Use a lock bag to securely store your prescription medications and protect them from theft.

Drop It! Take advantage of MedReturn prescription drug take-back box located in the lobby of Police headquarters, 1 Joyce Street, Warren, RI.



East Bay Recovery Center and East Bay Community Action Support Line (401) 302-6231

A FINAL WORD FROM WPC

WPC is not suggesting that prescribed opioids cannot be an effective component of pain management; we are simply encouraging you to educate yourself on the risks, expectations, and available alternatives when they are prescribed to an athlete in your program. For more information please visit www.thinkaboutpain.com









www.warrenprevention.com