Another fall sport season is upon us and so it is important for practicing athletic trainers to brush off the summer dust and prepare themselves for the emergency care situations they’re sure to encounter. The profession of athletic training has come a long way with regard to emergency care of the injured athlete. In fact, as an athletic training educator I personally have witnessed an explosion of new information and evidence-based guidelines that need to be taught to our students and future athletic trainers. I’ve been especially amazed at the advanced airway management techniques and prehospital care guidelines that our current students must learn and understand. Quite frankly, I think this is all a good idea and applaud the efforts of our educational leaders who’ve had the foresight and wisdom to keep athletic training educators ahead of the curve.

For the more experienced athletic trainers (like myself), I strongly encourage you to take the time needed to update yourself on the contemporary protocols that are now in place with regard to emergency care and the athlete. In fact, we here at Athletic Training & Sports Health Care are doing our part to help educate our readership in this very important area. Stay tuned as over the next year we’ll be releasing two special themed issues dealing with equipment-related considerations during emergency situations (late 2015) and the latest advances in emergency management for the sports health care professional (2016). We’re fortunate enough to have editorial board members with expertise in both areas and so they will guide the process. You’re doing a disservice to yourself and, most importantly, the athletes under your care and guidance if you don’t make an attempt to stay up to date on the latest trends in emergency care of the injured athlete.

Kudos to the National Athletic Trainers’ Association (NATA) and members of the inter-association task force charged with updating the consensus statement titled Appropriate Care of the Spine-Injured Athlete. The original document released in 1998 was in serious need of updating and so yet again athletic trainers are leading the way in ensuring that the membership is well informed when dealing with potentially catastrophic spinal cord injuries. I highly encourage our readership to carefully examine the executive summary statement and the 14 recommendations put forth. The entire document can be accessed on-line at http://www.nata.org/NR06242015.
Some of the changes will require additional training and guidance from local Emergency Management Services (EMS), whereas others contain minor tweaks to original 1998 content. Inevitably these changes will be uncomfortable to some in the profession, but keeping the health and safety of the athletes we care for primary in our minds has to be the ultimate goal.

One of the 14 recommendations that created quite a buzz among athletic training professionals shortly after the release of the executive summary was Recommendation 4: “Protective athletic equipment should be removed prior to transport to an emergency facility for an athlete-patient with suspected cervical spine instability.” After careful consideration and discussion among task force members, in early August the NATA put out a proposed revision to Recommendation 4 that reads “when appropriate, protective equipment may be removed prior to transport.” I give the task force members a great deal of credit for their willingness to realize that their initial recommendation was too drastic and quickly produce a suitable compromise that will allow all members of the emergency care team time to develop, practice, and implement the appropriate protocol that will work best for their locales and venues.

Another interesting protocol change that is forthcoming involves the use of spine-boarding in the pre-hospital care of athletes with acute cervical spine injuries. In some parts of the United States, EMS protocols are recommending that patients with spine injury be transported using a cervical collar and stretcher. These changes are in direct conflict with the 2009 NATA Position Statement Acute Management of the Cervical Spine–Injured Athlete (lead author Erik Swartz – ATSHC editorial board member) recommendations #17: “Individuals responsible for the emergency care of athletes with cervical spine injuries should be prepared to immobilize these athletes with a long spine board or other full-body immobilization device” and #18: “Although the traditional spine board represents the most common device used for full-body immobilization, devices such as the full-body vacuum splint are more comfortable for athletes, reduce superficial irritation and sores over bony prominences, and may be used in appropriate situations.”

Practicing athletic trainers must be aware of the fact that many of these protocol changes are being formulated at the state and local level and may affect their own individual state practice acts for athletic trainers. It is important to check with state and local EMS officials to see how such changes will affect the practice of athletic training in your state. In the meantime, the NATA is working quickly to update the 2009 position statement and have promised that a new one is imminent. In the interim, the NATA is encouraging athletic trainers to (excerpted from http://www.nata.org/sites/default/files/C-Spine-Management.pdf):

- Contact local EMS provider(s) as soon as possible to professionally review, discuss and rehearse current protocols for immobilization and transfer of a suspected spine-injured athlete as recommended by their medical director and/or state agency, including equipment intensive patients.
- Update Emergency Action Plans if necessary and be prepared for all aspects of the plan.
- Keep in mind that the current NATA Position Statements include language that allows for full body immobilization using methods other than a long spine board (eg, vacuum mattress) and for removal of the athletic equipment in the pre-hospital setting, depending on circumstance. Furthermore, expert consensus now suggests that, in some cases, pre-hospital removal of athletic equipment may be advised. This is based on recent research and changes to AHA/ARC guidelines which prioritize compressions and AED deployment over ventilations, both of which require access to the chest.
- Actively seek new evidence through advanced training, solicitation of expert advice and by remaining up-to-date on the latest scientific research in this important area.

John Doherty is a columnist for The Times newspaper in Indiana and has for 30 years written on a variety of topics related to sports medicine. What makes his writing expertise unique is that he is also a certified athletic trainer and physical therapist often providing a firsthand perspective on the topics he writes about. Recently he penned an article titled “NFL and partners promote player safety by placing ATCs in schools” and in it he writes about the importance of having certified athletic trainers available to manage and deal with on-field emergency situations. Unfortunately, spinal cord and other stressful emergency events are common and go unreported by the media, but it seems
as though events involving sporting activities do draw attention and spotlight. It is nice to know that a highly skilled and professionally trained athletic trainer is there to manage these situations and create the best possible environment for a positive outcome.

REFERENCES


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