

BRUNSWICK HIGH SCHOOL ATHLETIC EVENT **EMERGENCY ACTION PLAN**

Brunswick High School

101 Cummings Drive Brunswick, MD 21716

(240) 236-8600

Brenna Allen (Athletic Trainer)

Mike O'Brien "OB" (Athletic Director)

The following procedures are to be implemented in the event of an emergency while on the campus of Brunswick High School. All coaches should be familiar with this document and their role and responsibility in an emergency. Any questions should be directed to the head athletic trainer (or school administrator, in the absence of a licensed athletic trainer).

An *emergency* is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.

Situations when 911 should be called are:

- an athlete is not breathing
- an athlete has lost consciousness
- it is suspected that an athlete may have a neck or back injury
- an athlete has an open fracture (bone has punctured through the skin)
- severe heat exhaustion or suspected heat stroke
- severe bleeding that cannot be stopped

Emergency Personnel

This team of individuals will carry out various roles in the event of an emergency.

- Team Physician/Orthopedic (Football games)
- Certified Athletic Trainer
- Coaches
- Athletic Director
- Administrators
- Security

The highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. That person is responsible for deciding whether or

not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives.

Immediate Care of Injured/Ill Individual

At all home contests, the Certified Athletic Trainer will be in charge of the direct care of the involved individual with the exception of home football games, in which the Team Physician present may assume that role. The Certified Athletic Trainer is present at the majority of practices, however, not all. In these situations, the Head Coach will act as the First Responder and fulfill the role of immediate care. Whatever the situation, the Certified Athletic Trainer or First Responder will dictate all other duties to those assisting.

Emergency Equipment

First Aid Kit	Kit must be with team at all practices and games
AED #1	Outside Main office
AED #2	Main/New Gym
AED #3	Stadium Press Box
AED #4	Baseball Concession Stand
AED #5	Bobcat/ Athletic Trainer
AED #6	Softball Shed (Spring) / Football Shed (Fall)

Activation of EMS

The Certified Athletic Trainer or First Responder will determine whether or not to activate EMS. When this determination is made, he/she will assign the duty to call EMS to another individual (assistant coach, administrator, etc). If neither the athletic trainer nor a first responder is present, the coach is responsible for activating EMS.

When making the call:

1. Remain calm
2. Speak clearly: Identify yourself and the location (be specific and give them the address)
3. Relay all details of the injury/illness as given to you by the Certified Athletic Trainer or First Responder. If it is a cardiac emergency, be sure to specify this to the operator.
4. Remain on the line until the operator instructs otherwise

The parents or guardians MUST be notified if not present at the contest. This may be performed by the same individual making the EMS call or another depending on availability of personnel. If it is a life-threatening situation, the parents may be called after activating EMS. If it is not life-threatening, the parents will be contacted prior to activating EMS.

Directing EMS

Once EMS has been activated, the Certified Athletic Trainer or First Responder will designate someone to meet the rescue squad to the injured/ill individual. This may be the same individual who made the phone call, depending on available staff. This person will also be responsible for opening up any gates or doors necessary to give the EMS rescue squad access to the field/court/etc.

Location EAP:

Auxiliary Gym

Emergency Personnel: ATC will be available during most practices and on site for most home contests.

Emergency Communication: ATC will have a cellular phone (919-995-1469) during all practices and events. Coaching staff will have at least one cell phone on field during all practices.

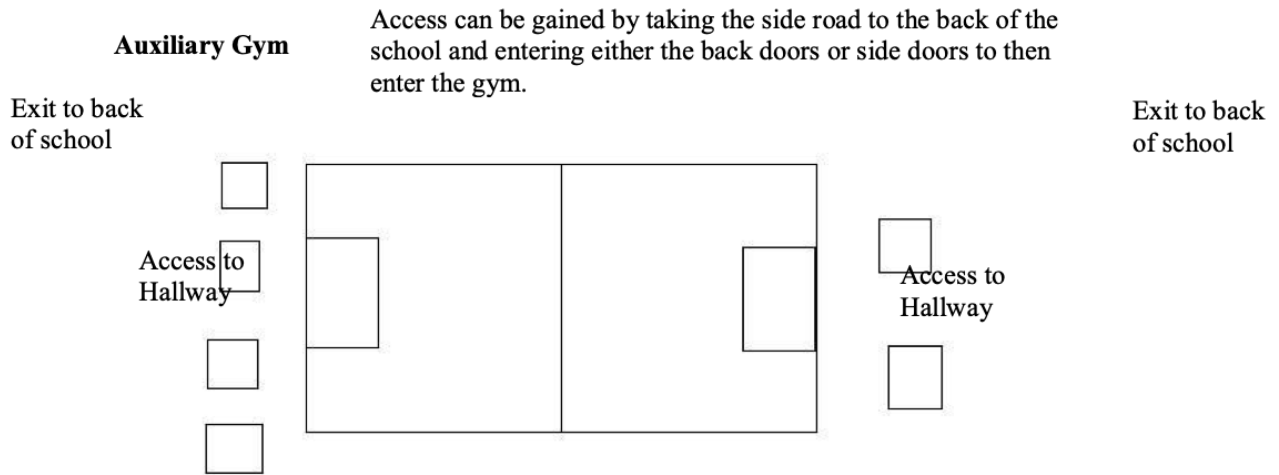
Emergency Equipment: Emergency equipment will be on the gator, including medical kit and AED. Secondary AED is located next to the AD's office in the Main Gym. Team medical kit is to be kept on the sideline during all practices and contests.

Roles of 1st Responders:

1. Primary survey of scene and injured athlete(s)
2. Activation of EMS
 - Follow Brunswick High School Emergency Protocol
3. Retrieve emergency equipment
4. Direction of EMS to injured athlete(s)
 - Open appropriate doors (**FCPS Swipe Card and E Key 54-GM**)
 - Designate one individual to meet EMS and direct them to the scene
 - Crowd control: limit access to the injured athlete(s) to ATC, one coach, and EMS

Venue Directions:

Access can be gained by taking the side road to the back of the school and entering the back doors or the side doors to then enter the auxiliary gym. (**E Key 54-GM**)



Main Gym

Emergency Personnel: ATC will be available during most practices and on site for most home contests.

Emergency Communication: ATC will have a cellular phone (919-995-1469) during all practices and events. Coaching staff will have at least one cell phone on field during all practices.

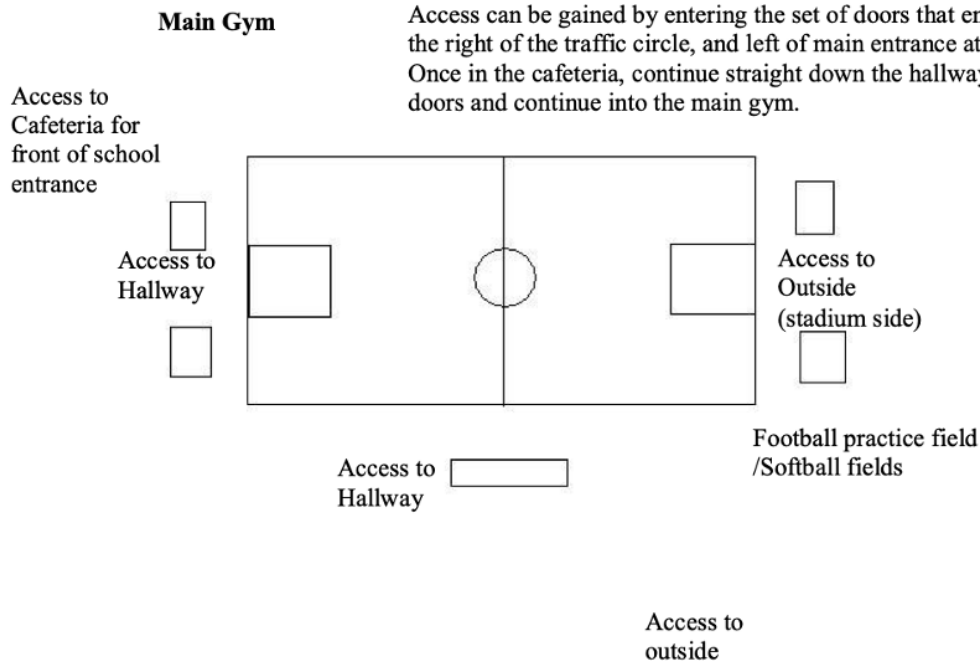
Emergency Equipment: Emergency equipment will be on the gator, including medical kit and AED. Secondary AED is located next to the AD's office in the Main Gym. Team medical kit is to be kept on the sideline during all practices and contests.

Roles of 1st Responders:

1. Primary survey of scene and injured athlete(s)
2. Activation of EMS
 - Follow Brunswick High School Emergency Protocol
3. Retrieve emergency equipment
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 - Open appropriate doors (**FCPS Swipe Card and E Key 54-GM**)
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Venue Directions:

Access can be gained by taking the side road to the back of the school and entering the back doors or the side doors to then enter the auxiliary gym. (**E Key 54-GM**)



Field Hockey/ Practice Fields

Emergency Personnel: ATC will be available during most practices and on site for most home contests.

Emergency Communication: ATC will have a cellular phone (919-995-1469) during all practices and events. Coaching staff will have at least one cell phone on field during all practices.

Emergency Equipment: Emergency equipment will be on the gator, including medical kit and AED. Secondary AED is located next to the AD's office in the Main Gym. Team medical kit is to be kept on the sideline during all practices and contests.

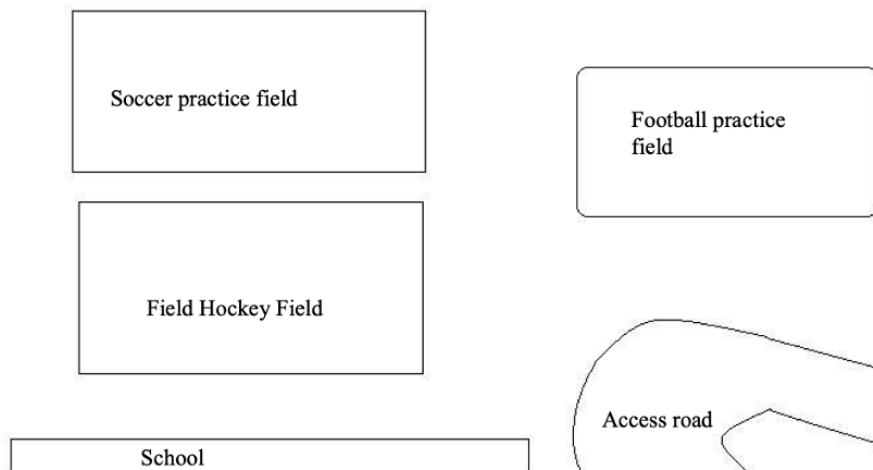
Roles of 1st Responders:

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 - Follow Brunswick High School Emergency Protocol
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 - Open appropriate doors (**FCPS Swipe Card and E Key 54-GM**)
 - Designate one individual to meet EMS and direct them to the scene
 - Crowd control: limit access to the injured athlete(s) to ATC, one coach, and EMS

Venue Directions:

Access can be gained by taking the access road to the back of the school and driving onto the fields directly behind the school

Field Hockey/ Practice Fields



Football Practice/ Tennis/ Soccer Fields

Emergency Personnel: ATC will be available during most practices and on site for most home contests.

Emergency Communication: ATC will have a cellular phone (919-995-1469) during all practices and events. Coaching staff will have at least one cell phone on field during all practices.

Emergency Equipment: Emergency equipment will be on the gator, including medical kit and AED. Secondary AED is located in the football shed. Team medical kit is to be kept on the sideline during all practices and contests.

Roles of 1st Responders:

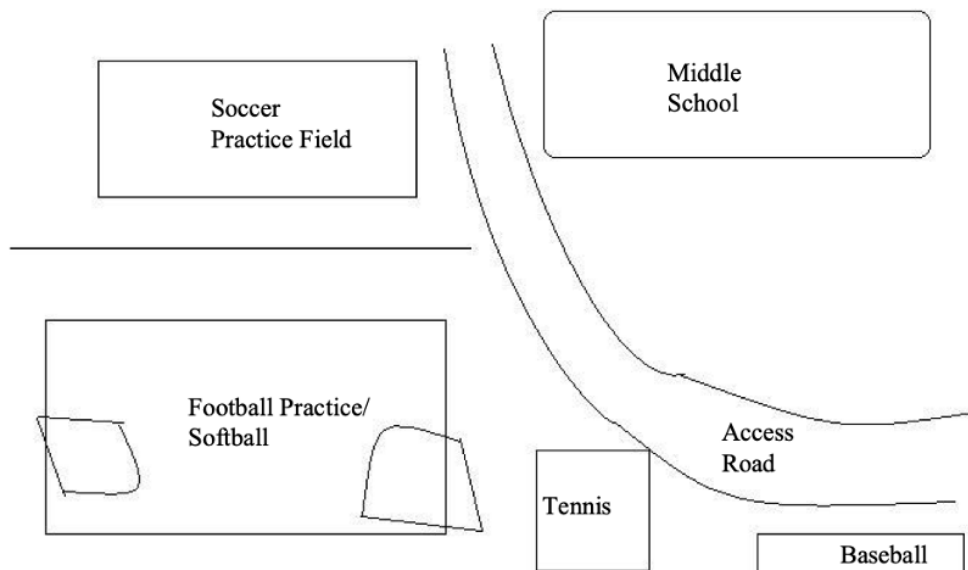
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 - Open appropriate doors (**FCPS Swipe Card and E Key 54-GM**)
 - Designate one individual to meet EMS and direct them to the scene
 - Crowd control: limit access to the injured athlete(s) to ATC, one coach, and EMS

Venue Directions:

Access can be gained by taking the middle school and driving down the hill at far end of parking lot to the practice field and to all the other or entering grass path by the tennis courts to directly access the fields.

**Football Practice/
Tennis/ Soccer Practice**

Access can be gained by taking the road to the middle school and driving down the hill at far end of parking lot to the practice field and to all other fields or entering grass path by the tennis courts to directly access the fields.



Stadium

Emergency Personnel: ATC will be available during most practices and on site for most home contests.

Emergency Communication: ATC will have a cellular phone (919-995-1469) during all practices and events. Coaching staff will have at least one cell phone on field during all practices.

Emergency Equipment: Emergency equipment will be on the gator, including medical kit and AED. Secondary AED is located in the PA box. Team medical kit is to be kept on the sideline during all practices and contests.

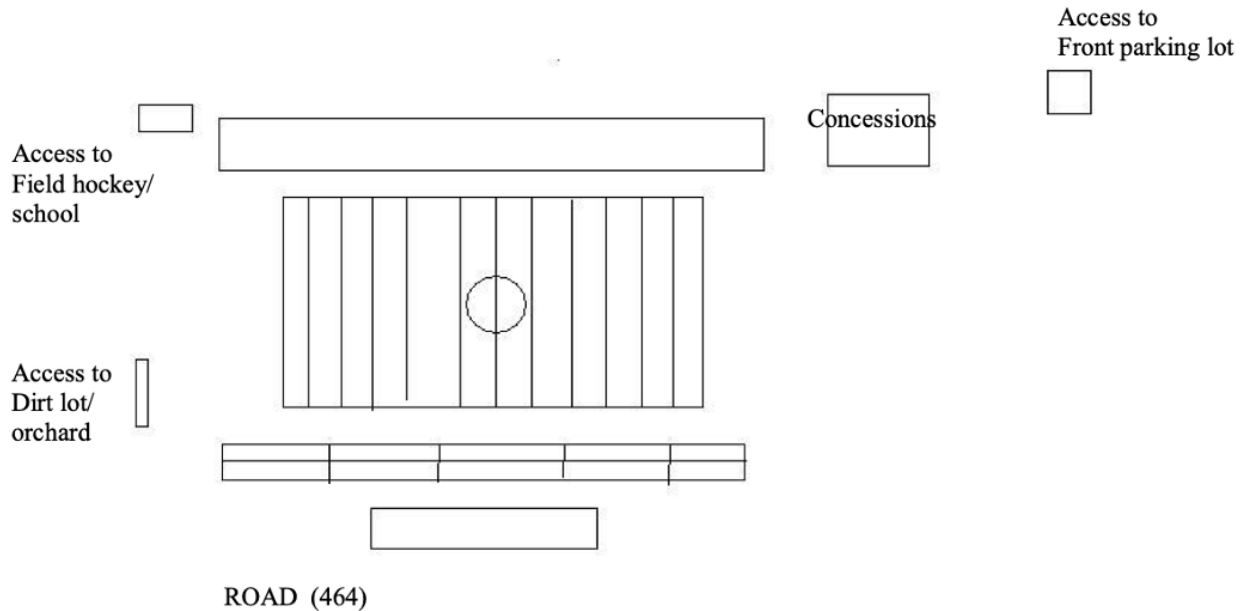
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2. Activation of EMS
 - Follow Brunswick High School Emergency Protocol
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 - Open appropriate doors (**FCPS Swipe Card and E Key 54-GM**)
 - Designate one individual to meet EMS and direct them to the scene
 - Crowd control: limit access to the injured athlete(s) to ATC, one coach, and EMS

Venue Directions:

Access can be gained by turning down the dirt road in the orchard off of 464 and continue through gate directly onto the track or field.

Stadium Access can be gained by turning down the dirt road in the orchard off of 464 and continue through gate directly onto the track or field.



Baseball

Emergency Personnel: ATC will be available during most practices and on site for most home contests.

Emergency Communication: ATC will have a cellular phone (919-995-1469) during all practices and events. Coaching staff will have at least one cell phone on field during all practices.

Emergency Equipment: Emergency equipment will be on the gator, including medical kit and AED. Secondary AED is located in the PA box. Team medical kit is to be kept on the sideline during all practices and contests.

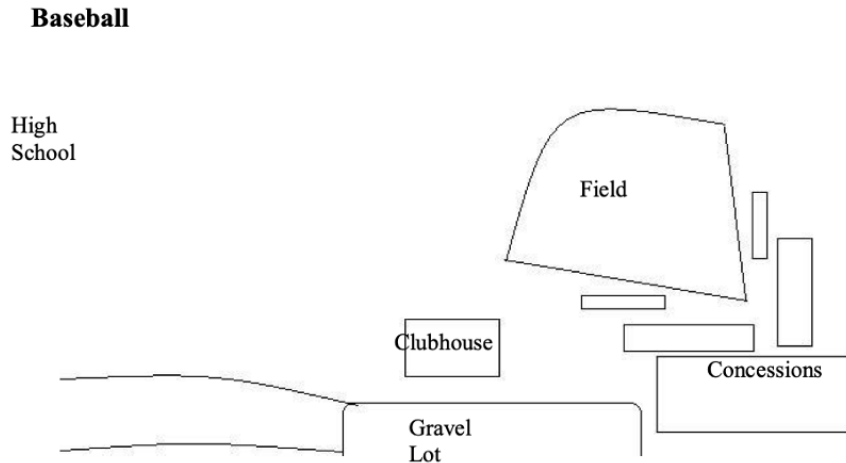
Roles of 1st Responders:

1. Primary survey of scene and injured athlete(s)
2. Activation of EMS
 - Follow Brunswick High School Emergency Protocol
3. Retrieve emergency equipment
4. Direction of EMS to injured athlete(s)
 - Open appropriate doors (**FCPS Swipe Card and E Key 54-GM**)
 - Designate one individual to meet EMS and direct them to the scene
 - Crowd control: limit access to the injured athlete(s) to ATC, one coach, and EMS

Venue Directions:

Access can be gained by pulling into the gravel lot or gaining direct access onto the field

Access can be gained by pulling into gravel lot or gaining direct access onto the field.



Supervision of Athletes

While attending to the injured/ill individual, a member of the coaching staff must supervise those athletes not involved. If at practice, an assistant coach must remove the other athletes from the immediate area. If at a game, an assistant coach will bring the team to the bench and an administrator or security must assist in crowd control.

Concussions

If the athletic trainer is present at the time of injury, he/she is responsible for completing the concussion evaluation and determining whether EMS needs to be called. The athletic trainer will also notify the athlete's parent(s) and given them the proper paperwork. If the athletic trainer is not present at the time of injury, the coach is responsible for completing the symptom checklist, determining if EMS needs to be called, notifying the athlete's parent(s), and giving them the proper paper. If the athlete loses consciousness for any amount of time, EMS should be called. For more information reference the "FCPS Management of Sport-Related Concussions" document.

EAP Step-wise Summary

STEP 1: CHECK THE SCENE

Examine the victim for level of consciousness, ABCs (Airway, Breathing, and Circulation), and type of injury. Examine the surrounding scene for safety. Activate EMS (Step 2) if warranted.

STEP 2: CALL 9-1-1

Identify yourself and location. Describe the victim(s)'s level of consciousness and injury/condition. Do NOT hang up until instructed to do so. Once EMS has been called, the victim's parents must be called as soon as possible. Someone needs to be sent to help direct EMS.

STEP 3: PROVIDE CARE

Perform first aid, CPR, and retrieve & administer AED as needed.

STEP 4: LET EMS TAKE OVER

When the Rescue Squad arrives, describe what happened and the resulting injuries/conditions.

*Do not forget to notify the athletic trainer if he/she is not present.

ENVIRONMENTAL COLD INJURY PROTOCOL

The first step is identifying the condition. If the ATC is not present, a coach or administrator should contact him/her immediately in order to assess the level of severity. The primary goals of treating any environmental cold injury are to increase core temperature, remove any wet or cold clothing and minimize risk of systemic shock. The following protocols will be implemented in the event of a heat illness at the time the ATC arrives. If the ATC is not present, the coach or administrator is responsible for determining severity. It is important to understand that the weather is not the only factor in the susceptibility of a heat illness. Adequate hydration plays a major role in preventing heat illness.

Preparation:

1. Coaches and medical staff should identify and be aware of any athletes who present with known risk factors for cold injury (i.e. low fitness level, anorexia, Raynaud syndrome, asthma).
2. Temperature should be assessed prior to activity to determine whether the environment is safe for practice. Determine requirements pertaining to activity intensity, clothing and equipment.
3. Identify warm, dry areas for athletes to passively rewarm, recover, or receive treatment.
4. Provide warm fluids.

Signs and Symptoms of Environmental Cold Injury:**Hypothermia (mild):**

- Core temperature 98.6-95 degrees F
- Lethargy
- Vigorous shivering
- Impaired fine motor control

- Paleness
- Bloody nose
- Normal blood pressure

Hypothermia (moderate)

- Core temperature 94-90 degrees F
- Depressed respiration and pulse
- Turning blue
- Cessation of shivering
- Impaired mental function
- Slurred speech
- Loss of consciousness
- Muscle rigidity
- Dilated pupils
- Blood pressure decreased or difficult to measure *Hypothermia (severe)*

- Core temperature below 90 degrees F
- Rigidity
- Bradycardia
- Severely depressed respiration
- Cardiac arrest
- Usually comatose *Frostbite (mild)*

- Dry, waxy skin
- Swelling
- Tingling or burning sensation
- Skin contains white or blue-gray colored patches
- Affected areas feel cold and firm to the touch
- Limited movement

Frostbite (deep)

- Skin is hard and cold, may be waxy and immobile
- Skin color is white, gray, black, or purple
- Burning aching, throbbing, or shooting pain
- Poor circulation
- Hemorrhagic blistering

Chilblain

- Red lesions
- Swelling
- Increased temperature
- Tenderness

- Itching, numbness, burning, or tingling
- Skin necrosis

Immersion (Trench) Foot

- Burning, tingling, or itching
- Loss of sensation
- Blotchy skin
- Swelling
- Pain
- Blisters

Environmental Cold Injury Protocol:

Hypothermia

1. Assess level of illness (if thermometer is available take athlete's temperature)
2. Move athlete to a warmer location – rest him or her in a comfortable position. Remove any cold or wet clothing, insulate with warm, dry blankets or clothing.
3. When applying heat, apply ONLY to the chest, groin, and axilla. DO NOT apply to extremities.
4. Administer warm fluids.
5. Monitor athlete closely for any changes in status.
6. Instruct on 24 hr care.

Frostbite

1. Assess level of illness (if thermometer is available take athlete's temperature)
2. Move athlete to a warmer location – rest him or her in a comfortable position. Remove any cold or wet clothing.
3. Rewarming must be performed SLOWLY. This can be accomplished at room temperature or by placing the affected tissue against another person's warm skin. If rewarming cannot take place, protect tissue from any further damage. Once the tissue has been rewarmed, it is imperative that refreezing does not occur. If the possibility of refreezing exists, postpone rewarming.
4. In the event of deep frostbite, the affected tissue should be immersed in a warm (98-104 degrees F) water bath.
5. Administer warm fluids.
6. Avoid applying friction massage to tissues.
7. Monitor athlete closely for any changes in status.
8. Instruct on 24 hr care

Chilblain

1. Assess level of illness (if thermometer is available take athlete's temperature)

2. Move athlete to a warmer location – rest him or her in a comfortable position. Remove any cold or wet clothing, insulate with warm, dry blankets or clothing.
3. Do not disturb blisters, apply friction massage, apply creams or lotions, use high levels of heat, or allow weight bearing on the affected area.
4. Administer warm fluids.
5. Monitor athlete closely for any changes in status.
6. Instruct on 24 hr care.

Immersion (Trench) Foot

1. Thoroughly clean and dry the feet.
2. Treat the area by applying warm packs or soaking in warm water for about 5 minutes.
3. Replace with dry, warm socks.
4. Monitor athlete closely for any changes in status.
5. Instruct on 24 hr care.

HEAT ACCLIMATIZATION AND HEAT ILLNESS CARE PROTOCOL

The first step is identifying the condition. If the ATC is not present, a coach or administrator should contact him/her immediately in order to assess the level of severity. The primary goals of any heat illness are to decrease core temperature, administer fluids to aid in thermoregulation, and minimize risk of systemic shock. The following protocols will be implemented in the event of a heat illness at the time the ATC arrives. If the ATC is not present, the coach or administrator is responsible for determining severity. It is important to understand that the weather is not the only factor in the susceptibility of a heat illness. Adequate hydration plays a major role in preventing heat illness.

Preparation:

1. Coaches should complete National Federation of State High School Associations (NFHS) online course entitled, “A Guide to Heat Acclimatization and Heat Illness Prevention.”
2. Relative humidity and temperature should be assessed with a heat index monitor to determine whether the environment is safe for practice.
3. Coolers should be prepared with ice and pre-made ice bags. A large tub should be 2/3 full of water.
4. Water should be readily available for athletes. Frequent water breaks should be allotted into practice, especially on hot days.

Acclimatization Guidelines:

- On single-practice days, one walk-through is permitted.
- Double practice days (beginning no earlier than practice day 6) must be followed by a single-practice day or rest day. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.

- All practices and walk-through sessions must be separated by at least three hours of continuous rest.
- If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe, but total practice time should not exceed its limitations.
- Equipment Restrictions

❖ **Football**

- Practice days 1 and 2 – Helmets only, and shorts/t-shirts
- Practice days 3 through 5 – Helmets and shoulder pads only. Contact with blocking sleds and tackling dummies may be initiated.
- Beginning practice day 6 – Full protective equipment and full contact may begin

❖ **Field Hockey**

- Practice days 1 and 2 – Goalies in helmet and goalie kickers, athletes may wear shin guards, goggles and mouth pieces
- Practice days 3 through 5 – Goalies in helmet, chest protection and goalie kickers
- Beginning practice day 6 – Full protective equipment may be worn

❖ **Soccer** – Shin guards and goalie gloves can be worn beginning day 1

❖ **Volleyball** – Knee pads may be worn beginning day 1

○ The heat-acclimatization period is designed for students on an individual basis. Days in which athletes do not practice due to a scheduled rest day, injury, illness or other reasons do not count towards the heat-acclimatization period.

• **Practice Days 1-5**

- School teams shall conduct all practices within the general guidelines above as well as the following guidelines for practice days 1-5.
- School teams are limited to one practice per day not to exceed three hours in length.
- One walk-through session is permitted per day no longer than 1 hour in duration.

• **Practice Days 6-14**

- School teams shall conduct all practices within the general guidelines above as well as the following guidelines for practice days 6-14.
- Total practice and walk-through time per day should be limited to five hours with no single session longer than three hours in duration.
- School teams may participate in full contact practices with all protective equipment worn.

• **Scrimmages** – May occur on Day 7 or after. Scrimmages must meet the practice requirements for time. No scrimmage should exceed the time limit of a practice.

Heat Illness Protocol:

Heat Cramps

1. Assess level of illness (if thermometer is available take athlete's temperature)
2. Move athlete to a cooler location – rest him or her in a comfortable position
3. Administer cool fluids every 15 minutes, apply ice bags to armpits/neck as necessary
4. Remove or loosen tight clothing or athletic equipment
5. Begin gentle stretching of affected areas
6. Monitor athlete closely for any changes in status
7. Instruct on 24 hr care

Heat Exhaustion

1. Assess level of illness (if thermometer is available take athlete's temperature)
2. Move athlete to a cooler location – rest him or her in a comfortable position, lying down with feet elevated if possible
3. Administer cool fluids every 15 minutes
4. Remove or loosen tight clothing or athletic equipment and apply cool/wet towels or sheets if fan is available or ice packs to neck, armpits, groin, wrists
5. If no improvement, submerge athlete in ice tub outside on football practice field.
6. Monitor athlete closely for any changes in status and monitor ABC's
7. **Call 9-1-1 or the local emergency number if the person refuses water, vomits or loses consciousness (See the Emergency Action Plan)**
8. Based on level of severity, determine practice status in following sessions that day
9. Instruct on 24 hr care
10. Athlete must check in with ATC the following day prior to any activity for re- evaluation

Heat Stroke

1. Assess level of illness (if thermometer is available take athlete's temperature)
2. Check ABC's
 1. Airway – make sure the person's airway is clear and not obstructed
 2. Breathing – make sure the person's chest is rising and falling to indicate breathing

3. Circulation – check pulse - carotid, distal radial
3. **Call 9-1-1 or your local EMS number immediately (See the Emergency Action Plan)**
4. Move the athlete to a cooler location – rest him or her in a supine position with feet elevated. If outdoors, move athlete to ice tub on the football practice field.
5. Quickly cool the body removing any athletic equipment, wrap wet sheets around the body and fan it (box or oscillating fan if available)
6. If you have ice packs or cold packs, place them on the athlete’s wrists and ankles, in the armpits, groin, and neck to cool the large blood vessels. Immerse athlete in tub of cool water if available. **HOLD ATHLETE** after placing in tub. The abrupt drop in body temperature can cause a loss of consciousness.
7. Administer cool fluids if athlete is conscious
8. Continue to monitor ABC’s and overall status
9. Keep the person lying down and wait for EMS to arrive

INCLEMENT WEATHER POLICY

Activity should be postponed or suspended if a thunderstorm appears imminent before or during an activity or contest, (regardless of whether lightning is seen or thunder is heard) until the hazard has passed (30 minutes minimum). Signs of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning activity.

- **Flash-to-Bang Method**
 - To use the flash-to-bang method, begin counting when sighting a lightning flash.
 - Counting is stopped when the associated bang (thunder) is heard.
 - Divide this count by five to determine the distance to the lightning flash (in miles).
 - For example, a flash-to-bang count of thirty seconds equates to a distance of six miles.
 - Note: Lightning has struck from as far away as 10 miles from the storm center.
- **Chain of Command during games**
 - Game officials are responsible for making the call to stop the contest and to remove individuals from the field.
 - In the event that a game official hesitates in making the decision to stop competition, the Certified Athletic Trainer and/or Athletics Administrator on-site will suggest stopping play.
- **Chain of Command during practices**
 - Head Coaches, Certified Athletic Trainer, or Athletics Administrators are responsible for making the call to stop practice and to remove individuals from the field.

- In the event that a coach hesitates in making a decision to stop practice, the Certified Athletic Trainer will suggest stopping practice.
- **Resuming competition and practice**
 - Once activities have been suspended, wait at least thirty minutes following the last sound of thunder or lightning flash prior to returning to or resuming an outdoor activity.
- **First Aid Procedures for Lightning Strike:** Observe the following basic first aid procedures in managing victims of a lightning strike:
 - Survey the scene for safety.
 - Activate the Emergency Action Plan.
 - If necessary, move the victim with care to a safer location as the victim is safe to touch
 - Evaluate airway, breathing, and circulation and begin CPR/administer AED if necessary
- **Safe Shelters**
 - Safe structure is defined as: any building normally occupied or frequently used by people (i.e. a building with plumbing and/or electrical wiring that acts to electrically ground the structure).
 - In the absence of a sturdy building, any vehicle with a hard metal roof and roll up windows can provide a measure of safety. It is important not to touch any part of the metal framework of the vehicle while inside it during a thunderstorm.
 - In the event that the decision is made to clear the fields, all athletes and spectators should be instructed to proceed to the nearest “safe structure or locations.”
 - Do not take shelter in an open field or near or under trees, flagpoles, or light poles.
 - Assume the lightning safe position (crouch on the ground, weight on the balls of the feet, feet together, head lowered and ears covered) for individuals who feel their hair stand on end, skin tingle, or hear “crackling” noises. Do not lie flat on the ground.

MEDICAL FACILITIES

Hospital/Emergency Room

Frederick Memorial Hospital
400 W. 7th St
Frederick, MD 21701
(240) 566-3300

Urgent Care

FMH Immediate Care
3430 Worthington Blvd
Frederick, MD 21704
(240) 566-7300

Advanced Urgent Care
5930 Frederick Xing Ln #101
Frederick, MD 21704
(240) 379-7776

UNI Urgent Care
1305 W 7th St
Frederick, MD 21702
(301) 228-3600

Westview Urgent Care
5100 Buckeystown Pike
Frederick, MD
(301) 682-8888

Jefferson Urgent Care
84 Somerset Blvd
Charles Town, WV
(304) 728-8533

Orthopedic Surgeons

Orthopedic Specialists of Frederick
52 Thomas Johnson Dr
Frederick, MD 21702
(301) 663-9573

Mid-Maryland Musculoskeletal
Institute (MMI)
86 Thomas Johnson Dr
Frederick, MD 21702
(301) 694-8311

Robinwood Orthopaedic Specialty
Center
187 Thomas Johnson Dr. Suite 1

Frederick, MD
(301) 378-9421

X-Ray

Community Radiology Associates
67 Thomas Johnson Dr
Frederick, MD 21702
(240) 566-1880

General Medical Doctors

Frederick Primary Care Associates-
Brunswick
610 9th Ave
Brunswick, MD
(301) 834-7188

The Pediatric Center
1475 Taney Ave #201
Frederick, MD 21702
(301) 662-0133

University Healthcare Physicians-
Harpers Ferry Fam. Med
171 Taylor St
Harpers Ferry, WV 25425
(304) 535-6343

Physical Therapy

Pivot Physical Therapy

Jefferson Crossing Shopping Center
46 Trifecta Place Ste. 104
Charles Town, WV 25414
304-728-9090

Westview Village Shopping Center
5100 Buckeystown Pike Ste. 158
Frederick, MD 21704
(301) 662-6790

141 Thomas Johnson Dr, Ste 180
Frederick, MD 21702
(301) 660-7478