What is an Athletic Trainer?

Certified athletic trainers are health care professionals who specialize in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. As part of a complete health care team, the certified athletic trainer works under the direction of a licensed physician and in cooperation with other health care professionals, athletics administrators, coaches and parents.

Athletic trainers (ATs) must earn a degree from an accredited athletic training curriculum. Accredited programs include formal instruction in areas such as injury/illness prevention, first aid and emergency care, assessment of injury/illness, human anatomy and physiology, therapeutic modalities, and nutrition. More than 70 percent of certified athletic trainers hold at least a master's degree. Here at Lexington High School we have the ability to do an initial evaluation of the injured athlete and give our medical recommendation of what you and your athlete should do. We also have the ability and equipment to rehabilitate most injuries.

What happens when my student athlete gets injured?

- First, your student athlete should be evaluated by one of the 3 certified athletic trainers on the sports medicine staff at LHS.
- Once evaluated, they will be treated for their injury and a decision will be made if they need to see a physician. If parent(s) are not present at the game or practice, you will be contacted ASAP by one of the athletic trainers for our recommendation.
- Treatment times in the LHS athletic training room are immediately after school and by appointment. All injured athletes are expected to report to the athletic training room immediately after school for treatment until cleared for participation. They should come dressed in shorts and t-shirt. After their treatment, all athletes will report to practice wearing the appropriate gear even if they cannot participate. All athletes are expected to be at practice even if injured if only for learning purposes.
- We will be working with physicians from both Midlands Orthopaedics & Neurosurgery and Palmetto Health USC Orthopedics. If necessary or requested, we will be able to assist you in scheduling you an appointment quickly and efficiently. However, if you already have a family physician or orthopedist you are comfortable with, we encourage you to continue using them. Please let us know if we can help you with scheduling any appointments, as we have many medical contacts in the midlands.

**AFTER ANY DOCTORS VISIT**: Athlete must bring a note of diagnosis from the treating physician with notes of any restrictions or (clearance note) for full release to return to play. The athlete will still need to be released by the Athletic Trainer after following return to play protocols.

My student athlete was injured during a team function, but did not report it to the LHS staff. What should I do?

If at all possible, contact a member of the sports medicine staff for a recommendation before going to the doctor. We may be able to save you an unnecessary trip to the emergency room or doctor’s office. If unable to contact any of the Athletic Trainers before visit:

- Please bring a note from the Physician of the diagnosis/ treatment plan and any other important paperwork from the Physician.
- Athletes may not be allowed to participate in practice or games without providing the Sports Medicine staff proper written documentation from the doctor.
- A Notification of Injury form will need to be completed for parents to utilize the District’s secondary insurance policy.
What kind of physician should my child see?

It depends on the medical issue that the athlete is dealing with. Please keep this in mind when making appointments for your children.

- Orthopedics is the branch of medicine concerned with diseases, injuries, and conditions of the musculoskeletal system -- relating to the body's muscles and skeleton, and including the joints, ligaments, tendons, and nerves. Orthopedists specialize in athletic injuries such as sprains, strains, spasms, etc.
- A family doctor is a physician whose practice is not oriented to a specific medical specialty such as sports medicine but instead covers a variety of general medical problems in patients of all ages. In addition to diagnosing and treating illness, they also provide preventive care, including routine checkups, health-risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle. Family physicians also manage other medical conditions, often coordinating care provided by other subspecialists

Does my student athlete have insurance provided by the school?

YES. All student athletes have insurance while they play sports for Lexington District One Schools. However, this is provided as a secondary insurance to help with any medical costs that your primary insurance may not pick up. **IT MAY NOT PAY ALL YOUR MEDICAL COSTS.** Remember, you sign an assumption of risk on your physical for Lexington School District One. Injuries will likely occur. Be prepared. If you do not have insurance, we recommend you purchase insurance somewhere while your student athlete participates in athletics. This is a school athletic insurance not a general athletic insurance and it covers school hours only.

How do I file the school insurance?

An insurance form must be filled out and must be signed by the sports medicine staff. It is very important that the sports medicine staff is notified immediately about the injury or the claim may be invalid or denied. This form is then given to you or sent home with athlete for you to fill out. Please take this form with you to the scheduled doctor’s appointment. Instructions to send itemized bills and notification of injury are included on the back of the form. The address is located in the top left corner of the notification of injury form. The insurance company will contact you to handle claims from there. Please return these to the insurance company as soon as possible to make sure your claim is handled as soon as possible. This needs to be completed within 90 days of the date of injury. Please keep a copy of the form for your records. The sports medicine staff is not responsible for filing claims; they are only responsible for filling out the forms. If you have any questions, please contact the sports medicine staff.

**Note to all student athletes and parents from the Sports Medicine Staff.**

**REQUIRED PHYSICAL:** Each student athlete is required to have a physical examination prior to any participation in any interscholastic sport, including workouts, conditioning, try-outs, practice, etc. It must be dated after April 1st. Sports physicals will be offered in the spring for the next school year for a minimal charge and serves as a fundraiser for the purchase of medical supplies to be used on student athletes here at LHS. If you choose not to attend these sessions, you will be responsible for obtaining a physical before the athlete is allowed to participate.

1. HYDRATE (Additional info located on lexingtonwildcats.com under Sports Medicine)
   - Make sure you drink plenty of fluids the entire pre-season and in-season. Even when you are not thirsty, drink!
   - Stay away from tea, sodas, and energy drinks. Concentrate on drinking plenty of water and/ or sports drinks.

2. NUTRITION (Additional info located on lexingtonwildcats.com under Sports Medicine)
   - Always eat before practice but give yourself enough time to digest before participating in activity.
   - Eat breakfast, lunch and dinner. Do not skip a meal. Good nutrition is important for you to perform at your best.
   - Eat a well-balanced meal even when you are not practicing.

3. REPORT Any and ALL injuries or illnesses to the Sports Medicine Staff. We are here to help with all health related issues.

4. RETURN the Medical Information Sheet to the Sports Medicine Staff as soon as possible. This sheet will give us the information to contact you. So please make sure all phone numbers are up-to-date. This will insure that your son/daughter receives appropriate medical care in a timely fashion. If we are unable to contact you, these forms will provide all the information that the healthcare provider will need to proceed with the appropriate treatment of the athlete.

* (Additional medical information and resources located on lexingtonwildcats.com under Sports Medicine):
EDUCATION & ACKNOWLEDGEMENT

- A concussion fact sheet will be available in the pre-participation physical examination packet as a part of the education process of athletes and their parents. Before being allowed to participate, all Lexington High School student athletes and their parents must read the concussion fact sheet and sign the concussion awareness statement acknowledging that they have read and understand the information on the fact sheet and this management plan and understand their responsibility to report their injury and illnesses, including signs and symptoms of a concussion, to a staff athletic trainer.
- Staff athletic trainers and coaches will complete the CDC Concussion Course in accordance with SCHSL rules.
- When an athlete is concussed, an attempt to contact his/her parent will be made as soon as possible. Both parent and athlete should have further education in concussion management, including but not limited to the “Athlete Information” portion of the SCAT Form and/or individual advice from the athletic training staff on concussion signs, symptoms, and care.

EVALUATION

- Any athlete experiencing symptoms should report to the athletic training staff as soon as possible.
- Any athlete exhibiting signs, symptoms, or behaviors consistent with concussion shall be removed from athletic activities by an athletic trainer (or coach/referee in the absence of the athletic trainer) and evaluated by a medical staff member (staff athletic trainer or team physician) as soon as possible.
- A physical examination with a battery of neurological tests or a SCAT Assessment will be performed by a staff athletic trainer as soon as possible after the time of injury for any athlete exhibiting signs, symptoms, or behaviors consistent with concussion.
- A Lexington High School team physician or a physician of the parent’s choice that is trained in concussion management will evaluate all concussed athletes.
- A concussed athlete should regularly report to the athletic training room for assessment of symptoms (ideally each school day). The “Symptom Evaluation” portion of the SCAT document will be used to assess symptoms and the severity of those symptoms. Complete SCAT assessments may also be conducted periodically to monitor recovery.

RETURN TO PLAY

- No concussed athlete will return to play the same day.
- A physician trained in concussion management must give a concussed athlete medical clearance.
- Once a concussed athlete in asymptomatic, the athlete will undergo stepwise exertional testing over several days administered by the athletic training staff. Only upon successful completion of the stepwise testing and a physician’s written clearance, may the athlete return to play. (Day 1 – Light aerobic exercise, Day 2 – Moderate aerobic exercise, Day 3 – Heavy non-contact activity, Day 4 – Sports Specific Practice, Day 5 – Full contact practice, Day 6 – Return to competition)
- In the event that a symptomatic athlete is cleared by a physician, the LHS athlete will not return to play until the stepwise return to play protocol outlined in the consensus statement is followed and passed.

OTHER CONSIDERATIONS

- The school nurse will be notified as soon as possible by a staff athletic trainer of a concussed athlete. The athletic trainer, school nurse or designated individual will notify the athlete’s guidance counselor and a notification will be made to the athlete’s teachers and the administration. A concussion fact sheet and/or a list of classroom accommodations granted by the treating physician will be provided as necessary.

This plan will be reviewed annually by the LHS Concussion Policy Team, which may consist of the athletic training staff, the principal (or his designee), athletic director, school nurse, and team physician.
WHAT IS A CONCUSSION?
A concussion is a brain injury that:
• Is caused by a blow to the head or body.
  – From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
• Can change the way your brain normally works.
• Can range from mild to severe.
• Presents itself differently for each athlete.
• Can occur during practice or competition in ANY sport.
• Can happen even if you do not lose consciousness.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can’t see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:
• Amnesia.
• Confusion.
• Headache.
• Loss of consciousness.
• Balance problems or dizziness.
• Double or fuzzy vision.
• Sensitivity to light or noise.
• Nausea (feeling that you might vomit).
• Feeling sluggish, foggy or groggy.
• Feeling unusually irritable.
• Concentration or memory problems (forgetting game plays, facts, meeting times).
• Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

HOW CAN I PREVENT A CONCUSSION?
Basic steps you can take to protect yourself from concussion:
• Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
• Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
• Follow your athletics department’s rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.
• Practice and perfect the skills of the sport.

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.
For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.
DO YOU KNOW YOUR STUDENT’S SICKLE CELL TRAIT STATUS?

If you know that your son or daughter is a carrier of the sickle cell trait, it is important that you document this information on his or her annual physical form (question #42 on the approved SCHSL physical form) and notify the head athletic trainer. While an athlete's status may not be a limiting factor for athletic participation, coaches and staff must be educated on how to handle potential emergencies should they arise.

For several years the NCAA has required athletes to show proof of sickle cell trait status. The SCHSL does not require student athletes to show proof, but we encourage parents to be certain when responding on the physical form. If you do not know your son or daughter’s sickle cell trait status there are several options available to obtain his or her status:

1) If your son or daughter was born in South Carolina from 1997 to the present, you can obtain his/her newborn screening results through DHEC at the following link:

http://www.scdhec.gov/Health/FHPF/LabCertificationServices/NewbornMetabolicScreening/NBSInformation/

   • If you can’t gain access via the link or have a question that isn't answered on the DHEC site email Roberta Bartholdi at barthork@dhec.sc.gov.

2) If your child was not born in the state of South Carolina or the above options failed, we recommend a blood test. Contact James R. Clark Sickle Cell Foundation as they sometimes offer free testing. Your child can also get tested at DHEC or through his or her pediatrician.

Please consider these options if you are unsure of your student-athlete’s sickle cell trait status.
**SICKLE CELL TRAIT**

**WHAT IS SICKLE CELL TRAIT?**

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

- During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle.”
- Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
- During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

**DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?**

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

- Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.
- Most U.S. states test at birth, but most athletes with sickle cell trait don’t know they have it.
- The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.
- Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

**HOW CAN I PREVENT A COLLAPSE?**

- Know your sickle cell trait status.
- Engage in a slow and gradual preseason conditioning regimen.
- Build up your intensity slowly while training.
- Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.
- Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit www.NCAA.org/health-safety
MRSA Concerns in the Athletic Environment: Recognition and Prevention

*Staphylococcus aureus* (Staph) are bacteria commonly found in the environment, and these bacterial may cause infections when the integrity of the skin is compromised. These bacteria are one of the most common causes of skin infections. Most are pimples or boils, and are treated without antibiotics. However, staph infections can cause serious infections.

Historically, most serious staph bacterial infections were treated with a certain type of antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics. These resistant bacteria are called *Methicillin-resistant Staphylococcus aureus*, or MRSA. Staph and MRSA infections are increasingly common in players of close contact sports.

The Center for Disease Control investigated clusters of community acquired MRSA skin infections and found them to be more prevalent among people in close proximity including: children, military recruits, athletes, and prisoners.

**Prevention is the key!** Steps to include are:
1. Ensure availability of adequate soap and hot water including for showering after practices and competitions. Encourage good hygiene among athletes;
2. Wear clean clothes to practice; and
3. No sharing personal items (towels, uniforms, or clothes)

To care for and prevent infections, the **National Athletic Trainers Association** and the **Center for Disease Control** recommend:
1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based hand sanitizer routinely.
2. Encourage immediate showering following activity.
3. Avoid whirlpools or common tubs with open wounds, scrapes or scratches.
4. Avoid sharing towels, razors, and daily athletic gear.
5. Properly wash athletic gear and towels after each use.
6. Maintain clean facilities and equipment.
7. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy.
8. Administer or seek proper first aid.
9. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
10. Care and cover skin lesions appropriately before participation.

You can prevent staph or MRSA infections by practicing good hygiene! Recognize wounds that are potentially infected and report skin lesions to your Athletic Trainer immediately.
The purpose of this document is to warn students and their parents of the possibility of serious injury or death while playing a contact sport.

Football is a contact sport and injuries will occur. Safety is the major concern of the Rules Committees of the National Federation of High School Associations and recent rule changes have reduced the number of serious injuries.

This document does not cover all potential injury possibilities in playing football, but it is an attempt to make the players and their parents aware that fundamentals and proper fitting equipment is important to their safety and enjoyment in playing football.

**TACKLING, BLOCKING, AND RUNNING THE BALL**

By rule, the helmet is not to be used as a “ram”. Initial contact is not to be made with the helmet. It is not possible to play the game safely or correctly without making contact with the helmet when properly blocking and tackling an opponent. Therefore, technique is most important to prevention on injuries.

Teaching and blocking techniques are basically the same. The player should always be in a position of balance, knees bent, back straight, body *SLIGHTLY* bent forward, *HEAD UP*, target area as near to the body as possible with the main contact being made with the shoulder.

Blocking and tackling by not putting the helmet as close to the body as possible could result in shoulder injury such as a separation or a pinched nerve in the neck area. The reason for following the safety rules in making contact with the upper body and helmet is that improper body alignment can put the spinal column in a vulnerable position for injury.

If the head is bent downward, the cervical (neck) vertebrae are in a bind and contact on the TOP OF THE HELMET could result in a dislocation, nerve damage, paralysis or even death. If the back is not straight, the thoracic (mid-back) and lumbar vertebra are also vulnerable to injury with similar results if contact again is made to the TOP OF THE HELMET.

**BASIC CONTACT POSITION AND FUNDAMENTAL TECHNIQUE**

If the knees are not bent, the chance of knee injury is greatly increased. Fundamentally, a player should be in the proper hitting position at all times during live ball play. The injury could be anything from strained muscles, to ankle injuries, to serious knee injuries requiring surgery. The rules have made blocking below the waist (outside a two-yard by four-yard area next to the football illegal). Cleats have been restricted to no more than \( \frac{1}{2} \) inch to further help in preventing knee injuries. A runner with the ball, however, may be tackled around the legs.

In tackling, the rules prohibit initial contact with the helmet or grabbing the face mask or edge of the helmet. These restrictions were placed in the rules because of serious injuries resulting from non-compliance to these safety precautions. Initial helmet contact could result in a bruise, dislocation, broken bone, head injury, internal injury such as kidneys, spleen, bladder, etc. Grabbing the face mask or helmet edge could result in a neck injury which could be anything from a muscle strain to a dislocation, nerve injury, spinal damage causing paralysis or death.

The above information has been explained to me and I understand the possibility of serious injury or death as a result of playing a collision sport. I also understand the necessity of using the proper techniques while participating in the football program.
Too much caffeine? You do the math...

**Energy Products**
- 8 oz. can: 80–300 mg
- 16 oz. can: 160–450 mg
- 2 oz. shot: 200–500 mg

*These products are unregulated; caffeine content varies, and may contain other stimulants.

**Coffee**
- 16 oz. reg brew: 95–200 mg
- 16 oz. latte: 150 mg
- w/double shot: 200–350 mg

**Chocolate**
- 1 cup semisweet: 104 mg
- 9 milk chocolate kisses: 9 mg
- 29 choc. coffee beans: 336 mg

**Colas**
- 12 oz: 30–50 mg
- 20 oz: 50–85 mg
- 32 oz: 80–135 mg

Heavy caffeine use (500 mg) can negatively impact health and performance:
  - sleep interruption
  - irritability and anxiety
  - diminished performance
  - may result in a positive drug test

Sustained energy comes from food, hydration, rest and recovery!
### The G4G Guide: Foods and Beverages

<table>
<thead>
<tr>
<th>Tips to build a healthy plate</th>
<th>Eat Often</th>
<th>Eat Occasionally</th>
<th>Eat Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vegetables</strong></td>
<td>Fresh or frozen vegetables—grilled, steamed, or raw</td>
<td>Fresh or frozen fruit with added sugar/syrups</td>
<td>Deep-fried, tempura, or breaded vegetables</td>
</tr>
<tr>
<td>- Eat 3–4 cups non-starchy vegetables a day.</td>
<td>Leafy green salads with dark greens (spinach, arugula)</td>
<td>Canned fruit in light syrup</td>
<td>Vegetables in cheese or creamed vegetables</td>
</tr>
<tr>
<td>- See also Grains/Starches</td>
<td>Vegetables with small amounts of added Fats/Oils from the Yellow or Red column</td>
<td>Dried fruit (sulfured)</td>
<td>Salads/vegetables with large amounts of Fats/Oils or Protein from the Red column</td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td>Fresh fruit with minimal added sugar, fat, and/or acid</td>
<td>Fresh fruit with added sugar/syrups</td>
<td>Fresh fruit with cream</td>
</tr>
<tr>
<td>- Eat 2–2.5 cups of fruit a day.</td>
<td>Fruit canned in water or own juice</td>
<td>Canned fruit in light syrup</td>
<td>Frozen fruit with added sugars, fats, and/or acid</td>
</tr>
<tr>
<td>- Eat your fruit, don’t drink it</td>
<td>Dried fruit (unsulfured, without added sugar)</td>
<td>Dried fruit (sulfured)</td>
<td>Dried fruit with coatings (yogurt, chocolate, etc.)</td>
</tr>
<tr>
<td><strong>Grains/Starches</strong></td>
<td>Brown rice, wild rice, bulgur</td>
<td>White rice, couscous, pasta</td>
<td>Biscuits, croissants, full-fat muffins</td>
</tr>
<tr>
<td>- Choose 100% whole grain for at least half of all grain servings.</td>
<td>Oats, quinoa, barley</td>
<td>Grits, plain</td>
<td>Doughnuts, Danishes, pastries, sweetened breads</td>
</tr>
<tr>
<td>- Starchy vegetables such as potatoes and corn are included in this group.</td>
<td>Baked potato/sweet potato with skin (toppings from Green column)</td>
<td>Baked sweet-potato “fries”</td>
<td>Grains or pasta with cheese or cream sauce</td>
</tr>
<tr>
<td></td>
<td>Whole-grain pasta and couscous</td>
<td>Whole-grain cereals/granola with 11–18 grams sugar per serving</td>
<td>French fries (fried in oil)</td>
</tr>
<tr>
<td><strong>Protein</strong></td>
<td>Whole eggs</td>
<td>Whole eggs</td>
<td>White/sweet potatoes made or topped with moderate to large amounts of Fats/Oils from the Red column</td>
</tr>
<tr>
<td>- Vary your protein choices.</td>
<td>Chicken and turkey with skin</td>
<td>Chicken and turkey thighs and legs without skin</td>
<td>Processed cereals with more than 18g sugar per serving</td>
</tr>
<tr>
<td>- Include seafood/fish twice a week.</td>
<td>Ham, roast beef</td>
<td>Ham, roast beef</td>
<td>Deep-fried chips, most snack crackers</td>
</tr>
<tr>
<td>- Include beans for protein and fiber.</td>
<td>Processed chicken/turkey deli meats</td>
<td>Processed chicken/turkey sausage or bacon</td>
<td>Movie-style popcorn</td>
</tr>
<tr>
<td><strong>Fats/Oils</strong></td>
<td>Oils—olive, canola, safflower, sunflower, sesame, grapeseed</td>
<td>Oils—corn, peanut, vegetable</td>
<td>Fried meat, poultry, fish, seafood</td>
</tr>
<tr>
<td>- Choose healthy fats and oils.</td>
<td>Salad dressings made with these oils</td>
<td>Salad dressings made with these oils</td>
<td>Ground beef (standard or unspecified fat), fatty (marbled) cuts of red meat, beef ribs, corned beef</td>
</tr>
<tr>
<td></td>
<td>Nuts and seeds—raw, dry, roasted</td>
<td>Margarine/ spreads (trans-fat free, limited additives)</td>
<td>Cheeseburger</td>
</tr>
<tr>
<td></td>
<td>Natural nut butters—peanut, almond, hazelnut, soy</td>
<td>Peanut butter with added oils/fats</td>
<td>Pork sausage and bacon</td>
</tr>
<tr>
<td></td>
<td>Avocado</td>
<td>Gravy (made with water or low-fat milk)</td>
<td>Hot dogs, kielbasa, bratwurst</td>
</tr>
<tr>
<td><strong>Beverages</strong></td>
<td>Water (plain or carbonated)</td>
<td>Sports drinks</td>
<td>Fried tofu</td>
</tr>
<tr>
<td>- Choose water instead of sugary beverages.</td>
<td>Naturally flavored water (no artificial sweeteners)</td>
<td>100% fruit juice</td>
<td>Fried meat, poultry, fish, seafood</td>
</tr>
<tr>
<td>- For milk, see Dairy</td>
<td>Decaf tea and decaf coffee</td>
<td>Tea* and coffee**, plain or with small amounts of added sugar, cream, or milk</td>
<td>Ground beef (standard or unspecified fat), fatty (marbled) cuts of red meat, beef ribs, corned beef</td>
</tr>
<tr>
<td><strong>Dairy</strong></td>
<td>Herbal tea</td>
<td>Artificially sweetened beverages (diet or light sodas, teas, juices, many flavored waters)</td>
<td>Cheeseburger</td>
</tr>
<tr>
<td>- Compare sugar contents of yogurts.</td>
<td>100% vegetable juice</td>
<td>Milk (2% fat)</td>
<td>Pork sausage and bacon</td>
</tr>
<tr>
<td>- Some low-fat dairy products contain added flavors, stabilizers, sugar, or sodium; choose less-processed Green items when possible.</td>
<td>Milk, unsweetened (skim, 1%)</td>
<td>Flavored (vanilla, chocolate, etc.) and sweetened milk (skim, 1%, or 2%) and milk alternatives</td>
<td>Hot dogs, kielbasa, bratwurst</td>
</tr>
<tr>
<td></td>
<td>Milk alternatives (soy, almond, rice, coconut), unsweetened, with calcium and vitamin D added</td>
<td>Milk (2% fat)</td>
<td>Hot chocolate made with milk (skim, 1%, 2%)</td>
</tr>
<tr>
<td></td>
<td>Yogurt, plain (non-fat or low-fat)</td>
<td>Flavored yogurts, with added sugars or artificial sweeteners (non-fat or low-fat)</td>
<td>Cheese (full-fat)</td>
</tr>
<tr>
<td></td>
<td>Cottage cheese (non-fat or low-fat)</td>
<td>Yogurt, flavored, with added sugars or artificial sweeteners (non-fat or low-fat)</td>
<td>Cottage cheese (full-fat)</td>
</tr>
<tr>
<td><strong>Beverages</strong></td>
<td>Milk, unsweetened (skim, 1%)</td>
<td>Milk (2% fat)</td>
<td>Cream, sour cream (full-fat)</td>
</tr>
<tr>
<td>- Compare sugar contents of yogurts.</td>
<td>Milk alternatives (soy, almond, rice, coconut), unsweetened, with calcium and vitamin D added</td>
<td>Flavored (vanilla, chocolate, etc.) and sweetened milk (skim, 1%, or 2%) and milk alternatives</td>
<td>Ice cream, milkshakes, gelato</td>
</tr>
<tr>
<td>- Some low-fat dairy products contain added flavors, stabilizers, sugar, or sodium; choose less-processed Green items when possible.</td>
<td>Yogurt, plain (non-fat or low-fat)</td>
<td>Hot chocolate made with milk (skim, 1%, 2%)</td>
<td>Pudding</td>
</tr>
<tr>
<td></td>
<td>Cottage cheese (non-fat or low-fat)</td>
<td>Cottage cheese (full-fat)</td>
<td>Cream cheese, sour cream (full-fat)</td>
</tr>
<tr>
<td><strong>Beverages</strong></td>
<td>Milk, unsweetened (skim, 1%)</td>
<td>Milk (2% fat)</td>
<td>Ice cream, milkshakes, gelato</td>
</tr>
<tr>
<td>- Compare sugar contents of yogurts.</td>
<td>Milk alternatives (soy, almond, rice, coconut), unsweetened, with calcium and vitamin D added</td>
<td>Flavored (vanilla, chocolate, etc.) and sweetened milk (skim, 1%, or 2%) and milk alternatives</td>
<td>Pudding</td>
</tr>
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<td>- Some low-fat dairy products contain added flavors, stabilizers, sugar, or sodium; choose less-processed Green items when possible.</td>
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</tr>
</tbody>
</table>

* For more information on energy drinks, visit HPRC’s Dietary Supplements Classification System and read about Energy Drinks. **Contain caffeine.

For more information about Go for Green visit [hprc-online.org/nutrition/go-for-green](http://hprc-online.org/nutrition/go-for-green).