

Table 1.

GUIDELINES FOR APPROPRIATE CARE OF THE SPINE-INJURED ATHLETE

General Guidelines

- Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.
- The athlete's airway, breathing, circulation, neurological status and level of consciousness should be assessed.
- The athlete should not be moved unless absolutely essential to maintain airway, breathing and circulation.
- If the athlete must be moved to maintain airway, breathing and circulation, the athlete should be placed in a supine position while maintaining spinal immobilization
- When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit. One accepted technique is to manually splint the head to the trunk.
- The Emergency Medical Services system should be activated.

Face Mask Removal

- The face mask should be removed prior to transportation, regardless of current respiratory status.
- Those involved in the prehospital care of injured football players should have the tools for face mask removal readily available.

Football Helmet Removal

The athletic helmet and chin strap should only be removed:

- if the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head;
- if the design of the helmet and chin strap is such that, even after removal of the face mask, the airway cannot be controlled nor ventilation provided:

- if the face mask cannot be removed after a reasonable period of time;
- if the helmet prevents immobilization for transportation in an appropriate position.

Helmet Removal

Spinal immobilization must be maintained while removing the helmet.

- Helmet removal should be frequently practiced under proper supervision.
- Specific guidelines for helmet removal need to be developed
- In most circumstances, it may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.

Equipment

Appropriate spinal alignment must be maintained.

- There needs to be a realization that the helmet and shoulder pads elevate an athlete's trunk when in the supine position.
- Should either the helmet or shoulder pads be removed – or if only one of these is present – appropriate spinal alignment must be maintained.
- The front of the shoulder pads can be opened to allow access for CPR and defibrillation.

Additional Guidelines

- This task force encourages the development of a local emergency care plan regarding the prehospital care of an athlete with a suspected spinal injury. This plan should include communication with the institution's administration and those directly involved with the assessment and transportation of the injured athlete.
- All providers of prehospital care should practice and be competent in all of the skills identified in these guidelines before they are needed in an emergency situation.

These guidelines were developed as a consensus statement by the Inter-Association Task Force of Appropriate Care of the Spine-Injured Athlete:

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