

On Field Assessment

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Learning Objectives

- ◆ Describe on-field assessment strategies
- ◆ Describe care of the unconscious athlete
- ◆ Describe sideline assessment strategies
- ◆ Discuss same-game return to play issues

Role of the On-Site Physician

- ◆ Coordinate medical team
- ◆ Be aware of the resources available
 - Trainer
 - EMS
 - Medical supplies
 - Coaches

Factors in Injury

- ◆ Athlete
 - Poor conditioning
 - Inattention/disregard for rules
 - Medical conditions
- ◆ Coaches/Officials
 - Poor supervision/enforcement
 - Poor teaching
- ◆ Environment/Playing conditions

Protect Yourself

- ◆ Proper clothing/shelter
- ◆ Follow Universal Precautions
 - OSHA guidelines
 - Gloves
 - Mask
 - Sharps containers

- Contaminated trash

Physician Preparation

- ◆ Coordinate establishment of an emergency response plan for practice and competition
- ◆ Coordinate establishment of policy to assess environmental concerns and playing conditions for modification or suspension of practice or competition

Assessment On Playing Field

- Walk off?
- Carry off?

On Sideline

- **Keep or Send?**
 - If keep, return to play or out for game?
 - If send, EMS or private transport?

On-Field

- ◆ **Primary survey**
 - Is this life-threatening?
 - Is player conscious or unconscious?
 - If unconscious then assume head/neck injury
 - If life-threatening illness then begin treatment and notify EMS for transport

Unconscious Athlete

- ◆ Assume head or neck injury!!
 - Manual immobilization of head/neck
 - Notify EMS
 - Primary survey

Primary survey

- ◆ Life threatening conditions identified and management is instituted simultaneously
 - A=airway maintenance with cervical spine protection

- B=breathing and ventilation
- C=circulation with hemorrhage control
- D=disability: neurologic status (Glasgow Coma Score)
- E=exposure/environment control

Unconscious Athlete

- ◆ Secondary survey
 - Does not begin until the primary survey is completed, resuscitative efforts established, and patient is demonstrating normalization of vital functions (usually in ED)
 - Head-to-toe evaluation
 - History and physical examination
 - Reassessment of all vital signs
 - Complete neurologic examination including GCS

Unconscious Athlete

- ◆ Determine indications for BLS/ACLS protocols
- ◆ Maintain immobilization
- ◆ Remove face mask (football, lacrosse, motocross, hockey)
- ◆ Assist with placement on long spine board and placement of head blocks
- ◆ **DO NOT REMOVE HELMET!!!!!!!!!!!!!!!!!!!!!!**

Conscious Athlete

Conscious Athlete

- ◆ **WALK OFF or CARRY OFF?**

- ◆ Alert?
- ◆ Oriented? Person Place Time Purpose
- ◆ Confused, disoriented?
- ◆ Hands burn?
- ◆ Sensation in arms and legs?
- ◆ Movement of arms and legs? Deformity?

Carry Off if.....

- ◆ **Life-threatening injury/condition**
- ◆ **Unconscious**
- ◆ **Not aware**
- ◆ **Hands burn**
- ◆ **Absent/altered sensation**
- ◆ **Absent/weak motor function**
- ◆ **Pain with neck movement**

Neck Assessment

- ◆ Range of motion of neck
- ◆ Palpation

Leg Movement Preparation for Carry Off

- ◆ Immobilize head and neck
- ◆ Notify EMS
- ◆ Assist with placement of LSB/Head blocks
- ◆ Have ambulance arrive ON FIELD if at all possible when outside environment

Walk Off if.....

- ◆ No life-threatening injury/condition
- ◆ Conscious
- ◆ Aware of Person, Place, Time, Purpose
- ◆ Hands not burning
- ◆ Sensation of extremities intact
- ◆ Motor function of extremities intact
- ◆ Neck movement not painful

Preparation for Walk Off

- ◆ First, have patient raise head then palpate neck,
 - If any pain **CARRY OFF**

Preparation for Walk Off

- ◆ Second, have supine athlete sit up
 - Monitor for any symptoms such as neck or other pain, if present have patient return to supine position and prepare for **CARRY OFF**
 - If no symptoms, then...

Preparation for Walk Off

- ◆ Third, have the patient stand
 - Reassess alert, orientation to person, place, time and purpose
 - If okay **WALK OFF**

Preparation for Walk Off Sideline Assessment

- ◆ Main Question—Keep or Send?
 - Must reassess mental status (SAC) and injury site/illness
 - Initiate treatment
 - Reassess
 - If any deterioration in mental status/condition then prepare to send to colleagues in ED

Sideline Assessment

- ◆ Remove helmet
- ◆ Check to see if any changes have occurred since exam on field--SAC
- ◆ Reassess orientation
- ◆ Hands burning?
- ◆ Sensation intact?
- ◆ Movement all extremities?
- ◆ Headache?
- ◆ Dizziness?
- ◆ Irritable?
- ◆ Pain? Where hurt? ROM? Weakness?

Sideline Assessment

Sideline Assessment

Sideline Assessment

Sideline Assessment

Keep or Send?

- ◆ Confused as to person, place, time, purpose
- ◆ Hands burn
- ◆ Altered sensation
- ◆ Worsening headache
- ◆ Dizziness
- ◆ Irritability
- ◆ Increased neck pain
- ◆ Restricted ROM of neck/joint
- ◆ Motor weakness

Return to Play

- ◆ Essential for team physician to coordinate determination of athletes' same-game return to participation after injury or illness
- ◆ Process of deciding when an injured or ill athlete may safely return to practice or competition
- ◆ The goal is to return an injured or ill athlete to practice or competition without putting the individual or others at undue risk for injury or illness

Summary

- ◆ On-Field
 - Life-threatening
 - Primary survey
 - Walk off or Carry off?

Summary

- ◆ Sideline Assessment
 - KEEP OR SEND?
 - Reassess, Reassess, Reassess
 - If KEEP, then...
 - RETURN TO PLAY?
 - If SEND, then...
 - EMS or Private Transportation

References