

WELLNESS UPDATE 2000, #6

EXAMINING AN INJURED ATHLETE

The primary consideration when examining an injured athlete is to determine the extent and seriousness of the injury. If the injured athlete cannot be evaluated immediately by a medical professional, the coach needs to determine if the athlete needs medical attention or can safely return to participation. If it is determined the athlete needs medical care, arrangements should be made to safely and quickly transport them to that care. **IF THE ATHLETE HAS POSSIBLY SUFFERED A HEAD, NECK, SPINAL CORD, OR OTHER SERIOUS INJURY, DO NOT MOVE THEM UNTIL QUALIFIED EMERGENCY MEDICAL PERSONNEL ARE PRESENT!** If unsure as to whether the injured athlete needs examination by a medical professional before return to participation, have them examined prior to their return!

DO NOT MOVE ATHLETES WITH SUSPECTED HEAD, NECK, SPINAL CORD, OR OTHER SERIOUS INJURIES.

It is also important to take into account the athlete's pain threshold and degree of motivation to continue participation. Athletes with a relatively high pain threshold and a strong desire to play may try to mask the seriousness of the injury. This would be an excellent time to have the athlete perform a few functional tests to determine their ability to continue participation.

When an injury does occur, permit the most qualified person present to perform the evaluation. When evaluating an injury, **one should always work within the scope of their knowledge.** If you are not knowledgeable as to the symptoms being displayed or how to examine that particular injury, refer the athlete to someone with more knowledge. **If you are undecided as to whether the athlete needs further medical attention, get that attention for them. Don't allow an athlete to continue participating if you are unsure about the extent of the injury sustained.**

When examining an injured athlete, **always search for the most serious injury first. If a potentially serious injury is discovered, stop looking for less serious injuries and summon a medical professional for further evaluation.** If no medical professional is available, determine the safest method of transporting the athlete to professional help. Before transporting, ask the athlete if they have any other discomfort or pain in order to prevent overlooking another potentially serious injury.

DO NOT ALLOW AN ATHLETE TO CONTINUE PARTICIPATING IF YOU ARE UNSURE ABOUT THE EXTENT OF THE INJURY SUSTAINED.

It is important to have a "game plan" so the injury examination will be systematic and organized. The following is a logical sequence for the evaluation of an athletic injury.

Step 1: Observe the athlete. While moving to the athlete, look to see if they're moving. If so, are they "thrashing around" in a great deal of pain or simply trying to "work out" the injury? **Athletes who are not moving may have suffered a concussion or other serious head or neck injury.** Also, try to recall what you may have seen at the time of injury.

Step 2: Obtain a history of the injury. By talking to the athlete, **determine what happened, what hurts, what type of pain is being felt, what the athlete felt or heard when the injury occurred, and whether they have had this problem before.** This information will help you determine where to begin the evaluation and the possible seriousness of the injury. While obtaining the history, position yourself so you can observe the injured athlete's face and eyes. Their facial expression may give some clue as to the seriousness of the injury. If the athlete is lying down, kneel next to, but not across, their body. Kneeling across the body may aggravate existing injuries. **Keep the athlete in the position they were found until you are certain the injury is not serious.**

Step 3: Take time to carefully examine the athlete. Look for any deformity, bleeding, swelling, or discoloration. **Whenever possible, visually compare the injured body part with the uninjured part on the opposite side of the body.** This may help you distinguish between a possible injury and a normal anatomical difference in that particular athlete. **Examine bony areas first** and begin by looking for any obvious deformity. When physically examining the injured area with your hands, begin well away from it and gradually work toward the site of the injury. This will cause as little distress as possible for the athlete. **Always be as gentle as possible.**

After a fracture has been ruled out, begin checking for other injuries. Check for loss of muscle function and joint range of motion. Examine the injured area, as well as, the joints on both sides of the injury. **The greater the loss of function and range of motion, the greater the possibility of a serious injury.**

Step 4: Move the athlete only when you are certain it can be done safely. Do not let anyone rush you into moving the athlete. **DO NOT MOVE ATHLETES WITH SUSPECTED HEAD, NECK, SPINAL CORD, OR OTHER SERIOUS INJURIES.** If the injury does not appear to be serious, and if the athlete feels they are able to walk, help them up and assist them to the bench area. This allows you to stay close to the athlete for observation purposes and assistance. After the athlete has been escorted to the bench area have someone continue observing them. **Do not leave an injured player**

unattended while everyone's attention is turned back to the game or practice.

Any athlete who has been knocked unconscious should not be allowed to return to any participation, practice or competition, without a physician's written approval.

According to national high school playing rules, athletes who have been knocked unconscious during a contest, cannot return to that same contest without a physician's written permission.

ANY ATHLETE WHO HAS BEEN KNOCKED UNCONSCIOUS SHOULD NOT BE ALLOWED TO RETURN TO ANY PARTICIPATION, PRACTICE OR COMPETITION, WITHOUT A PHYSICIAN'S WRITTEN APPROVAL.

An athlete who has been dazed ("had their bell rung") should not return to participation as long as they have symptoms. These symptoms include headache, confusion, disorientation, slurred speech, lack of coordination, feeling nauseous, amnesia, abnormal pupils, or dizziness. **If one, or more, of these symptoms last more than 15 minutes, do not allow the athlete to return to any kind of participation without written approval from a physician.**

AN ATHLETE WHO HAS BEEN DAZED ("HAD THEIR BELL RUNG") SHOULD NOT RETURN TO PARTICIPATION AS LONG AS THEY HAVE SYMPTOMS.

Questions and comments about the evaluation and assessment of athletic injuries, or any other areas dealing with students' wellness, are welcome and encouraged. They should be directed to Alan Beste, LAT, Administrative Assistant at the Iowa High School Athletic Association. (515) 432-2011

Sources: Arnheim, Daniel, D. Modern Principles of Athletic Training, St. Louis:Times Mirror/Mosby College Publishing, 1989; Athletic Training and Sports Medicine, American Academy of Orthopaedic Surgeons, 1984; Bergeron, J. David. Coaches Guide to Sport Injuries, Human Kinetics, Champaign, IL, 1989; Blazina, Martin, E., M.D. "Developing a Proper Technique for Examining the Injured Athlete on the Football Field: An Outline for the Team Physician"; "Functional Testing of the Injured Athlete", The First Aider, Winter, 1990; Flegel, Melinda. Sport First Aid, Human Kinetics, Champaign, IL, 1997; High School Sports Injury Manual published by the Institute for Public and Private Sector Initiatives, B & B Printers, Gunnison, Inc., Gunnison, Colorado; Rice, Greg. "The Sprain and Strain Solution", Drug-Free Athletes, February, 1991; Speak, Reggie, A.T., C., Athletic Trainer for Bettendorf High School, Bettendorf, Iowa; Sports Medicine for Children and Youth, Ross Laboratories, Columbus, Ohio; Sullivan, George, A.T., C, Head Athletic Trainer for the University of Nebraska, Lincoln, Nebraska. "Field Decisions in Athletic Training"; Taylor, Buddy, A.T., C., Head Athletic Trainer for Winston-Salem State University, North Carolina. "Pain and What to Do About It", Scholastic Coach, September, 1988. 9/00