INTER-ASSOCIATION TASK FORCE FOR APPROPRIATE CARE OF THE SPINE CONSENSUS STATEMENT

In May 1998, the ACBSP™ was able to send a representative to participate in the Inter-Association Task Force for Appropriate Care of the Spine, which was organized by the National Athletic Trainers Association. Drs. Tom Hyde and Andy Klein facilitated the ACBSP™ representation at this meeting. Jay Greenstein, DC, CCSP® represented the ACBSP™ at this multi-disciplinary summit to develop guidelines for the appropriate care of the spine-injured athlete. In addition, the task force identified additional areas of concern and ideas for future projects. The task force will draft a letter to athletic helmet manufacturers, NOCSAE, and sports governing bodies recommending that football helmet face masks should be attached by loop straps and not be bolted on, in order to facilitate appropriate emergency management by medical personnel. They will also be drafting a letter to athletic helmet manufacturers and NOCSAE recommending that loop straps be made of a material that is easy to cut, and the producers of loop straps provide appropriate tools to cut/remove the loop straps that they manufacture. The ACBSP™ has voted to endorse the NATA Position Statement and adopt these preliminary guidelines. The ACBSP™ will continue to contribute in a cooperative effort to the further development of this topic in the future. The ACBSP™ wishes to thank Dr. Greenstein for again representing the profession in an exemplary manner. The first draft was approved by the ACBSP™ Board of Directors and states:

Mission of the Summit:

To develop guidelines for the pre-hospital management of the physically active with suspected spinal injury.

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 and 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 pre-hospital 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, or 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 be removed, or if only one is present, appropriate spinal alignment must be
maintained.
* The front of the shoulder pads can be opened to allow access for CPR and defibrillation.

This task force encourages the development of a local emergency care plan regarding the pre-hospital care of the athlete with a suspected spine 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 pre-hospital 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;

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