

Approach to the Injured Player

The A's and B's of evaluation and
disposition

Objectives

- The objectives of this program are to provide LV coaches with
 - A simple, uniform method of assessing players with injuries (the A's)
 - A simple and uniform method of deciding whether an injured player
 - Can return to the game after RICE
 - Should be taken to the emergency department by his parents
 - Should not be moved and evacuated from the field by skilled EMS personnel

Overview

- Method of gathering information
- Method of disposition
- Consists of 5 A's
 - **A**ccommodate the position of the player
 - **A**sk the player about his injury
 - **A**ssess the player in general (primary assessment)
 - **A**ssess the player's injury in detail (secondary assessment)
 - **A**ct

Evaluating the Injured Player

- **Accommodate** the position of the player
 - Do not move the player if he is laying on the field until the primary assessment is complete.
 - If the player comes to you on the sideline, do not move an injured extremity or other body part until the secondary assessment is complete
- **Ask** the player
 - What happened (mechanism of injury)?
 - What hurts?
 - Where does it hurt?

Evaluating the Injured Player

Primary Assessment

- **Assess** the player in general (primary assessment)-Prior to moving the player
 - **Brain**
 - Is the player unconscious?
 - Has the player answered your questions appropriately?
 - Does the player seem confused or distracted?
 - Does the player complain of feeling dizzy, headache?

Evaluating the Injured Player

Primary Assessment

- **Back (neck)**

- Does the player complain of neck or back pain?
- Where is the pain?
- Does the player complain of tingling, “pins and needles” or weakness of an extremity?

- **Breathing**

- Is the player having trouble breathing?
- Is the player able to talk?
- Does his voice sound normal?

- **Belly**

- Does the player complain of belly pain? If so, where?

Evaluating the Injured Player

Secondary Assessment

- **Assess the area of injury**
 - **Blood**
 - Is there visible blood?
 - If so, how badly is it bleeding?
 - **Bone (extremity injury)**
 - Where does it hurt?
 - Is there visible deformity?
 - How extensive is the injury?
 - Localized versus diffuse
 - Change in color distal (away from the heart) to the injury
 - Change in sensation or strength

Managing the Injured Player Act

- As a coach, there are 3 things that you can do:
 - Call 911 and wait for EMS
 - Remove the player from the game immediately and send to the ER with parents
 - Apply RICE and re-evaluate after 10 minutes
 - Return to game
 - Send to ER with parents
- You are never wrong to call 911 or to send a player to the ED.

Call 911 and DO NOT MOVE

- **Brain**

- Player is unconscious or was unconscious and is confused at the time of primary assessment

- **Back (neck)**

- Twisting or flexion/extension injury of the neck with
 - Pain along the cervical spine (vertebrae of the neck) OR
 - Tingling, weakness, “pins and needles” of an extremity OR
 - Inability to rotate head beyond 45° from neutral position (assumes no pain or extremity findings).
- Twisting or flexion injury of the back
 - Pain along the spine OR
 - Tingling, weakness, “pins and needles” of an extremity

Call 911

- **Breathing**

- Inability to talk
- Significant change in the quality of voice
- Audible noise when breathing
- Chest injury with blood in mouth
- Difficulty breathing that does not resolve or improve in 5 minutes

- **Belly**

- Direct injury to the abdomen AND Severe pain under the lower left rib margin

Call 911

- **Blood**

- Significant bleeding immediately after the injury that can not be contained with pressure

- **Bone**

- Visible bone through the skin
- Changes in the color of the skin or in sensation or strength distal to the injury
- Suspected broken femur (upper leg bone).
- Dislocation of the shoulder or hip (do not try to reduce yourself)

Send to ER with Parent and do not re-enter the activity

- **Brain**

- Any player with a suspected concussion (see handout sheet)

- **Back/Neck**

- Pain continues after 10 minutes of RICE

- **Breathing**

- Breathing has not returned to normal within 10 minutes of observation
- For asthmatics, continues to have difficulty 15 minutes after parents have administered treatment

Send to ER with Parent and do not re-enter the activity

- **Belly**
 - Pain continues for more than 10 minutes
- **Blood**
 - Gaping wound that will require suturing
 - Smaller wound that continues to actively bleed after 10 minutes
 - Any cut on the face
- **Bone**
 - Any deformity of bone
 - Failure to regain normal function of injured area after 10 minutes of RICE.

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 - **A**ct
- **P**rimarily Assessment
 - **B**rain
 - **B**ack (neck)
 - **B**reathing
 - **B**elly
 - **S**econdary Assessment
 - **B**lood
 - **B**one