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The Management Plan: Start Active Treatment Versus Immediate Referral

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Disclosures

- I have no financial interest or contractual relationships with any commercial interest relating to this presentation.
- The views expressed in these slides and today's discussion are my own.

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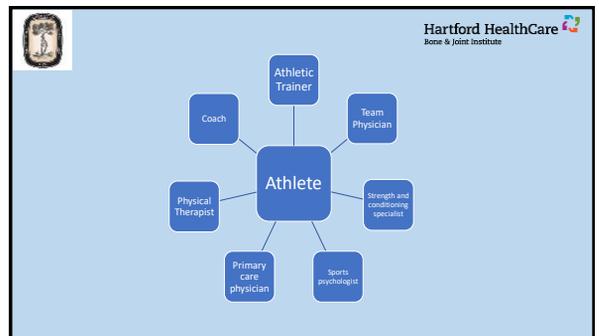


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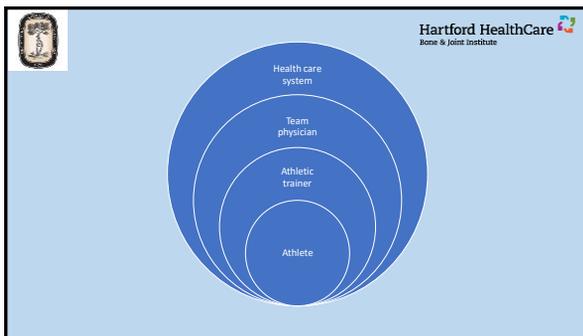
Objectives

- Discuss the value of the athletic trainers in establishing the immediate management plan based on standing orders
- Summarize the positive impact of the initial assessment in the communication process with the team physician
- Describe the mentoring relationship between the team physician and the athletic trainer that creates optimal patient centered care

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Overarching goals

- Reduce risk of injury during sports participation
- Provide timely assessment for injured athletes
- Provide treatment, rehabilitation and conditioning for athletes
- Establish plans for return to sports after injury or illness
- Communication with parents, other healthcare providers, and coaches
- Be prepared in the event of a catastrophic injury

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How do we best achieve our goals?

- Preparticipation evaluations
- Immediate access to assessment of athletic injuries
- Determine appropriate resources needed for further assessment or initiation of care
- Establishing systems and parameters for ongoing care of the injured athlete
- Creating direct lines of communication and coordination of care
- Create and communicate emergency action plan

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Standing orders

- “written protocols, recommendations or guidelines for treatment and care of a physically active individual who is a member of a professional, amateur, school, collegiate or other sports organization, or of a physically active individual who requires treatment, first aid or care in an emergency situation”

NATA 2016

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Standing orders

1. Furnished and signed by a health care provider
2. Followed by an athletic trainer
3. Reviewed annually
4. Require availability of ongoing communication between the health care provider and the athletic trainer
5. Include
 1. Plan for emergency situations
 2. Appropriate treatment for specific injuries or illnesses
 3. Instructions for the treatment and management of concussions
 4. List of conditions necessitating immediate referral
 5. List of conditions beyond the scope of practice for an athletic trainer

Public Act No. 17-195

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Standing orders

1. Evaluate and initiate first aid care for all injuries to all student-athletes.
2. Carry out an appropriate rehabilitation program to increase range of motion, strength, and agility using those indicated modalities.
3. Clear the student-athlete to return to full or partial activities as the student-athlete progresses. If a student-athlete sees a physician the student-athlete will secure appropriate medical insurance before they can return to participation.
4. HEAD: Concussion management
5. NECK: A physician must evaluate brachial plexus injuries with motor weakness.
6. UPPER EXTREMITY: Suspected fractures and dislocations are to be immobilized and referred to a physician for immediate evaluation.
7. ABDOMEN: Evaluate, treat and refer to a physician as indicated.
8. CHEST: Evaluate and treat to rule out a Sudden Cardiac Arrest event and refer to a physician as indicated.
9. PREGNANCY: Evaluate, treat and refer to a physician as indicated.
10. LOWER EXTREMITIES: Suspected fractures and dislocations are to be immobilized and referred to a physician for immediate evaluation.
11. General Physician Referral: In addition to the specific cases previously mentioned, the Licensed Athletic Trainer(s) shall communicate their assessment and management of those non-referred cases in a prompt manner to the Team Physician or Physician designated by parent/guardian.
12. Licensed Athletic Trainer(s) will communicate with Team Physician on a weekly basis regarding athletes, injuries, rehabilitation, and return-to-participation status.
13. Please refer to the Standard Procedures for Injury and Illness for Licensed Athletic Trainer(s) document for further information.

AOSSM

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Initial assessment

- Initial encounter- injury or illness occurs on the field/court and athletes presents to the athletic trainer
- Urgency assessed- Determination if Emergency action plan must be initiated
- Further assessment by the AT
 - Detailed history of illness/ injury
 - Clinical examination
- Determine if treatment should be initiated vs referral
- Develop initial treatment plan
 - Diagnostic reasoning used to establish rehabilitation plan
 - Long and short term goals created



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What treatment can be initiated?

- Taping, splinting, bracing
- Modalities: Cryotherapy, heat, electric stim, ultrasound, compression devices
- Soft tissue mobilization/ instrumented STM
- Joint mobilization
- Rehabilitation exercises
 - Stretching
 - Strengthening
 - Proprioception exercises
 - Sports specific sequences



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Benefits of early assessment and treatment

- Optimize efficiency of care
- Appropriate use of health care resources
- Improve speed of recovery and return to sports
- Limit emotional impact of an athletic injury

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How do we ensure athlete safety?

- ATC training and continuing education
- Physician/ ATC mentoring
 - This works both directions
- **Communication**

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Mentoring

- Team approach between the athletic trainers and team physician
 - Best if other professionals involved in the athlete's care are included
- Combination of formal didactic education programs, discussion and review of individual athletic injuries, and sideline/ training room communication
- Ongoing process

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When to refer

- Immediate threats to life/ LOC/ Seizure → activate EMS
- Spine injury- immobilize/ stabilize → activate EMS
- Suspected fracture/ dislocation → immobilize, notify team physician and/ or send for urgent evaluation
- Severe sprains, neurologic injury, vascular conditions, recurrent injuries → notify team physician
- **CT practice act:** *Each person who practices athletic training under standing orders shall make a written or oral referral to a licensed health care provider of any physically active individual who has an athletic injury whose symptoms have not improved for a period of four days from the day of onset, or who has any physical or medical condition that would constitute a medical contraindication for athletic training or that may require evaluation or treatment beyond the scope of athletic training.*

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Emergency action plan

- Guidelines for management of catastrophic injury
- Written plan reviewed annually
 - Separate plans for each athletic facility
 - Plan for transportation from venue
 - List of personnel and responsibilities for each event
 - List of emergency equipment and location (ie. AED, medical kit, splint equipment)
 - Documentation needed for post emergency
 - Outline training and refresher courses needed for first responders

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Thank you!



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