Coastal Carolina University
Athletic Training Department
Policy and Procedure Manual
Hypertension Management
Revised/Reviewed 7/2011

INTRODUCTION:

Coastal Carolina University student-athletes will be screened for hypertension at least once per year. This will occur in August for all incoming freshmen and transfer student-athletes and in April for all returning student-athletes. The screening will consist of a blood pressure check by the Athletic Training staff and/or Team Physician(s). Every effort will be made to conduct screening in such a way that minimizes external forces effecting blood pressure measurements. Student-athletes must be at least 2 hours removed from physical activity and every effort will be made to conduct screening in a calm, quiet environment. Those student-athletes that are identified as experiencing hypertension will be monitored on a regular basis as prescribed by Team Physician(s). The following table will be used in the classification of Blood Pressure:

Classification of Blood Pressure*

Class	Systolic blood pressure (mm Hg)	Diastolic blood pressure (mm Hg)
Optimal	<120	<80
Normal	<130	<85
High normal	130 to 139	85 to 89
Hypertension		
Stage 1	140 to 159	90 to 99
Stage 2	160 to 179	100 to 109
Stage 3	>=180	>=110

*--If the systolic blood pressure and the diastolic blood pressure fall into different classes, the higher class should be used.
Adapted from The sixth report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Arch Intern Med 1997;157:2413-46.

Any student-athlete that has a blood pressure reading that can be classified as Hypertension based on the above table will then be referred to a Team Physician for evaluation and recommendations. The table below will be used as a **GUIDE ONLY;** regarding athletic participation for those individuals with hypertension. The ultimate decision regarding athletic activity and intensity will be at the discretion of the Team Physician(s).

Exercise and Sports Participation in Student-Athletes and Other Physically Active Persons with Hypertension

Exercise
The recommended mode, frequency, duration, and intensity of exercise are generally the same as those for persons without hypertension.

Sports participation
Blood pressure should be controlled before resumption of participation in vigorous sports, because both dynamic and isometric exercise can cause remarkable increases in blood pressure.

Recommendations on exercise restrictions

High-normal blood pressure	No restrictions
Controlled mild to moderate hypertension (<140/90 mm Hg)	No restrictions on dynamic exercise; possible limit on isometric training or sports in some patients
Uncontrolled hypertension (>140/90 mm Hg)	Limited to low-intensity dynamic exercise; avoid isometric sports.
Controlled hypertension with end-organ damage	Limited to low-intensity dynamic exercise; avoid isometric sports.
Severe hypertension with no end-organ involvement	Limited to low-intensity dynamic exercise, with participation only if blood pressure is under adequate control.
Secondary hypertension of renal origin	Limited to low-intensity dynamic exercise; avoid "collision" sports that could lead to kidney damage.

Information from 26th Bethesda Conference: recommendations for determining eligibility for competition in athletes with cardiovascular abnormalities. January 6-7, 1994. J Am Coll Cardiol 1994;24:845-99.

There are multiple risk factors associated with hypertension that are extremely relevant to the college age student-athlete. Team Physician(s) will look at all possible risk factors when determining the appropriate course of treatment for those individuals that have documented cases of hypertension. The following is a list of those common risk factors:

Risk Factors for Hypertension in Student-Athletes and Other Physically Active Patients

- High sodium intake
- Excessive alcohol consumption (binge drinking)
- Illicit drug use (e.g., cocaine)
- Anabolic steroid use
- Stimulant use (e.g., in supplements taken to enhance energy or control weight)
- High stress levels
- Male gender
- Race (blacks affected more often than whites by about a 2-to-1 ratio, and Asians affected the least)
- Family history of hypertension or cardiac disease in men over 55 years of age and women over 65 years of age
- Diabetes mellitus or glucose intolerance
- Smoking or chewing tobacco
- Obesity
- Poor Dietary Habits