Below are some treatment guidelines that suggest MINIMUM TREATMENT before return to wrestling:

**Bacterial Diseases (impetigo, boils):** To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, MRSA (Methicillin Resistant Staphylococcus Aureus) should be considered.

**Herpetic Lesions (Genital herpes, fever blisters/cold sores, Zoster, Gladiatorum):** To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

**Tinea Lesions (ringworm on scalp or skin):** Oral or topical treatment for 72 hours on skin and oral treatment for 14 days on scalp.

**Scabies, Head Lice:** 24 hours after appropriate topical management.

**Conjunctivitis (Pink Eye):** 24 hours of topical or oral medication and no discharge.

**Molluscum Contagiosum:** Upon treatment with curette and hyfrecator, may cover with bioocclusive and wrestle immediately.