

APPROACH TO THE INJURED HOCKEY PLAYER

Matej Mažič, Jure Nežmah

General hospital Celje

Emergency department

Prehospital mobile unit

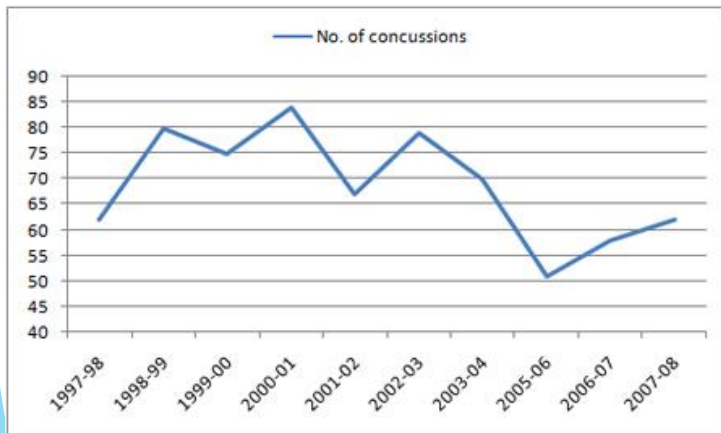
Slovenia

Milan Rajtmajer

Primary healthy service Celje

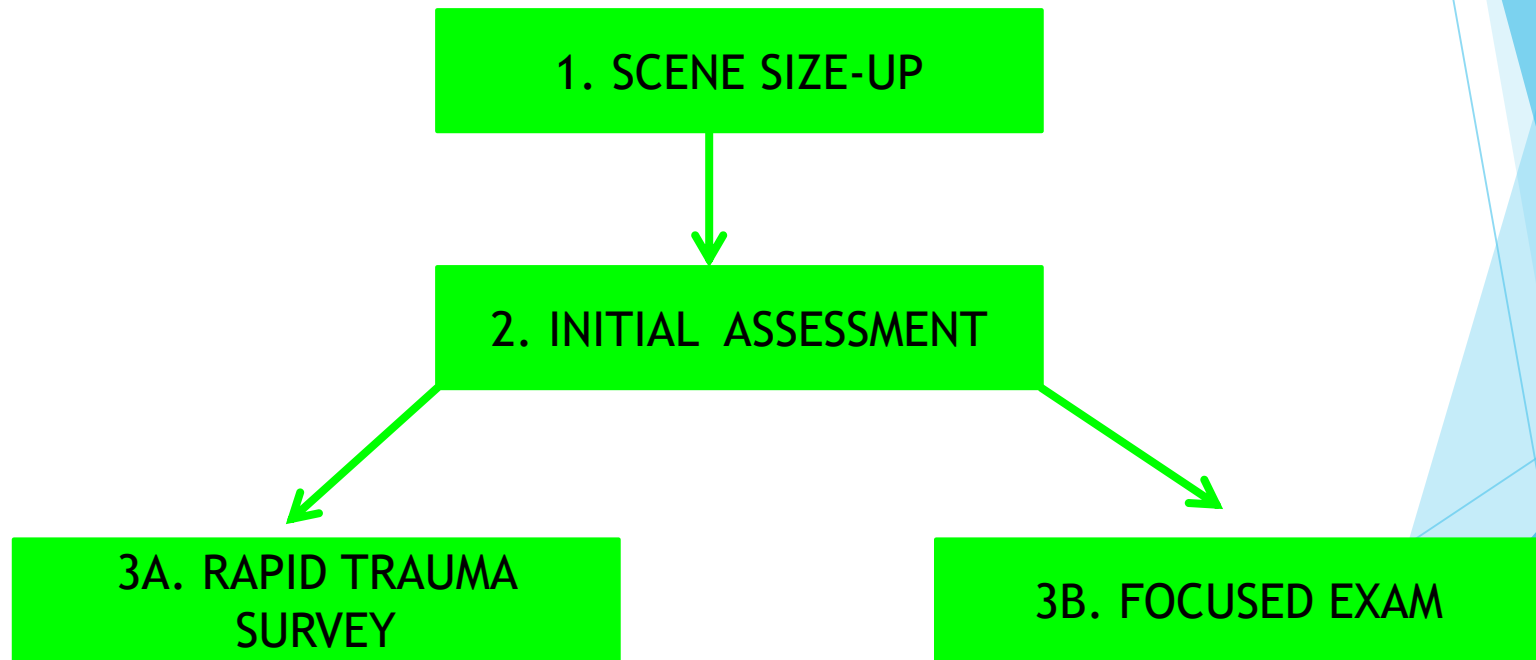
INTRODUCTION

- Hockey injuries
 - Lower body injury - 20%
 - Upper body injury - 15%
 - Concussions - 12%
- Primary survey
 - Head injuries
 - Thoracic injuries
 - Abdominal injuries
 - Lower/upper extremity injuries
 - Spine injury



PRIMARY SURVEY

Goal:
IDENTIFY LIFE - THREATING INJURIES



ARRIVAL TO THE SCENE

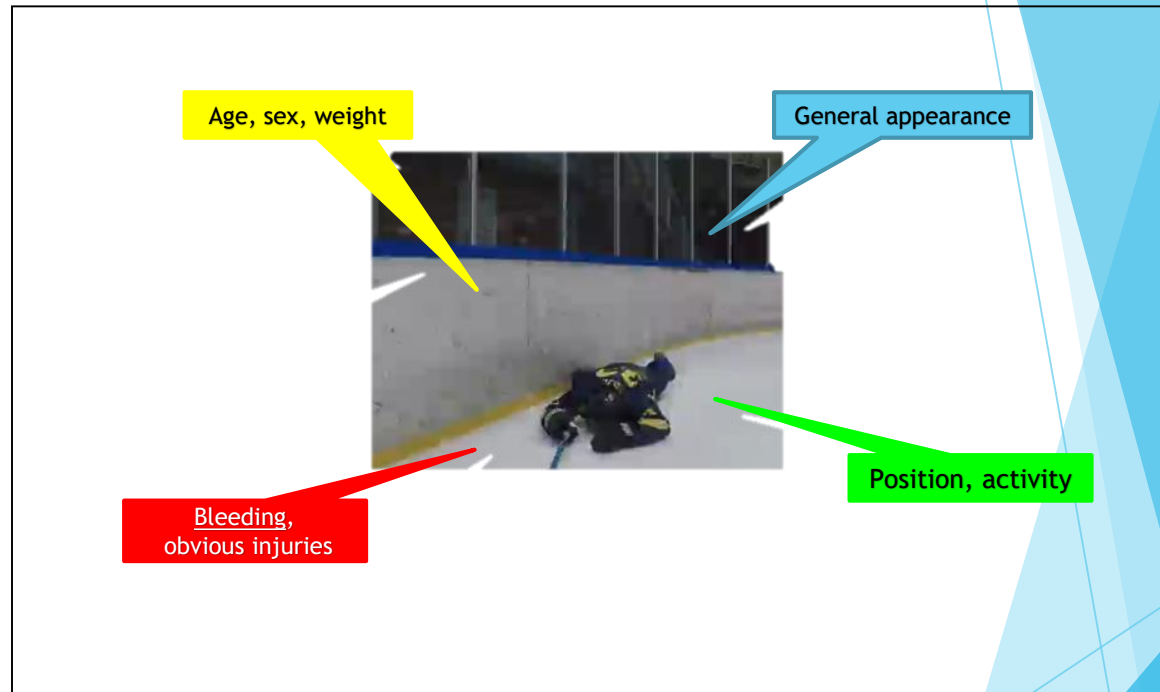
SCENE SIZE - UP

- Standard precautions
- Hazards
- N of pts
- Need of additional help
- Mechanism of injury

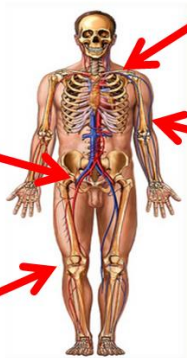


INITIAL ASSESSMENT

- General impression
- Stop bleeding!
- LOC
- Control of CS
- ABC



FIRST STEP: STOP THE BLEEDING



HELMET REMOVAL



...OR NOT



Figure 2. Recommended method of immobilization of an ice hockey player with a potential cervical spine injury. The helmet is left in place, lateral foam pads secure the helmet in position, and straps secure the athlete to the backboard.

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Cervical Spine Alignment in the Immobilized Ice Hockey Player

A Computed Tomographic Analysis of the Effects of Helmet Removal*

Robert F. LaPrade,^{†‡} MD, Kent A. Schnetzler,[†] MD, Robert J. Broxterman,[§] MS, ATC,
Fred Wentorf,[†] MS, Erik Wendland,[†] and Thomas J. Gilbert,^{||} MD

From the Departments of [†]Orthopaedic Surgery and [§]Men's Intercollegiate Athletics, University of Minnesota, Minneapolis, and ^{||}Center for Diagnostic Imaging, St. Louis Park, Minnesota

MANUAL STABILIZATION OF CERVICAL SPINE → LOC



A

Remove the mouth guard
Positioning
Suction
Advanced airway

B

High flow oxygen
Assisted ventilation
Control ventilation

C

Bleeding control
Iv access / fluids
Blood glucose

RAPID TRAUMA SURVEY

Inspect Head and Neck

Major Facial Injuries, Bruising, Swelling,
Penetrations, Subcutaneous Emphysema
Neck Vein Distention? Tracheal Deviation?



Without Visor



With Visor



Inspect Chest

Asymmetry, Contusion, Penetrations,
Paradoxical Motion, Instability,
Crepitation

Breath Sounds

Present? Equal?
(If unequal: Percussion)

Heart Tones



LIFE THREATENING THORACIC INJURIES

AIRWAY OBSTRUCTION

FLAIL CHEST

OPEN PNEUMOTHORAX

HEMATOTHORAX - MASSIVE

TENSION PNEUMOTHORAX

CARDIAC TAMPONADE

Abdomen

Bruising, Penetration/Evisceration,
Tenderness, Rigidity, Distention

Pelvis

Tenderness, Instability, Crepitation



Lower/Upper Extremities

Swelling, Deformity, Instability, Motor,
Sensory

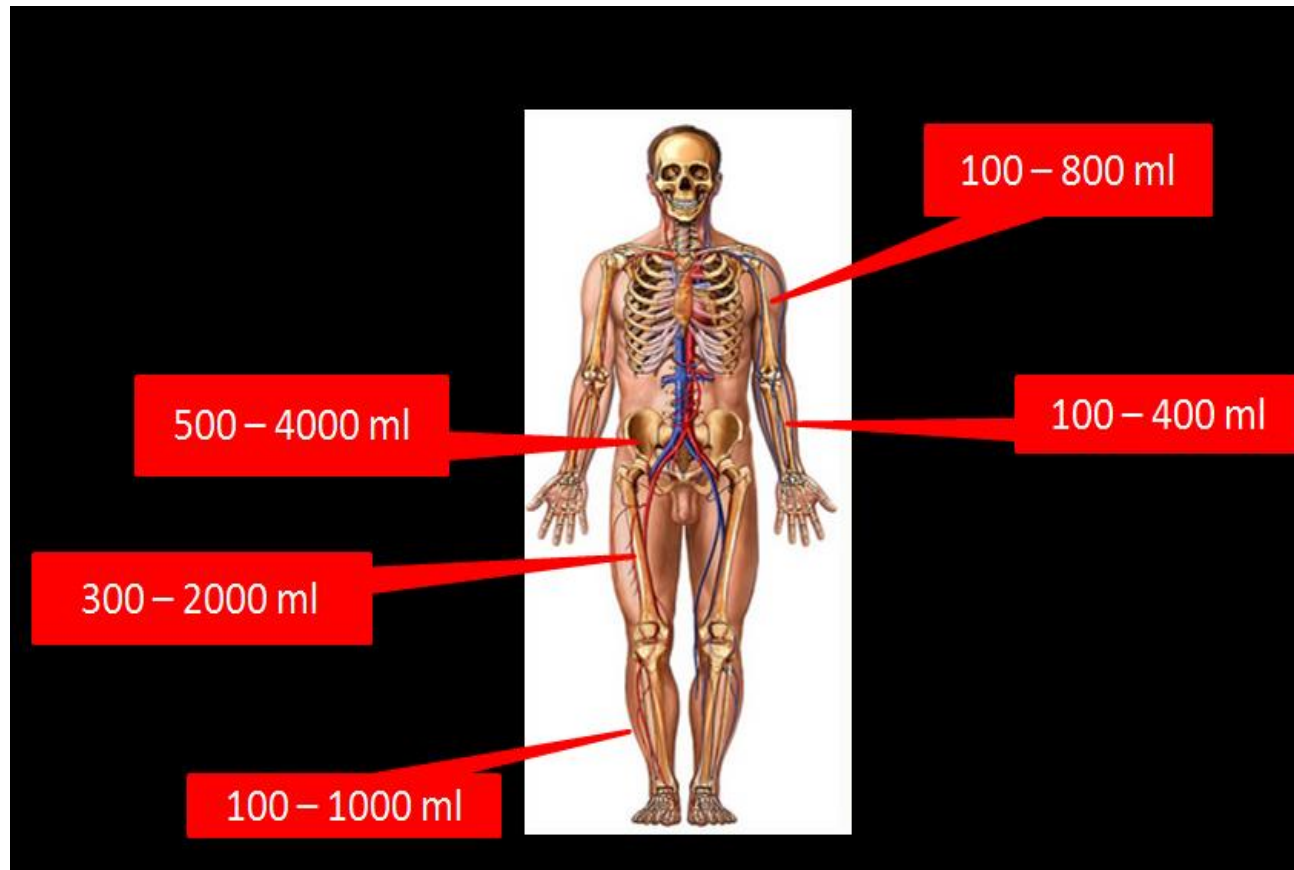
Place Patient on Backboard

Posterior

Penetrations, Deformity, Presacral Edema



BONE FRACTURES: LOSS OF BLOOD



BASIC NEUROLOGICAL EXAM

- ▶ PUPILS: size, reactive, equal
- ▶ GCS: eye, voice, motor
- ▶ Blood glucose

BRIEF TARGET HISTORY

WHEN?

- S** Symptoms
- A** Allergies
- M** Medications
- P** Past medical history
- L** Last oral intake
- E** Events preceding incident

FULL BODY SPLINTING



LOAD AND GO SITUATION

Initial Assessment

- Altered mental status
- Abnormal respiration
- Abnormal circulation

Shock potential

- Abnormal chest exam
- Tender, distended abdomen
- Pelvic instability
- Bilateral femur fractures

CONCLUSION

- High proportion of injuries in hockey appear to result from intentional body contact
- The helmet should fit snugly
- Coaches, athletes, and parents must be aware of the possible injuries and follow the rules in place to prevent them
- Have fun. Play hard. Play smart. Play FAIR.