*Note: Green text is **Jackson**,.....*

Guest Introductions:
Name: Ray Castle
Job Title: Associate Professor & Athletic Training Program Director (LSU), a
Company: LSU
Years in Profession: 25
Details, awards, anything else you want us to mention:
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Name: John Cianca MD
Job Title: Medical Director
Company: Houston Marathon Committee
Years in Profession: 20
Details, awards, anything else you want us to mention:

Show Intro: **What's up y'all and Welcome to the Sports Medicine Broadcast, #216 Marathon Medicine with Drs. Castle and Cianca"**

***Topic*: This week our guests are Ray Castle and John Cianca**

Introductions: I am your host _Jeremy Jackson__, and with me today is ____ _____ _____

join our conversation:
sportsmedicinebroadcast.com
#TheSMB
sportsmedicinebroadcast.com/Marathon
Links to those are on our website.

Topics:

Athletic trainer always seem to know what I need done at a marathon

Hydration illness works both too much and too little

Weather statistic AM weather is below 50 degrees with WBGT we are in great shape

If we start over 60 WBGT we will see a lot of injuries

When it is warm we should slow down the running

There are more injuries in a half marathon is because people push harder

Hydration mythology - follow the crowd
There is not a correlation between drinking fluid and being hot

Water is sufficient unless you are out there over an hour

Again each person needs to know their own needs, sweat, urine color, salty

PREVENTION:
Weather - know what to expect
Educate runners on best practices

25,000 runners in the Houston Marathon

Have them prepare for the race the same as they do for practice. Same time same food same conditions

Stay away from high fat foods - could create a fat embolism

Heat syncope - gauge their mental status before you even touch them.
If they are mental out of it then they need elevated care.

If they are cognizant but tired then have them

sit and drink as needed

Heart rate BP are helpful tools

Do not go to IV without knowing the sodium level

- *Can lead to disaster without checking*
    - *Low sodium = not feeling quite right*
    - *Elevated BP*
    - *Low normal or below*
        - *140 or lower may be hyponatremia*
    - *Vomiting or nauseated - no IV*
    - *Chronic - low sodium level for weeks or months*
        - *Requires chronic treatment*
    - *Acute - from drinking too much*
        - *Requires immediate action*
- *During training you need to learn what your body needs. Not just in the days*

before the race

- *Doug Causin - rectal temperature algorithims*
  - *Neurological impairment - can't walk or are disoriented*
    - *Bring them into the tent*
  - *ISTAT unit - asses vitals*
  - *Core rectal temp*
  - *****If somebody is hot you have to treat them on site. They will cook in the ambulance**** - Dr. Cianca*
  - *The only way to get the correct temp is the rectal temp, everything else is inaccurate*
  - *109 rectal temperatures*
  -

Preparations need months of time to plan - Houston Marathon is year round planning EMS, community partners, medical care,

budgeting, provisions, course planning

Sear level for risk could involve FBI and such

SETRAC are emergency response team a part of the EAP

Ray castle was on the medical team of the Boston Marathon during the bombing

There are about 200+ medical personnel at the Boston Marathon

70 minutes from bomb blast to final evacuation . that is an impressive EAP

Preparation is the key for any mass event care

The biggest predictor is the weather for injury

Dr. Castle tell us your Athletic Training story

How did you get involved in Marathon Medicine?

How similar is treatment for a marathon vs a cross country meet?

What is the most important role for an athletic trainer in Marathon Medicine?

What are the most common injuries in long distance running?

How can we prevent those injuries?

What have you found has been the best way to evaluate injuries on site at an event?

What steps have you taken to prevent heat illness?

What other emergency medical injuries should the athletic trainer be prepared for?

What tools have you found most helpful in educating distance runners about injuries?

About food / hydration?

Contact Ray Castle:
Contact John Cianca:

Resources: racemedicine.org
Ncs4 conference at southern mississippi

Partner:
School Health - sportshealth.com/smb
March: Bubba
April: Frio -

Official Hydration Equipment of the Sports Medicine Broadcast
Frio Hydration - email GetFrio@friohydration.com to receive half off graphics on your new hydration unit.

Shout out to some specific people who support us

- Sports Medicine Update - Memorial Hermann
- SPATS - join us live for CEUs on the beach

Contact US:

via our website:

www.sportsmedicinebroadcast.com

Watch live almost every Wednesday on our website

and join in the conversation by following the links

Follow us on twitter: @PHSSportsMed

For Jeremy, __ ___ ___ that's a wrap

TWEETS: