

There is a different personality that permeates most of athletics. It is the theory, by athletes, that their injuries are not as serious as that of someone else. Therefore, you may have to 'educate' your athletic patient during your care of them.

For instance there are a number of good texts that allow anyone in EMS to fill in some of the blanks as far as care of athletic injuries but few cover the personalities of the athletes and the coaches. Always work for what is right for patient care. Do not expect that at the site of an acute injury, an athlete will recover any quicker than you or I from a concussion. If a wrestler has a nosebleed and goes back to the mat, the increase in blood pressure during competition may lead to more serious bleeding. If a player exits the field after spraining an ankle and asks to be "taped" to get back in the game and can not bear weight painlessly, then he will be removed from the game.

Great coaches take a step forward and do a neurological baseline to rule out problems as a result of a possible concussion during practice and play. It is simple and involves just a few questions that are answered early in the practice season, recorded on a card and kept for easy reference.

EMS care is the best the athlete has on game day aside from having a team sports physician on site with emergency medical experience. EMS can offer the best in triage and EMS is rarely swayed as to what is a life threat and what is not. The challenge occurs when EMS is confronted with allowing a player to return to play. Do what is right for the athlete and if there is pain, instability.....then no return.

Make certain you introduce yourself prior to gameplay. Find the coaches, trainers, student trainers and officials. Getting to know them will assist you greatly when it comes to an injury on the field.

Hydration is a great concern in any sport at any time of the year. As an example only and not promoting a product, let's take a quick look at Gatorade®.

Gatorade® notes that it helps the 'athlete' in 4 ways. 1- it stimulates rapid fluid absorption and does so by offering ~ 6% carbs and balanced salt. 2- it assists in rapid reabsorption of fluids to prevent dehydration and does so with sodium and is also non-caffeinated. 3- it provides carbs to the muscles for energy with the use of sucrose and glucose-fructose which is easy for the body to use. 4- it encourages the person to drink more fluid and does so with it's flavoring and balance of electrolytes.

One thought on a replacement drink, cut it 50/50 with distilled water if available or any water. Begin hydration at least 2-3 hours prior to game and continue during and after the game play.

1-2-3 Rule for concussions (credit to varied US university sports medical programs)

One concussion and the athlete is removed from the game

Two concussions and the he/she is out for the season

Three and the athlete should no longer play.

-for more on why #3 consult current research on 'second impact syndrome'

Grade 1- confused, no amnesia, no loc, post concussion HA maybe...

Grade 2- confusion w/ amnesia, no loc, examine for cranial s/s

Grade 3- there is loss of consciousness, transport to E.D.

Even more important to the EMS personnel on stand-by is asking if anyone has had a concussion. Good to know in case of injury.

A good mnemonic for head injury is "I Need My Very Special Head Protection"
(credit to US college sports medical program)

- I- impairment of consciousness, change in mental status, behavior change,
- N- nausea and also includes any vomiting and or persistence of both
- M- Motor activity check- decreased or unequal, posturing
- V- VITAL signs- changes to resp. pattern, increasing BP, decreasing pulse
- S- Seizures of any variety and any unusual or excessive muscular activity
- H- Headache, increasing or "worst ever"
- P Pupil integrity; equal or unequal; direct and indirect stimulation responses,

Cranial nerve checks also help in watching for neuro changes

EQUIPMENT:

Suggestions for sports stand-by are the use of vacuum splints or similar

Lots of athletic tape and underwrap if you are experienced in strapping.

-I would not recommend this if an athlete expects a professional athletic trainer 'tape' since it might be construed as "safe" to play.

Other notes: