

Knowing more than the score: providing sideline medical care coverage for athletic competition

This year, it is estimated that more than 2 million Americans will participate in organized football and other sports that require protective head and shoulder gear. The potential for catastrophic head and neck injuries during practice or games is one of the greatest fears of the sideline physician. Recently, the deaths of one professional football player and two collegiate football players during conditioning or practice, and one collegiate swimmer after jogging underscore the need for vigilance by physicians and other paramedical personnel providing sports medicine services. Sports medicine and team physicians must be aware of the most up-to-date information regarding decision making for the medical care of athletes. Last year, the project-based alliance of the American College of Sports Medicine released a document titled, *Sideline Preparedness for the Team Physician: A Consensus Statement*,¹ which highlights the planning and delivery of sports medical care services at the site of practice or competition. In addition to the American Osteopathic Academy of Sports Medicine, the alliance comprises the American Academy of Family Physicians, the American Academy of Orthopaedic Surgeons, the American College of Sports Medicine, The American Medical Society for Sports Medicine, and the American Orthopaedic Society for Sports Medicine.

In March 2001, after 3 years of collaboration and research, the Inter-Association Task Force for the Appropriate Care of the Spine-Injured Athlete published its recommendations and guidelines in the monograph titled, *Prehospital Care of the Spine-Injured Athlete*.² This task force was formed by the National Athletic Trainers' Association in response to the need for a uniform set of guidelines and recommendations for on-the-field management of spine injuries in athletes.

These guidelines were unanimously approved by the more than 30 organizations that were represented on the task force. These long-anticipated guidelines are the first of their kind and represent a major advancement in the on-the-field management of the spine-injured athlete. They are based on current scientific research and on the consensus and expertise of the task force members and contain more than 200 references.

The monograph contains specific guidelines in several areas including:

- ☐ prevention,
- ☐ who should provide prehospital care,
- ☐ initial assessment and immediate care,
- ☐ equipment removal,
- ☐ immobilization and transportation,

- ☐ injuries and possible mechanisms,
- ☐ return-to-play criteria, and
- ☐ development of an emergency plan.

Several recommendations are worth mentioning. To prevent further injury, coaches, athletes, officials, administrators, and spectators need to be educated on and restricted from moving injured athletes. Face masks should be removed from helmets by cutting the loop-straps with an anvil pruner (widely available at hardware and gardening stores), *not* by trying to unscrew the face mask from the helmet with a screwdriver, because often the screws are jammed with rust as the result of exposure to sweat.

The helmet, chin strap, and shoulder pads should be left in place as they provide in-line neutral stabilization. The helmet should be removed only if it prevents obtaining and maintaining an appropriate airway or if it does not provide adequate immobilization. If the helmet is removed, then the shoulder pads must also be removed to prevent hyperextension of the neck. It should be noted that a recent study³ concludes that helmets used in ice hockey and lacrosse also provide in-line stabilization and should be left in place as well.

In addition, if the athlete is injured in a supine position, the task force recommends a six-person lift along with a scoop stretcher rather than the log roll for placement onto a rigid long spine board. However, the log roll is still recommended for athletes injured in the prone position. Once on the spine board, two straps should be used to secure the torso, pelvis and legs. The helmeted head should be secured to the spine board with straps or adhesive tape. Any gaps between the straps and the body should be filled in with towels or rigid foam. The task force also recommends "trauma strapping" and loading the patient in the ambulance feet first so that the head is at the rear of the ambulance to prevent axial compression during braking.

Final recommendations include participation of coaches and athletes in tackling and blocking clinics at regular intervals and, for all those on the healthcare team, formulation of an emergency plan with regularly conducted rehearsals and equipment checks. All healthcare personnel involved with the care of athletes should understand the complete set of guidelines and recommendations and know how to implement them.

Osteopathic physicians provide healthcare to a substantial number of athletes. Those of us who provide sideline coverage for athletic competition should be familiar with all the documents referenced herein. The importance of having an emergency action plan and practicing this plan with your sports medicine

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team cannot be overemphasized. The ultimate goal is the health and safety of the athlete. ♦

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References

1. Herring SA, Bergfeld J, Boyd J, Brolinson PG, Duffey T, Glover D, et al. *Sideline Preparedness for the Team Physician: A Consensus Statement*. Project-based alliance for the advancement of clinical sports medicine. Indianapolis, Ind: American College of Sports Medicine; 2000. Available at <http://www.acsm.org/pdf/tpconsen.pdf>.
2. Kleiner DM, Almquist JL, Bailes J, Burruss P, Feuer H, Griffin LY, et al. *Prehospital Care of the Spine-Injured Athlete: A Document from the Inter-Association Task Force for Appropriate Care of the Spine-Injured Athlete*. Dallas, Tex: National Athletic Trainers' Association; March 2001. Available at <http://www.nata.org/downloads/0684602NATAPreHospital.pdf>.
3. Waninger KN, Richards JG, Pan WT, Shay AR, Shindle MK. An evaluation of head movement in backboard-immobilized helmeted football, lacrosse, and ice hockey players. *Clin J Sports Med* 2001;11(2):82-86.

Letters continued

In July, the Rotating Internship Task Force, chaired by Larry Wickless, DO, released its report to the AOA Board of Trustees. Their first recommendation was that the AOA-approved rotating internship should be retained. The report stated that the mission of the osteopathic internship program is to "provide first-year graduate osteopathic physicians with an in-depth and comprehensive year of postdoctoral clinical and academic experience" and offered several positive recommendations.

I hope our profession will continue to learn from history. I applaud the work of the committee and encourage the AOA to support their recommendations and keep our Classic Internship. ♦

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References

1. Mikkelsen B, Mikkelsen D. Urban legends. Available at www.snopes2.com/cokelore/newcoke.htm. Accessed May 2, 1999.
2. American Osteopathic Association. *Report of the Rotating Internship Task Force*. American Osteopathic Association, 2001.
3. American Osteopathic Association. *Intern match statistical summary*. American Osteopathic Association, 2001.
4. Smith G. *Introduction to Statistical Reasoning*. Boston, Mass: McGraw-Hill;1998:186-187.

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