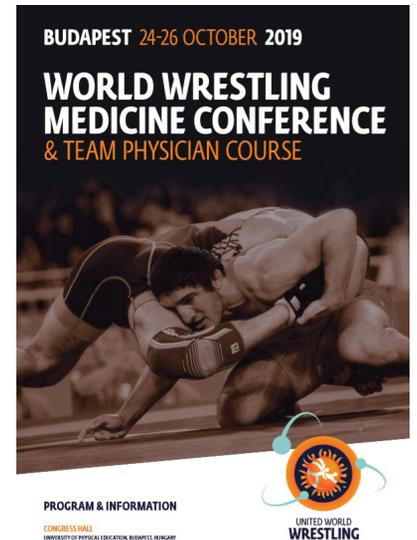




Special Section: Summaries of Presentations from the Wrestling Medicine Conference & Wrestling Team Physician Course, United World Wrestling, Budapest, October 24-26, 2019

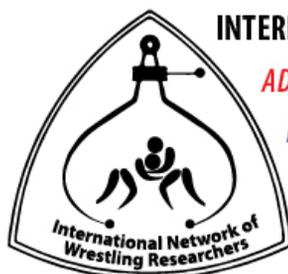
WORKSHOP: MAT-SIDE INJURY MANAGEMENT

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ПРОДВИЖЕНИЕ НАШЕГО СПОРТА ЧЕРЕЗ ЗНАНИЕ

PROGRESO PARA NUESTRO DEPORTE MEDIANTE CONOCIMIENTO

WORKSHOP: MAT-SIDE INJURY MANAGEMENT

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PURPOSE OF MAT-SIDE MEDICAL CARE

- Immediate medical care on FOP
- Identifying and acute management of serious issues
- Prioritisation of athlete safety
- Organising further care and hand-over
- Liaise with teams, referees, organizers, ...

FOLLOW A BASIC STANDARD WELL-REHEARSED APPROACH

PRINCIPLES OF ORGANISATION

Medical plan in coordination with local hospitals and emergency services:

- Level of Service provided Mat-side and at the venue
- Procedures for extrication and transfer
- Local Emergency Services, Local contacts, Hospital services available, Routes

Medical Team members:

- Numbers, Qualifications, Experience, Role specific
- Dr(s), Physio, Paramedic, First aider, Stretcher Crew, ...
- Others: Coaching and technical staff, Stewards, ...

Preparations:

- Medical room
- Equipment and Medications
- Team Briefing & Practice of acute scenarios
- Liaise with participating teams, technical staff, organizers, ...

PERSONAL CHARACTERISTICS

- Advanced Trauma and Resuscitation skills, and training
- Scope of practice and awareness of own limitations and capabilities
- Awareness of the team's capabilities & appropriate delegation of roles
- Teamwork / leading qualities & Communication skills

CHALLENGES

- Focused and confident in Decision making under pressure:
- Life, death, serious disability, career defining
- Athlete's safety over competition pressure, coaches and support staff
- Crowd, media, colleagues, ...
- Documentation

"A@ BCDEFG" APPROACH!

Mechanism of Injury (MOI)

- Airway: Assessment, Secure, Airway modalities
- C-Spine: MOI, Assessment, Immobilize and secure
- Breathing: Assessment incl pattern, O2, ...
- Circulation: Assessment, Sources of bleed, stabilize,
- Disability: HI and LOC, Concussion,
- Exposure: limb injuries, secondary survey, pain management
- Don't Ever Forget Glucose!

POSSIBLE SCENARIOS

MSK & limb injuries:

- Sprains and strains
- Cuts, lacerations
- Dislocations
- Bony injuries and fractures

Assess, Acute management, Immobilization, Pain management

POSSIBLE SCENARIOS

Spine injuries:

- Mechanism of Injury (MOI)
- Immediate immobilization (MILS).
- On mat assessment (if in doubt proceed to full immobilization)
- Log roll, full immobilization, safe transfer

Cardiac Arrest:

- Collapse without contact/Blunt chest trauma (Comotio Cordis)
- Immediate assessment
- Immediate resuscitation
- Early defibrillation (AED)
- Reversible causes? (4Ts & 4Hs)

Head Injury & Concussion

- Significant chest trauma, Tension Pneumothorax
- Long bone fracture, pelvic fractures
- Organ injury, retroperitoneal bleed
- Fitting, Severe Asthma Attack, Anaphylaxis, ...

SPECIAL CONSIDERATIONS

“A@ B C D E F G” Approach to organization, preparation, and management

- Airway kills First!
- Precedence over everything else
- O₂ always helps
- Ask / Shout for HELP early!
- You are not on your own, use and mobilize other people
- Call for ambulance early
- Don't be distracted by apparently more dramatic injuries
- Follow the steps

SPECIAL CONSIDERATIONS

Dynamic process

- Reassess progress after every intervention
- May need to go back to “A-B-C” again at any point
- If in doubt, choose the safest options
 - MILS
 - AED
- Communication
 - Clear, Firm and Assertive
- Lead or assign a leader in advance
- Debrief the team afterwards and give yourself time to recover!

PRACTICAL WORKSHOP

- Overview of Airway assessment, Airway maneuvers, Airway Adjuncts, breathing assessment, Use of Pocket Mask, Use of Bag Valve Mask
- Overview of BLS, Use of AED, principles of ALS
- Scenario Practice: Cervical Spine Injury; Cardiac Arrest; Limb Injury