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Brendon P. McDermott, Douglas J. Casa, Matthew S. Ganio, Rebecca M. Lopez, Susan W. Yeargin, Lawrence E. Armstrong, Carl M. Maresh (2009) Acute Whole-Body Cooling for Exercise-Induced Hyperthermia: A Systematic Review. Journal of Athletic Training: January/February 2009, Vol. 44, No. 1, pp. 84-93.

doi: 10.4085/1062-6050-44.1.84

Original Research

Acute Whole-Body Cooling for Exercise-Induced Hyperthermia: A Systematic Review

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Abstract

Objective: To assess existing original research addressing the efficiency of whole-body cooling modalities in the treatment of exertional hyperthermia.

Data Sources: During April 2007, we searched MEDLINE, EMBASE, Scopus, SportDiscus, CINAHL, and Cochrane Reviews databases as well as ProQuest for theses and dissertations to identify research studies evaluating whole-body cooling treatments without limits. Key words were cooling, cryotherapy, water immersion, cold-water immersion, ice-water immersion, icing, fanning, bath, baths, cooling modality, heat illness, heat illnesses, exertional heatstroke, exertional heat stroke, heat exhaustion, hyperthermia, hyperthermic, hyperpyrexia, exercise, exertion, running, football, military, runners, marathoner, physical activity, marathoning, soccer, and tennis.

Data Synthesis: Two independent reviewers graded each study on the Physiotherapy Evidence Database (PEDro) scale. Seven of 89 research articles met all inclusion criteria and a minimum score of 4 out of 10 on the PEDro scale.

Conclusions: After an extensive and critical review of the available research on whole-body cooling for the treatment of exertional hyperthermia, we concluded that ice-water immersion provides the most efficient cooling. Further research comparing whole-body cooling modalities is needed to identify other acceptable means. When ice-water immersion is not possible, continual dousing with water combined with fanning the patient is an alternative method until more advanced cooling means can be used. Until future investigators identify other acceptable whole-body cooling modalities for exercise-induced hyperthermia, ice-water immersion and cold-water immersion are the methods proven to have the fastest cooling rates.

Keywords: exertional heat illness, evidence-based practice, cryotherapy,

Volume 44, Issue 1 (January/February 2009)



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modalities

Brendon P. McDermott, MS, ATC, and Douglas J. Casa, PhD, ATC, FNATA, FACSM, contributed to conception and design; acquisition and analysis and interpretation of the data; and drafting, critical revision, and final approval of the article. Matthew S. Ganio, MS, and Rebecca M. Lopez, MS, ATC, contributed to conception and design; analysis and interpretation of the data; and drafting, critical revision, and final approval of the article. Susan W. Yeargin, PhD, ATC, contributed to acquisition and analysis and interpretation of the data and drafting, critical revision, and final approval of the article. Lawrence E. Armstrong, PhD, FACSM, and Carl M. Maresh, PhD, FACSM, contributed to acquisition and analysis and interpretation of the data and drafting, critical revision, and final approval of the article.

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Daniel Gagnon, Bruno B. Lemire, Douglas J. Casa, and Glen P. Kenny. (2010) Cold-Water Immersion and the Treatment of Hyperthermia: Using 38.6°C as a Safe Rectal Temperature Cooling Limit. *Journal of Athletic Training* **45**:5, 439-444 Online publication date: 1-Sep-2010.

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