

Preparation, Acute Pitchside and Post-Match Injury Management on Match Day Mini Series

Session 1 - Pre-Match Preparation of the Medical Team and Playing Staff

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Game Week



Game Week



UK Holiday Period



Travel to Away Game- Coach

- Distance to travel
- Food/fluid for journey
- Comfort
- Acute Medical Care
- Emergency Medical Equipment
- Entertainment



Travel to Away Game-Train



- Distance to location
- Food
- Mobilise
- Comfort
- Acute Medical Care
- Emergency Medical Equipment
- Connecting transfers

Travel to Away Game-Aeroplane



- Distance to location
- Food
- Mobilise
- Comfort
- Acute Medical Care
- Emergency Medical Equipment
- Connecting transfers

Night before Away Game - Hotel

- Location
- Food
- Noise
- Share/Singles
- Team or individual talk
- Treatment Session
- Foam Rollers/Pool after journey
- Previous results!!



Pre Match Sleep

- Timing
- Hotel/Home
- Mattress
- Pillow
- Linen
- Allergy
- Air Conditioning



Morning before away game



- Wake up time
 - Breakfast
- Massage/stretch session
 - Team talk
- Pre match meal (3 hours prior)
 - Travel

DECISION TIME ~ Game day



- Fitness test at nearest grassed area
 - Avoid match stadium
 - Limited in area/surface
 - 4-5 hours before ko

First Aid Room

- Easy access for stretcher and personnel
- Lockable
- Hot and cold running water
- Adequate lighting/heating
- Blankets
- Telephone/Mobile
- Contact/direction details of A&E
- Treatment Plinths
- Lockable cupboards
- Yellow clinical waste bag/sharps bin
- Ice Machine
- Curtains/screen
- Fire extinguisher/exit



Vacuum Splints



- Various Sizes
- Check before game

Leave 30 minsRe-assess rigidity

First Aid Kit

- Disposable Gloves (x2) hypoallergenic
- Pocket Mask
- Eye Dressing
- Plasters/dressings/bandages/swabs
- Tapes
- Triangular bandages
- Saline solution
- Foil blanket
- Scissors Tuff cut and normal
- Sugar sweets/cereal bar (diabetics)



Kit bag 1 for qualified medical professionals with suitable medical indemnity (EFL and PL guidelines)

- Pocket mask
- Oral and nasal airways
- Pen torch
- Tuff cut and normal scissors
- Gauze swabs
- Plastic bags
- Tape
- Sweets/cereal bar (diabetics)



Kit bag 2 for qualified medical professionals with suitable medical indemnity (EFL and PL guidelines)

- AED
- Portable suction
- Oxygen with non re-breathe and bag valve mask
- Pulse oximeter (illustrated)
- Stethoscope
- Forceps
- Sterile trauma dressings
- Upper and lower limb splints



Running On Bag (Personnel)

- Contact Lenses/Mirror
- Specific player inhalers
- Hypostop/Glucagon
- EpiPen
- Strappings
- Towel
- Padding
- Cliniband (Old)
- Vaseline
- Adjustable rigid cervical collar
- Radio/Phone contact



Stretchers

- Scoop stretcher
- Long back board
- Adjustable stiff neck collars
- Head blocks and straps
- Basket stretcher
- Vacuum Stretcher
- Spider straps





Upper and Lower Limb splints



- Box splints (illustrated)
- San splint
- Finger splints
- Vacuum splints

Pitch side Equipment

- SCAT 5 forms
- Ice
- Velcro wraps/Towels
- Crutches
- Replacement Dressings
- Hand Gel



Dressing Room Home



- Individual Cubicles
- Video/TV/Audio
- Spacious
- Warm up Area
- Bikes
- Ice bath
- Plunge pool
- Fridges

Emergency Action Plan (EAP)

- Minimum guidelines from the governing body/league/club
- Medical Emergencies
- Ground evacuations
- Evacuations
- Major Incidents



Questions related to EAP

- Does your role within the medical team differ if a player emergency occurs in training or on a match day?
- Where is all emergency equipment stored at the ground?
- What is the ideal route for an ambulance to access and leave the ground?
- If there is a major stadium incident, what happens to your role with the team before assisting in the new situation?

Practice Injury Scenarios

- Immediate Injury management
- Referral to secondary and tertiary care
- Complete medical records
- Complete accident report book
- Training and education of stretcher bearers/players
- Appropriate pre participation screening documentation



Pre-Match Meal

- 3 hours before kick off
- Fish/Chicken
- Eggs, Various
- Breads/Pasta/Rice
- Vegetables
- Cereal
- Rice Pudding



Pre game intake

Fluid

EVERY 1 KG LOST IN THE GAME IS EQUIVALENT TO 1 LITRE OF FLUID

ONE TO CUPS OF FLUID PER HOUR 3-4 HOURS PRE SPORT IS RECOMMENDED

WATER IS IDEAL, SPORTS DRINK IS AN INDIVIDUAL CHOICE

Food (Up to 1 hour before if necessary)

- Whole grain pretzels
- Whole grain dry cereal
- Whole grain crackers
- Granola bar
- Whole grain toast
- Whole grain bagel





Physiotherapy Roles

OStrapping OManual Therapy OPitch side Trauma Management



Hygiene and Personal Protective Equipment (PPE)

- Wear PPE i.e. disposable gloves
- Cover own wounds with waterproof dressings
- Remove jewellery
- Wash hands before/after each player contact
- Up to date vaccination records
- Specialised cleaning fluids for spillage/leakage
- Clinical Waste



Strapping Materials



- Underwrap
- Zinc Oxide Tape
- Cohesive Spray
- Elastic Adhesive Bandage
- Adhesive Wool Felt
- Scissors

Why use Strapping to play?

Limit joint range

30% on initial application(Myburgh et al, 1984).

-Lessens with exercise 40%-10 minutes (Rarick et al,1962) 25%-30 Minutes (Vaes,1985) 18%-15 minutes (Laughman et al,1980)

After 60 minutes all mechanical restriction is lost (Fumich et al, 1981).

Stimulate the neuro-muscular mechanisms

Facilitates the effect on skin receptors and stimulates muscular contraction of peroneus brevis (Sprigines, 1981).

Proprioceptive training is as effective as taping in prevention and reduction of ankle injuries (Tropp,1985)



Sustained and Natural Apophyseal Glides (SNAGS/NAGS)



- Non direct manual therapy approach
- Spinal and extremity
- Combined with Mobilisations with Movement (MWM)

• 'A joint mobilisation applied along the treatment plane of the joint while the player performs the comparable movement actively'

Mulligan

Proprioceptive Neuromuscular Facilitation (PNF) Kabat



• Non direct manual therapy approach

• Uses combinations of isometric and isotonic muscle contractions with active and passive stretching

- Uses associated breathing techniques
- Treatment tool not diagnostic
- Used in combination with alternative manual therapies

Muscle Energy Technique (MET)

Chaitow

- Muscle/fascia direct approach to manual therapy
- Uses intrinsic muscle power to achieve a variety of effects, involving isometric and isotonic contraction phases
- Diagnostic and treatment tool
- Used in combination with alternative manual therapies



Specific Soft Tissue Mobilisation (SSTM) Physiological (Static/Dynamic)



Static

Muscle/fascia direct approach to manual therapy 'No joint movement or muscular contraction with longitudinal tension applied to the site of tissue dysfunction'

Dynamic

Non direct manual therapy approach 'Joint movement or muscular contraction with longitudinal tension applied to the site of tissue dysfunction'

Specific Soft Tissue Mobilisation (SSTM) Accessory



- Non direct manual therapy approach
- '90° force applied to the line of the affected tissue and on the same plane where possible'



Specific Soft Tissue Mobilisation (SSTM) Combined



• Non direct manual therapy approach

• 'Combining accessory with physiological to produce a sequence effect'

• Mixing functional movement patterns related to the sport with the appropriate SSTM

Hunter

Adverse Neural Tension (ANT)

Non direct manual therapy approach

Assessment and treatment of the nervous system as a dynamic structure

Uses passive mobilisation through tension testing

The testing and examination tension tests become refined relative to the injury and are then used as the treatment modality of choice



McKenzie

Joint direct approach to manual therapy

Joint pain caused by postural stress, joint derangement or dysfunction

Diagnostic and treatment tool

Self exercising treatment concept



A patient performing McKenzie extensions (left) and one-leg press-ups (right).



ANDERSON

Muscle Stimulator

- Compex
- Kneehab
- Part of the players prehabilitation routine
- Supplement active exercise







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Hot packs

- Use of direct infra-red heat via thermal hot packs
 - Superficial structures primarily
 - Vasodilatation
 - Muscle relaxation
 - Increased metabolism
 - Sedative effect on sensory nerve endings

Fascial

- Golf Ball
- Foam Roller
- Fascial mat







