

SUMMIT  sport physiotherapy

MOVE WELL
LIVE WELL

OKOTOKS | HIGH RIVER | NANTON



Lifemark Sport Medicine



Lifemark 
SPORT MEDICINE

Lifemark Sport Medicine



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Prevention Care Performance



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SPORT MEDICINE

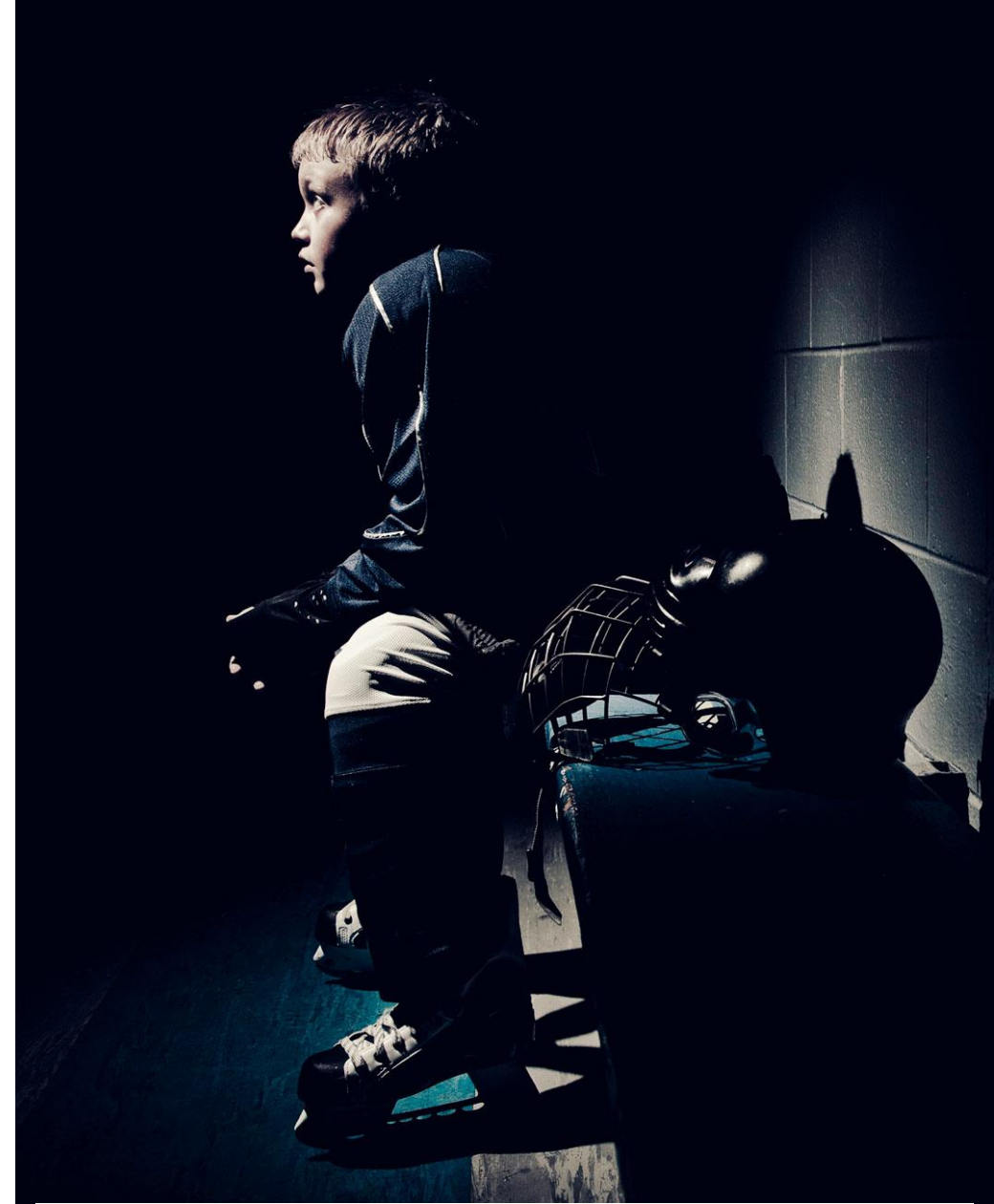
Safety Coach Seminar

- Our Team

- Orinda McCann R.N.
- Logan Miller Kin. Sport Med. Coordinator
- Joe Koshman P.T.
- Bob Dunlop P.T. Dip. Sport P.T.

- Your Team

- Athletes/Staff
- Safety Director
- Summit / Lifemark



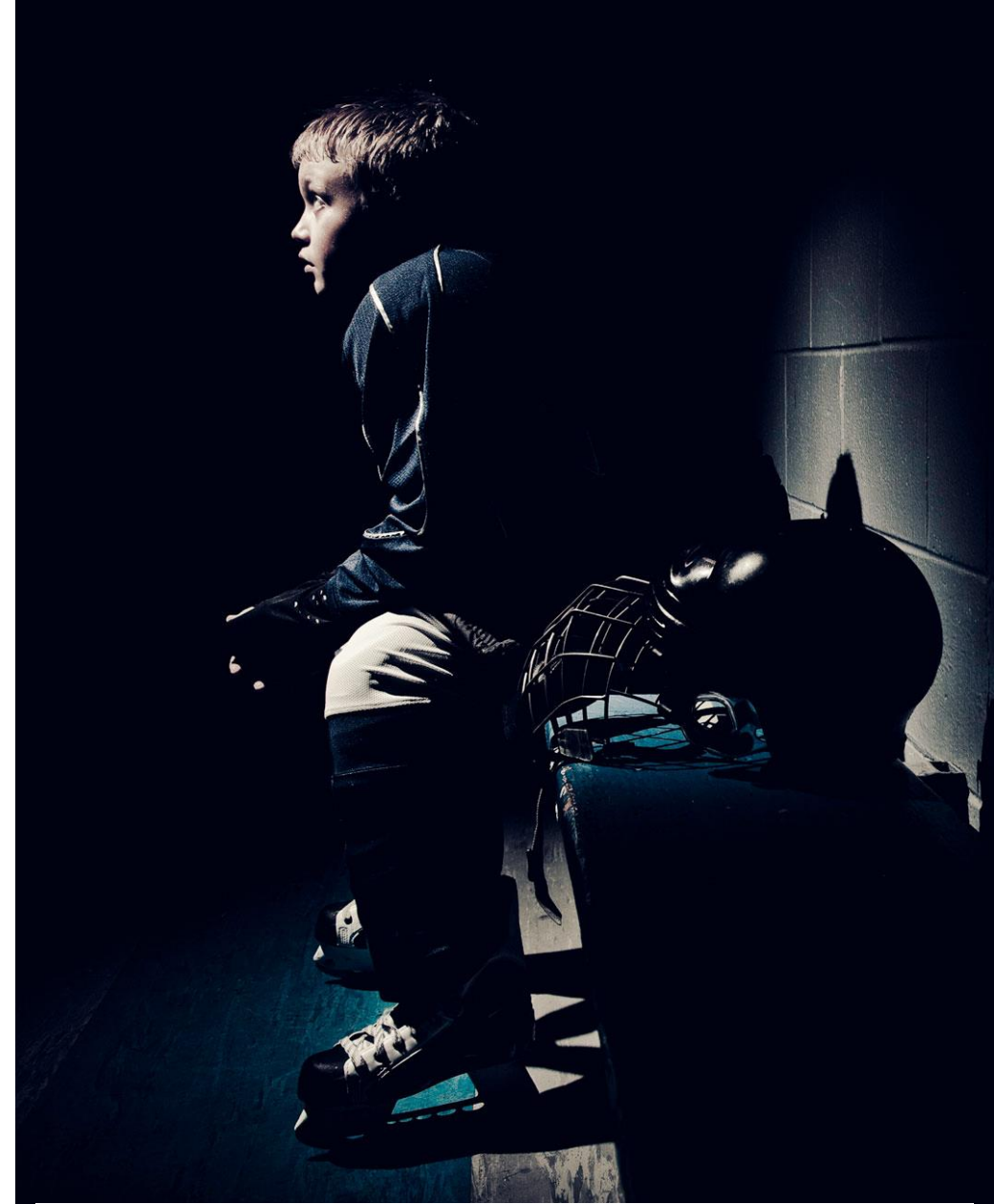
Safety Coach

- **Head of Team Safety Program**
 - Collect & review medical forms
 - Evaluate Equipment Fit
 - Recruit EAP team, Develop plan
 - Set team warm-up
 - Perform On/Off Ice Injury Assessment
 - Document all medical interactions
 - Refer injured athletes to care provider
 - Confirm clearance to return to play
 - Monitor return to play
 - Performance education



This Evening

- Goal
 - Hockey Canada HSP → Knowledge
 - Seminar → Skills
- Contents
 - Medical Forms, Kits, EAP
 - On / Off Ice Assessment
 - Concussion
 - Injury Management, Return to sport
 - Athlete Education

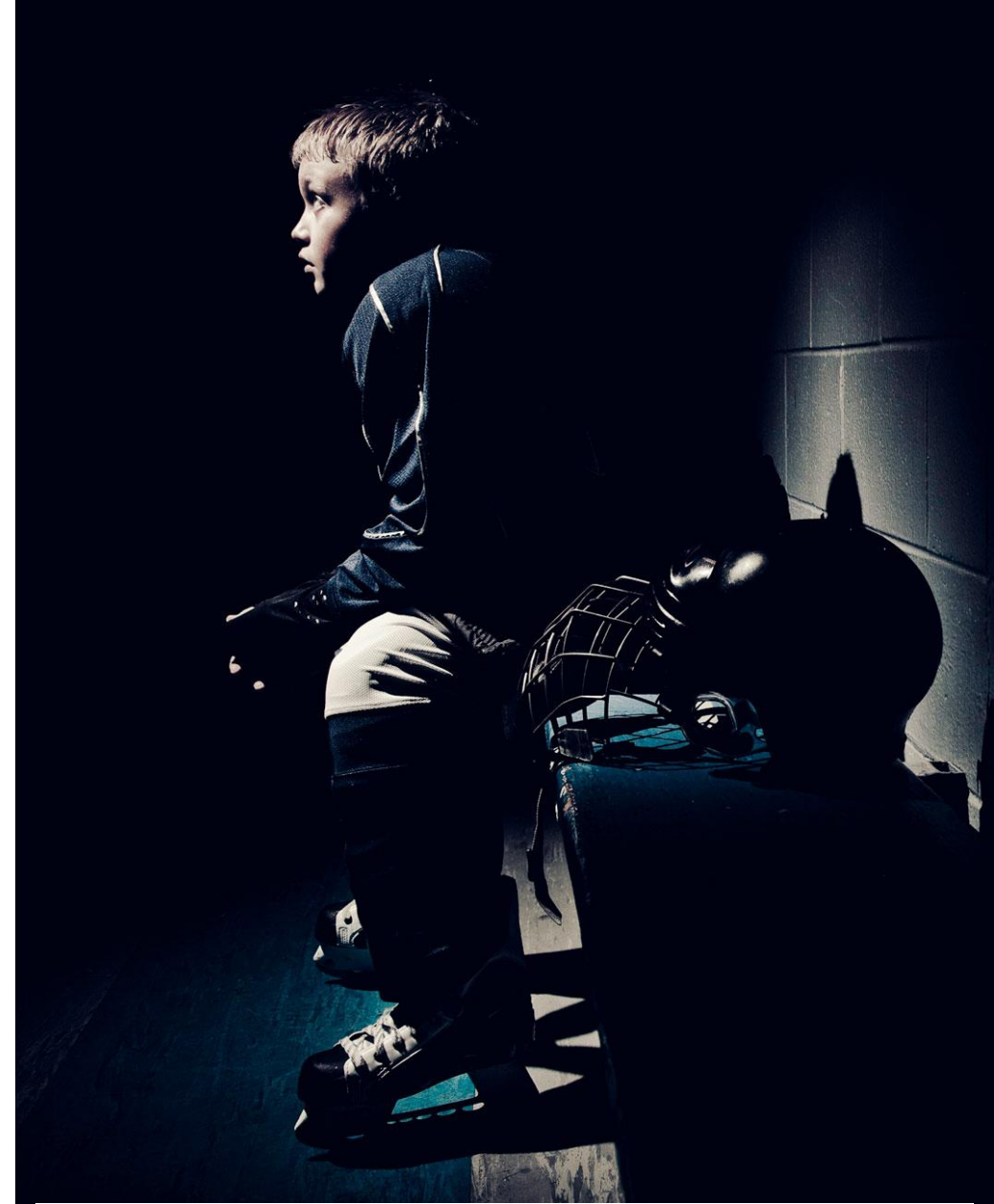


Prevention




Prevention

- Risk Reduction
 - Technique
 - Officiating
 - Targeted Programs
- Harm Reduction
 - Preparation
 - Skills
 - Practice



Medical Information

Hockey Canada 

MEDICAL INFORMATION SHEET

Name: _____

Date of Birth: Day ____ Month ____ Year ____

Address: _____

Postal Code: _____

Telephone: _____ **Cell:** _____

Provincial Health Number (optional): _____

Parent/Guardian #1: Name _____
Business Phone Number: _____

Parent/Guardian #2: Name _____
Business Phone Number: _____

Alternative Emergency Contact (if parents not available)

Name: _____

Relationship to Player: _____

Telephone: _____

Doctor's Name: _____
Telephone: _____

Doctor's Name: _____
Telephone: _____

Date of last complete physical examination: _____

Before a player participates in a hockey program, it is important that they have a medical and that they also have a physical examination problem checked by their family physician

Appropriate response and provide details below if you answer "Yes" to any of the questions.

<input type="checkbox"/> Medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has had more than a hockey injury in the last year
<input type="checkbox"/> Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trouble breathing during exercise	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has had more than a wrist/ankle injury in the last year
<input type="checkbox"/> Previous history of concussions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has had more than a shoulder injury in the last year
<input type="checkbox"/> Fainting or seizure during or after physical activity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Palpitations or Racing Heart	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has had more than a knee injury in the last year
<input type="checkbox"/> Near fainting or Brownouts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Family history of heart disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Been admitted to hospital in the last year
<input type="checkbox"/> Seizures and/or epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Family history of unexpected death during physical activity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Surgery in the last year
<input type="checkbox"/> Wears glasses	Yes <input type="checkbox"/> No <input type="checkbox"/>	Family history of unexplained death of a young person	Yes <input type="checkbox"/> No <input type="checkbox"/>	Presently injured injured body part: _____
<input type="checkbox"/> Are lenses shatterproof	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes - Type 1 ___ Type 2 ___	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vaccinations up to date
<input type="checkbox"/> Wears contact lenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wears medical information bracelet/necklace. For what purpose? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last Tetanus Shot: _____
<input type="checkbox"/> Wears dental appliance	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Hepatitis B vaccination
<input type="checkbox"/> Hearing problem				

First Aid Kit and Universal Precautions

A risk of injury and subsequent bleeding exists in hockey and all sports

Open wounds do provide for a small risk of infection

The recommended approach when bleeding occurs is to assume
all blood is potentially contaminated

Universal precautions exist for all care-givers that minimize the risk
of infection from bodily fluids



Emergency Action Plan

- **Charge Person**
 - Familiar with Area Emerg. Equipment
 - Take Control of Emergency Situation
 - Assess Injured Athlete
- **Call Person**
 - Plan/Establish Communication with EMS
 - Arena Location & Location in Arena
 - Best Route from Exterior to Athlete
- **Control Person**
 - Ensure route for EMS is clear
 - Seek Trained Medical Aid
 - Communicate with Parents



EAP Development

- **Charge Person**
 - Assessment knowledge and skills
 - Check resources at each facility
 - Coordinate communication and practice
- **Call Person**
 - Plan/Establish Communication with EMS
 - Know locations at all facilities
 - Scout evac. Route at all facilities
- **Control Person**
 - Check route with call person
 - Scout Medical Aid/ med. info
 - Have Parent contact info



Who goes Where?

- **Charge Person**
 - Stabilize, Assess Athlete
 - EAP activation signal
 - Monitor Athlete
- **Call Person**
 - Make EMS call
 - Confirm call to Charge Person
 - Relay EMS information
- **Control Person**
 - Help confirm call status
 - Alert arena staff
 - Meet EMS at exterior access



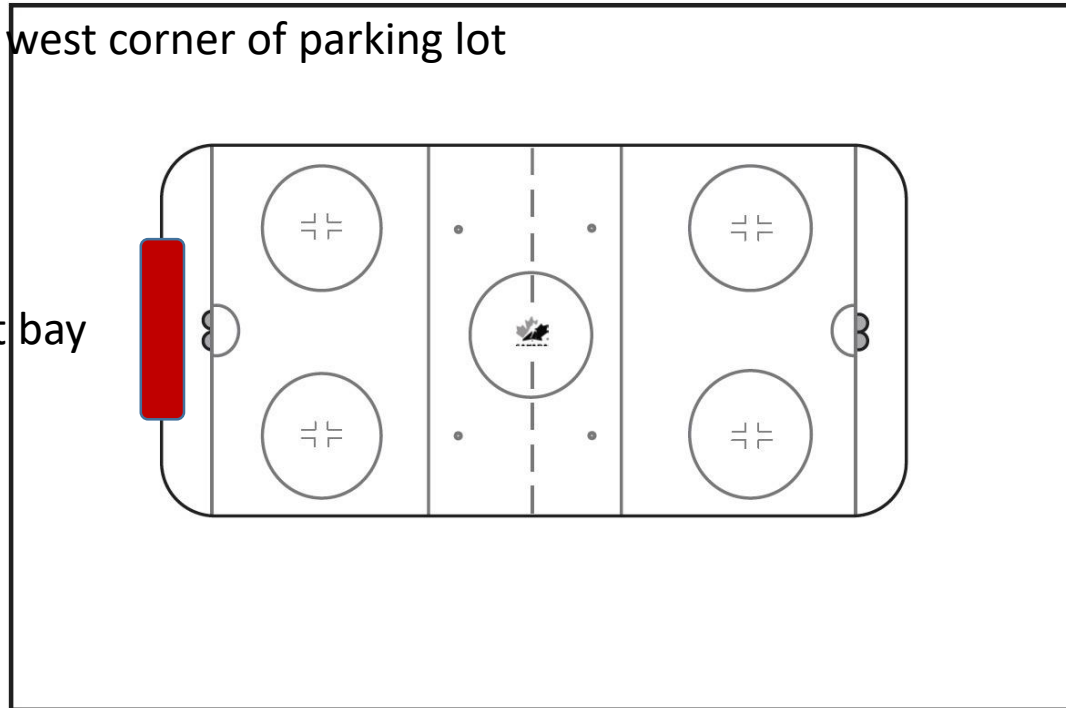
Emergency Action Plan Bob Snodgrass Recreation Complex High River, Alberta

 Blue door locked

Double door to north west corner of parking lot

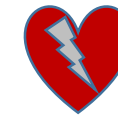


Door to exit bay



Legend

-  Phone
-  Exits
-  First Aid
-  AED



Lobby next to concession

Oct 15, Big Arena

- Charge = Bob
- Call = Logan
- Control = Joe

- Teamwork
 - Call, Charge, Control, Athlete
- Situation
 - Athlete falls behind net
 - Remains down motionless
 - Unresponsive, breathing, pulse
 - Charge person activates EAP
 - Call/Control person in stands
- Switch Roles x 4



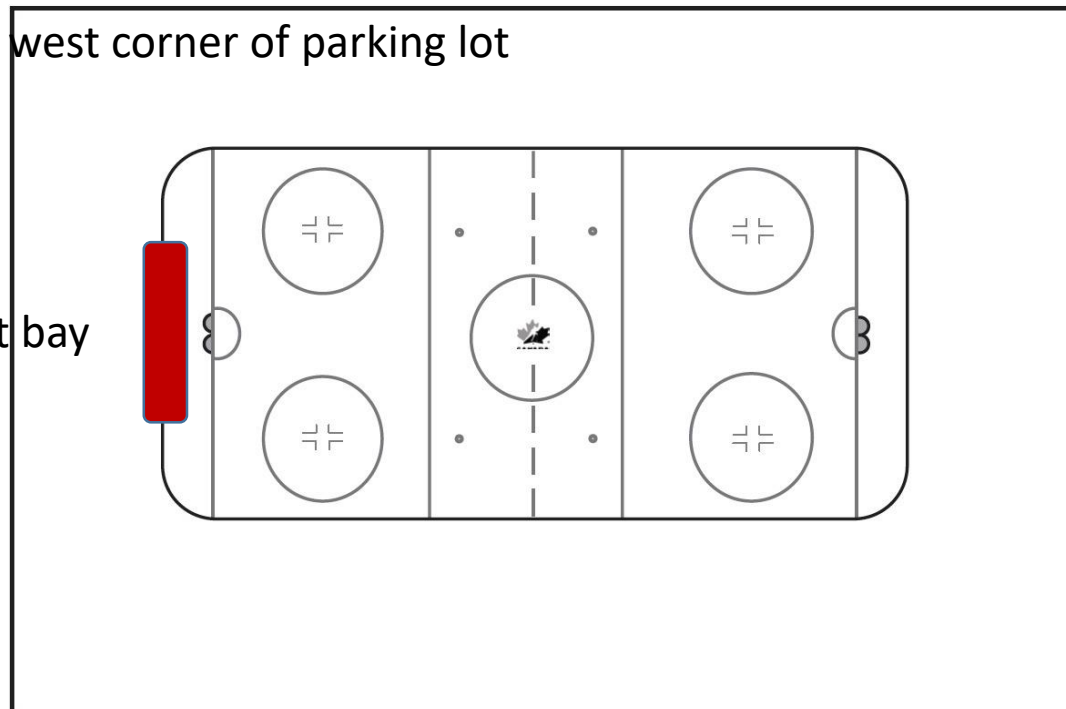
What Did We Learn?

 Blue door locked

Double door to north west corner of parking lot

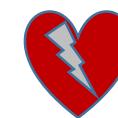


Door to exit bay



Legend

- Phone
- Exits
- ✚ First Aid
-  AED



Lobby next to concession

Oct 15, Large Arena

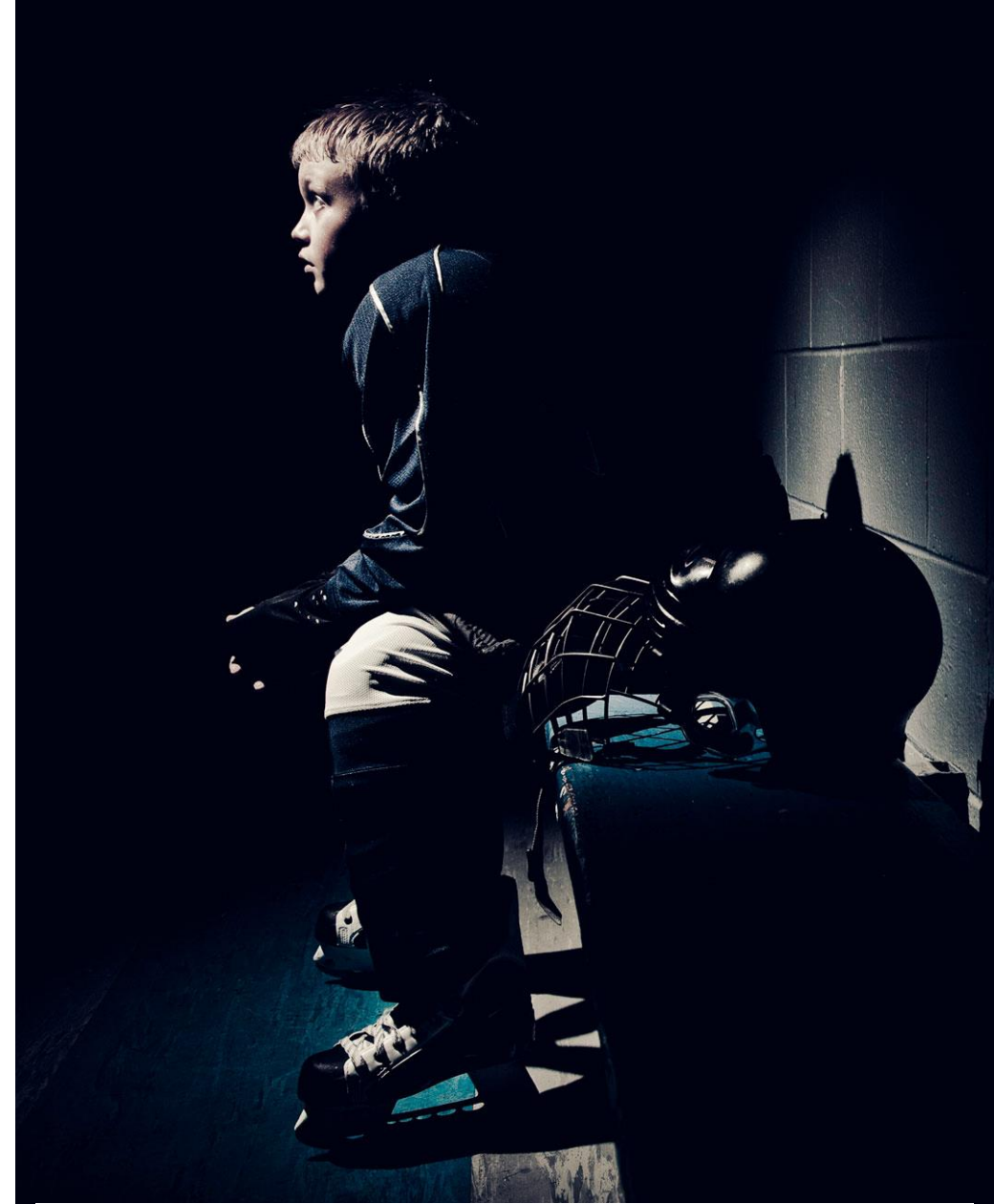
- Charge = Bob
- Call = Logan
- Control = Joe

On Ice Assessment



Preparation

- Preseason
 - Review & file med. forms
 - Contact list in phone
 - EAP practice
 - Review contents of first aid kit
 - Discussion with Team
- Pre Game
 - Gloves, Towel, First Aid Kit
 - Touch base with EAP Team
 - Focus your lens



- Mechanism of Injury

- Cue to:

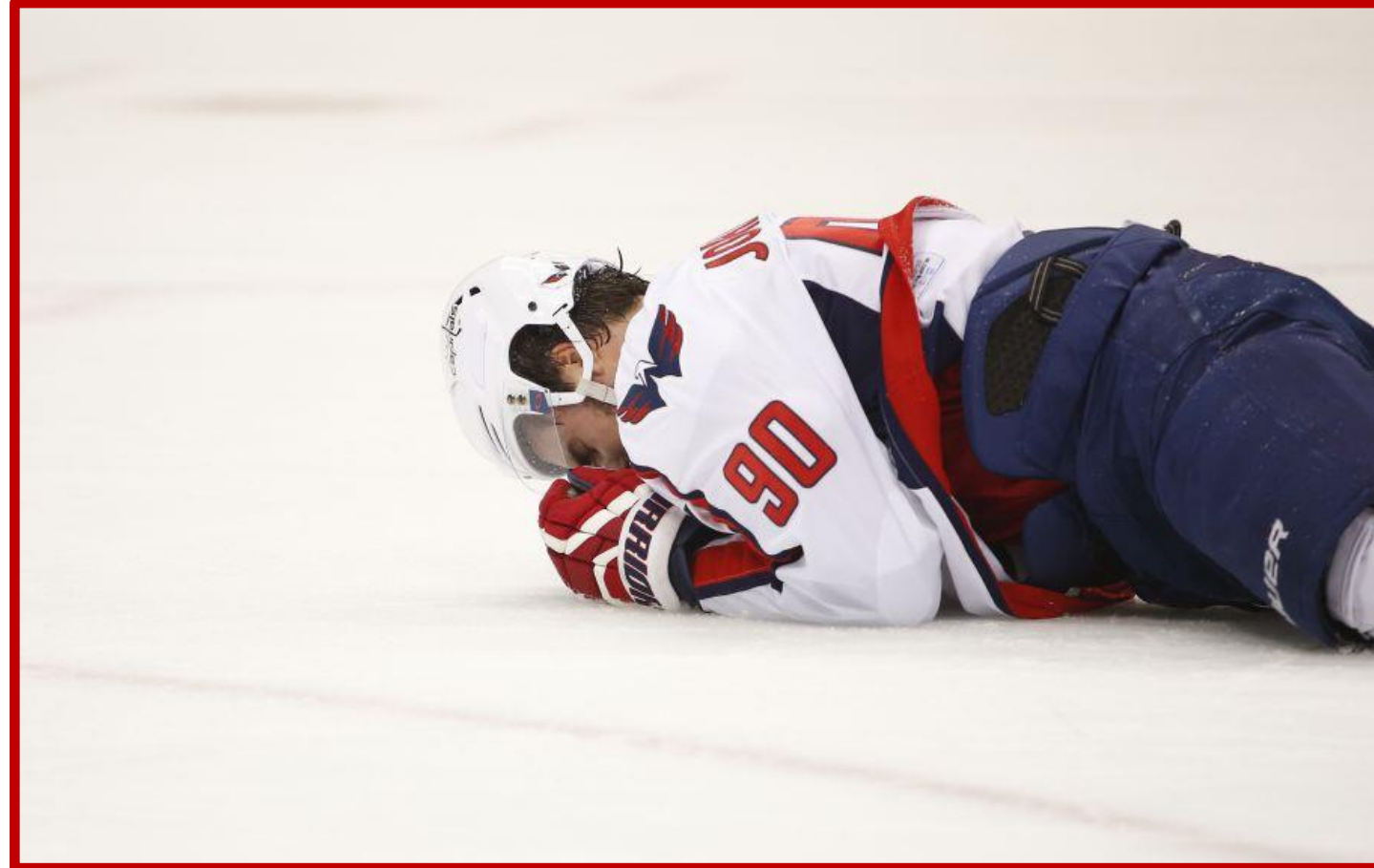
- Area of body
 - Potential severity

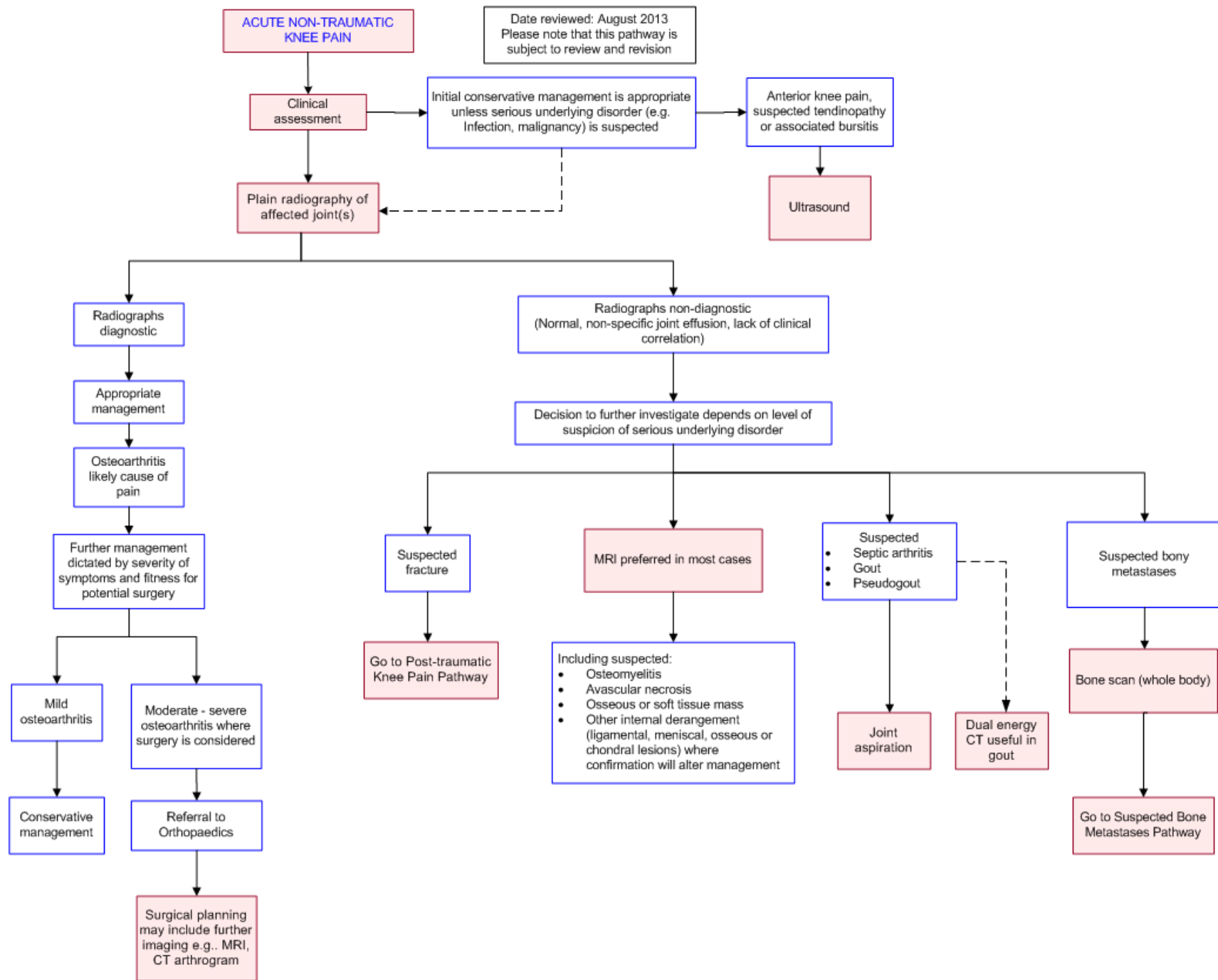
- Approach

- Gloves, Towel, Traction
 - Posture, Motion, Sounds
 - STABILIZATION

- Purpose

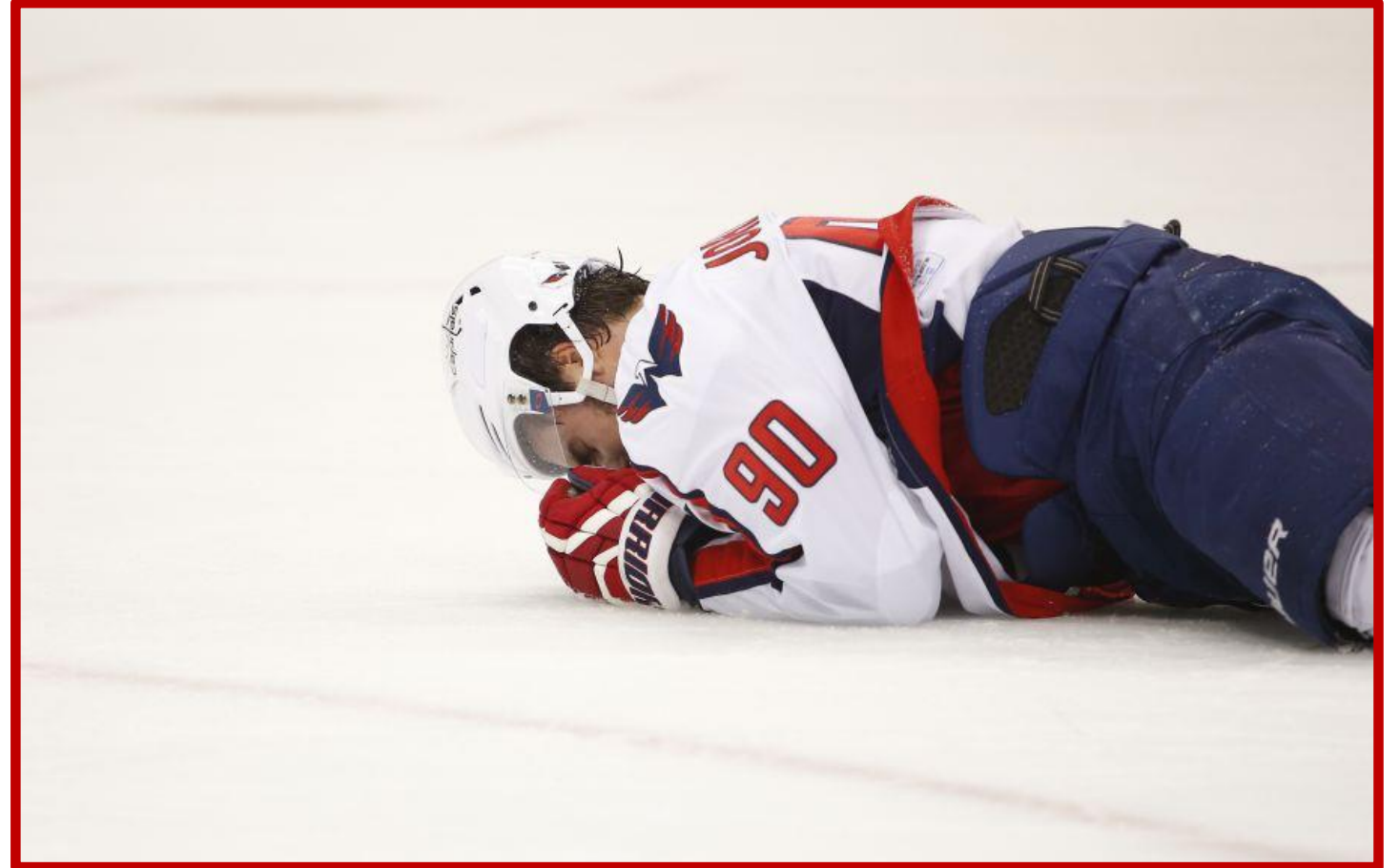
- Safe evacuation





History

- Can you hear me?
- What is wrong?
- Where is the pain?
- Have you hurt that before?
- Can you move it?
- Other symptoms?
- Pain changing?
- Reassure
- Can I look?



Exam

- Observe/Compare
- Your going to be ok, breathe
- Can you move your...
- Can I touch your....
- Can we go to the bench?
- Ready? Listen to me.



Evacuation

- Support injured area
- If in doubt get help
- Make plan, share plan
- Maintain Contact
- Step by step, check comfort
- Bench or Dressing Room?



Practice

- Forward tripped
- Falls on outstretched arm
- Severe left shoulder pain
- Reluctant to move





Off Ice Assessment

- Time
- Reassure
- Expose Area
- Muscle Test
- Palpation



Documentation

- Hockey Canada 1st page
- Injury Log
- Return Letter MD/PT

 CANADA	<h2>HOCKEY CANADA INJURY REPORT</h2> <p>PAGE 1/2</p>	 HOCKEY EASTERN ONTARIO						
<p><i>See reverse for mailing address</i></p> <p><i>Forms must be filled out in full or form will be returned. This form must be completed for each case where an injury is sustained by a player, spectator or any other person at a sanctioned hockey activity</i></p>	<p>CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE. DATE OF INJURY: ___/___/___ Mo. Day Yr.</p> <p>INJURED PARTICIPANT: <input type="checkbox"/> Player <input type="checkbox"/> Team Official <input type="checkbox"/> Game Official <input type="checkbox"/> Spectator</p> <p>Name: _____ Birthdate: ___/___/___ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Mo. Day Yr.</p> <p>Address: _____</p> <p>City / Town: _____ Province: _____ Postal Code: _____ Phone: (___) _____</p> <p>Parent / Guardian: _____ Email Address: _____</p>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>DIVISION</p> <p><input type="checkbox"/> Initiation <input type="checkbox"/> Novice <input type="checkbox"/> Atom <input type="checkbox"/> Peewee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget <input type="checkbox"/> Juvenile <input type="checkbox"/> Junior</p> </td> <td style="width: 50%; padding: 5px;"> <p>CATEGORY</p> <p><input type="checkbox"/> AAA <input type="checkbox"/> A <input type="checkbox"/> BB <input type="checkbox"/> CC <input type="checkbox"/> DD <input type="checkbox"/> House <input type="checkbox"/> Minor Junior <input type="checkbox"/> Adult Rec. <input type="checkbox"/> AA <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Major Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other _____</p> </td> </tr> </table>			<p>DIVISION</p> <p><input type="checkbox"/> Initiation <input type="checkbox"/> Novice <input type="checkbox"/> Atom <input type="checkbox"/> Peewee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget <input type="checkbox"/> Juvenile <input type="checkbox"/> Junior</p>	<p>CATEGORY</p> <p><input type="checkbox"/> AAA <input type="checkbox"/> A <input type="checkbox"/> BB <input type="checkbox"/> CC <input type="checkbox"/> DD <input type="checkbox"/> House <input type="checkbox"/> Minor Junior <input type="checkbox"/> Adult Rec. <input type="checkbox"/> AA <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Major Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other _____</p>				
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<p>BODY PART INJURED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"> <p>Head <input type="checkbox"/> Face <input type="checkbox"/> Skull <input type="checkbox"/> Eye Area <input type="checkbox"/> Throat <input type="checkbox"/> Dental</p> </td> <td style="width: 33%; padding: 5px;"> <p>Back <input type="checkbox"/> Lower <input type="checkbox"/> Upper <input type="checkbox"/> Neck <input type="checkbox"/> Upper</p> </td> <td style="width: 33%; padding: 5px;"> <p>Trunk <input type="checkbox"/> Abdomen <input type="checkbox"/> Ribs <input type="checkbox"/> Chest</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Arm: <input type="checkbox"/> Left <input type="checkbox"/> Collarbone <input type="checkbox"/> Right <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Upper arm <input type="checkbox"/> Forearm/Wrist</p> </td> <td style="padding: 5px;"> <p>Leg: <input type="checkbox"/> Left <input type="checkbox"/> Knee <input type="checkbox"/> Right <input type="checkbox"/> Toe <input type="checkbox"/> Shin <input type="checkbox"/> Thigh <input type="checkbox"/> Other <input type="checkbox"/> Foot</p> </td> <td style="padding: 5px;"> <p>Pelvis <input type="checkbox"/> Hip <input type="checkbox"/> Groin</p> </td> </tr> </table>		<p>Head <input type="checkbox"/> Face <input type="checkbox"/> Skull <input type="checkbox"/> Eye Area <input type="checkbox"/> Throat <input type="checkbox"/> Dental</p>	<p>Back <input type="checkbox"/> Lower <input type="checkbox"/> Upper <input type="checkbox"/> Neck <input type="checkbox"/> Upper</p>	<p>Trunk <input type="checkbox"/> Abdomen <input type="checkbox"/> Ribs <input type="checkbox"/> Chest</p>	<p>Arm: <input type="checkbox"/> Left <input type="checkbox"/> Collarbone <input type="checkbox"/> Right <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Upper arm <input type="checkbox"/> Forearm/Wrist</p>	<p>Leg: <input type="checkbox"/> Left <input type="checkbox"/> Knee <input type="checkbox"/> Right <input type="checkbox"/> Toe <input type="checkbox"/> Shin <input type="checkbox"/> Thigh <input type="checkbox"/> Other <input type="checkbox"/> Foot</p>	<p>Pelvis <input type="checkbox"/> Hip <input type="checkbox"/> Groin</p>	<p>NATURE OF CONDITION</p> <p><input type="checkbox"/> Concussion <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain <input type="checkbox"/> Strain <input type="checkbox"/> Contusion <input type="checkbox"/> Dislocation <input type="checkbox"/> Separation <input type="checkbox"/> Internal Organ Injury</p>
<p>Head <input type="checkbox"/> Face <input type="checkbox"/> Skull <input type="checkbox"/> Eye Area <input type="checkbox"/> Throat <input type="checkbox"/> Dental</p>	<p>Back <input type="checkbox"/> Lower <input type="checkbox"/> Upper <input type="checkbox"/> Neck <input type="checkbox"/> Upper</p>	<p>Trunk <input type="checkbox"/> Abdomen <input type="checkbox"/> Ribs <input type="checkbox"/> Chest</p>						
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<p>ON-SITE CARE</p> <p><input type="checkbox"/> On-Site Care Only <input type="checkbox"/> Refused Care</p> <p><input type="checkbox"/> Sent to Hospital by: <input type="checkbox"/> Ambulance <input type="checkbox"/> Car</p>								

Concussion



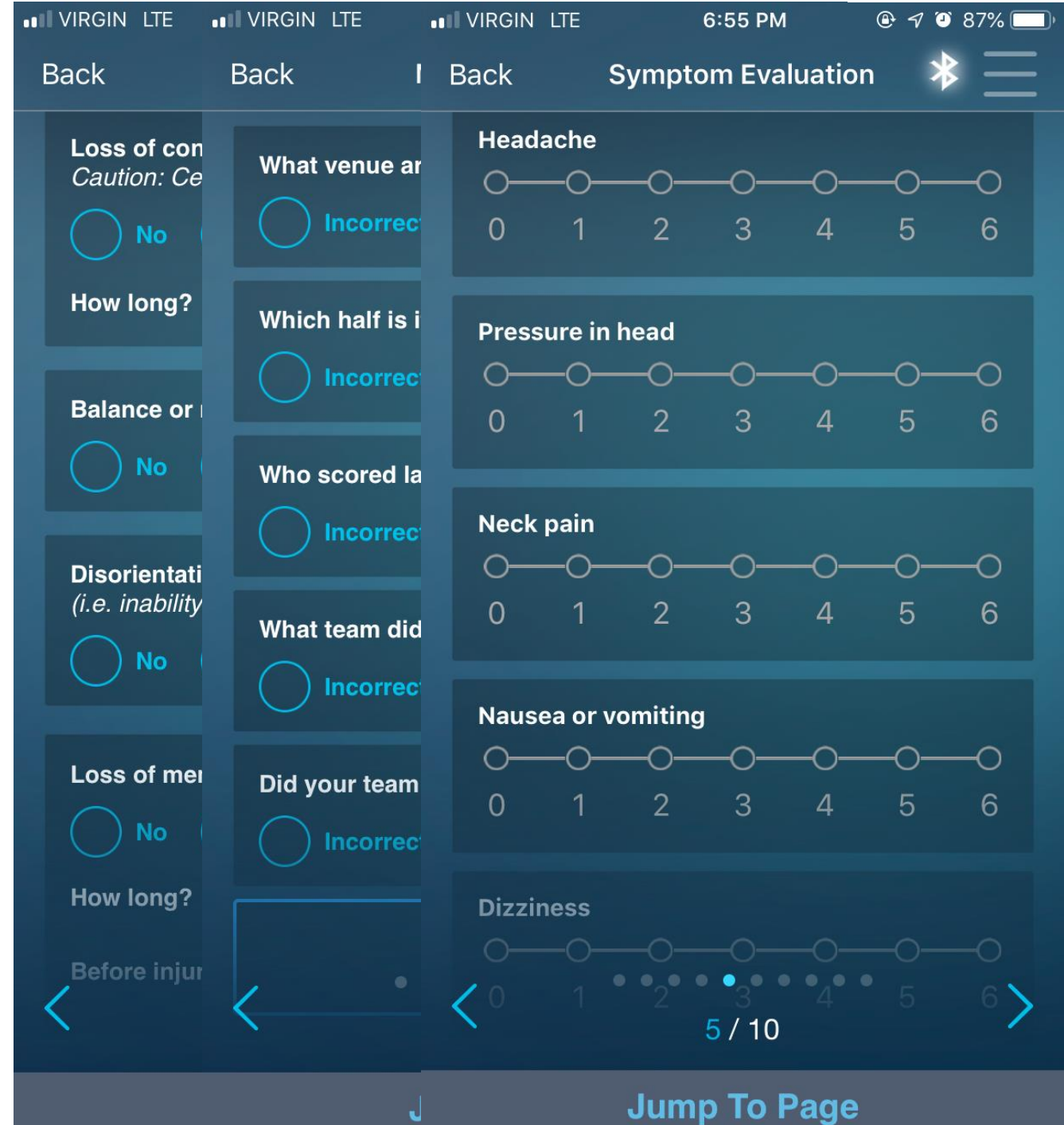
History

- Can you hear me?
- What's wrong?
- Where does it hurt?



Examination

- CRT / HeadCheck
 - Red Flags → EAP
 - Orientation → Refer
 - Symptoms → Refer



CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



FIFA®

Supported by



FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

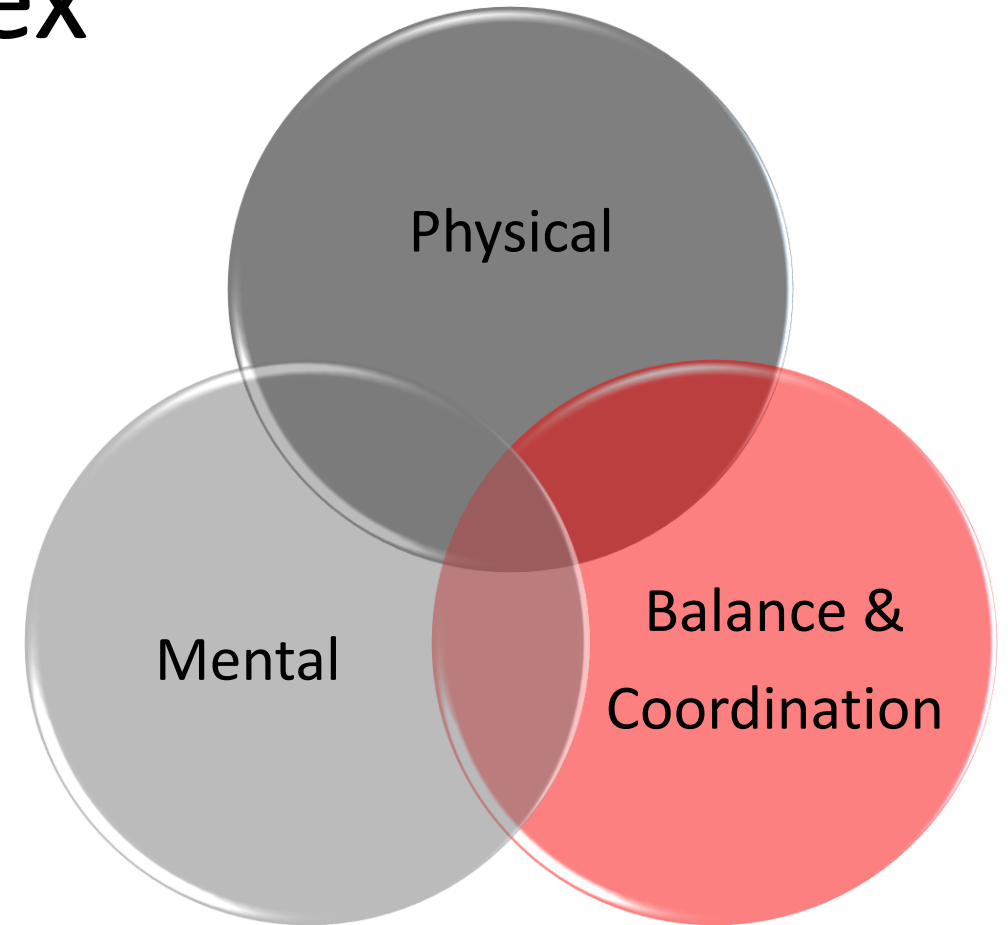
Referral

- Medical Clearance
- Acute Concussion Assessment
- OMHA Return to Sport Procedure



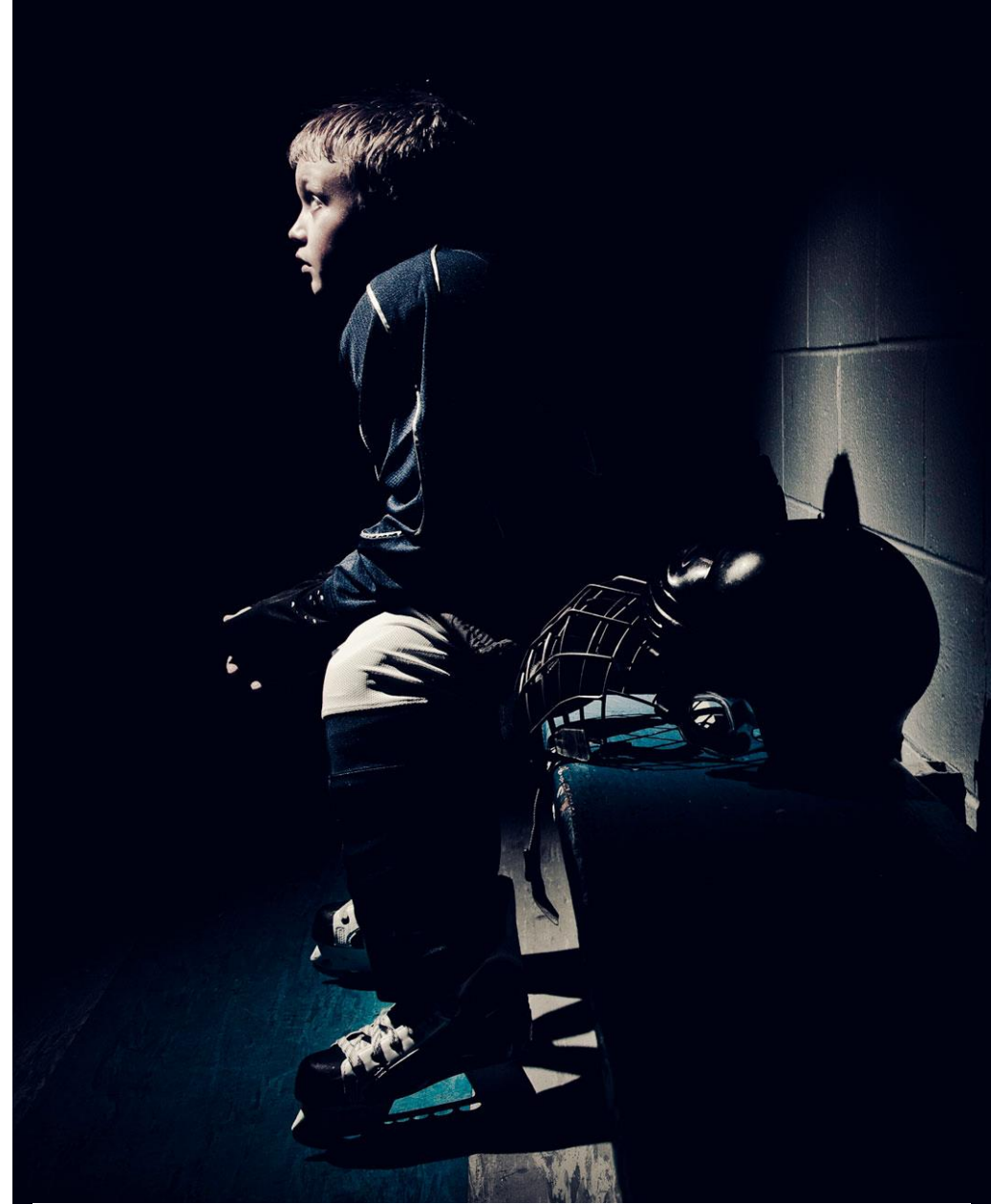
Concussions are Complex

- Use tools (CRT/HeadCheck)
- Reassess
- Refer



Return to Sport

- Progression
- Motion
- Strength
- Sport Specific Movement
- Confidence



Referral?

- When
 - Recovery > 24 hours
- Who
 - Parent Preference
 - Expertise
 - Communication
- Expectations





Sport Specific Therapy



Team Approach



Concussion Care



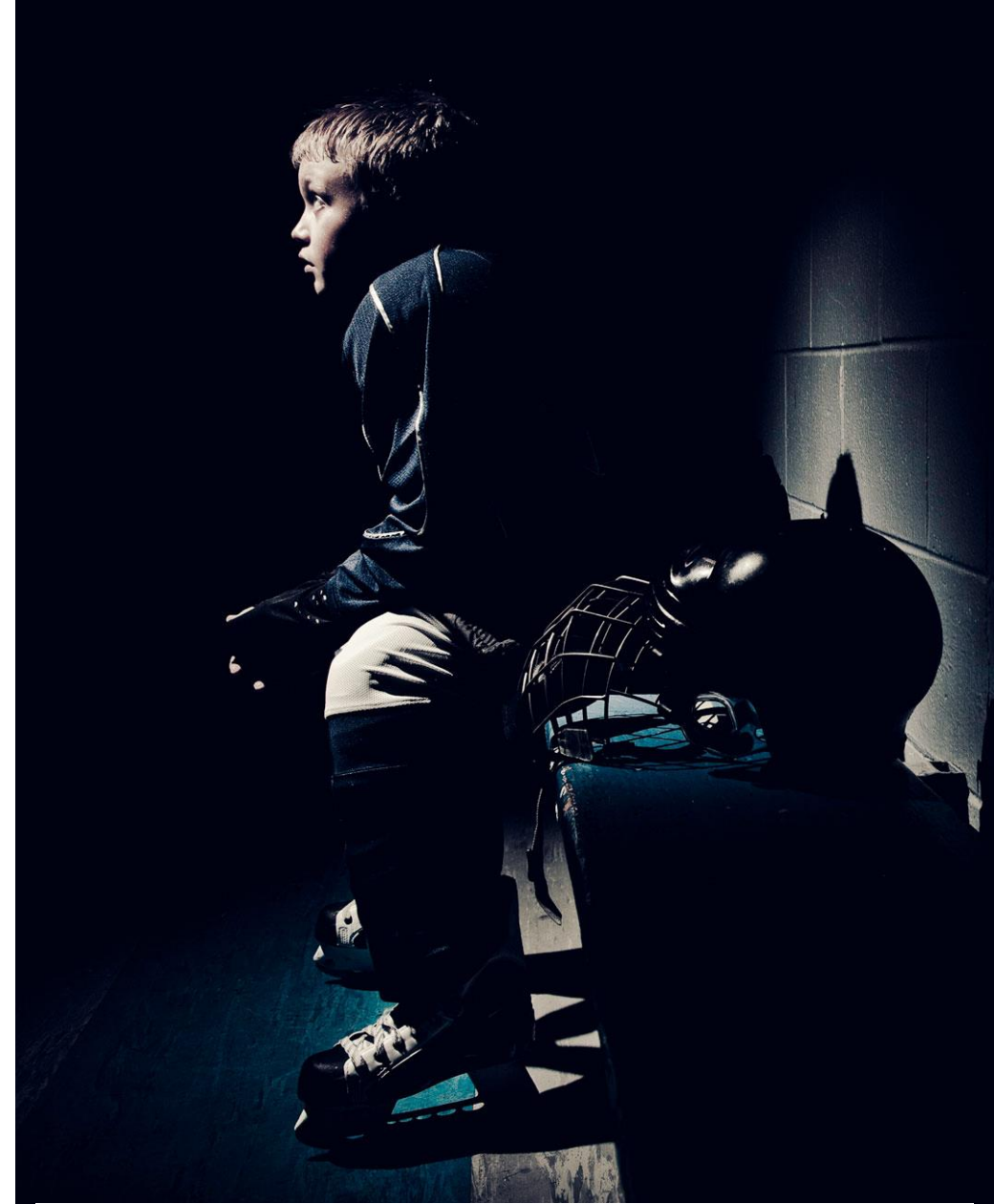
Team Performance Seminars



Physician & Imaging Referrals

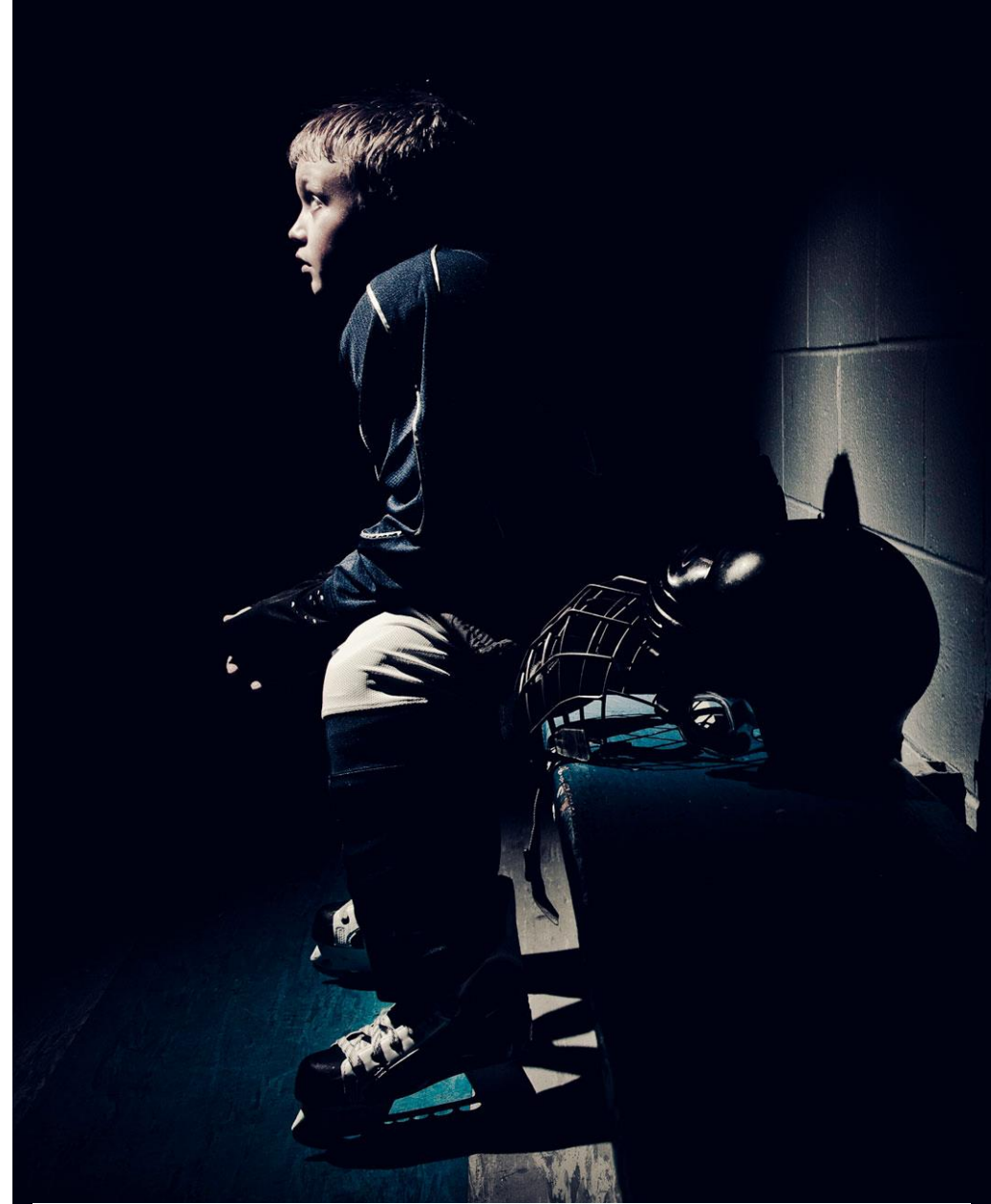
Care

- Fast Track Appointments
 - okotokssportmed@lifemark.ca
- Communication to:
 - Parents
 - Head/Safety Coach
 - Family Physician
- Return to Sport Planning



Concussion

- Detailed Assessment
- Instructions & Education
- Communication
- Follow-up
- Return to School/Sport Planning



Injury

Send assessment request to okotokssportmed@lifemark.ca

Athlete contacted within 24 hours to create appointment with Lifemark/Summit Team

Assessment within 1-2 days with Lifemark/Summit Team

*Athlete injury report sent to:

- Parents
- Coach
- Trainer

Report contains:

- Diagnosis
- Treatment plan
- Return to sport program

Player Update Report

Client

Shoulder Kid

Injury

Rotator cuff tendinitis

Athlete Restrictions

Skate with stick, no puck handling, can do tubing exercises at practice
lower body dryland only

Treatment Plan

Restore motion
Progressive strength drills, estimate contact practice in 10 days
Clinical treatment 2 x week, next on friday

Robert J. Dunlop
bob.dunlop@lifemark.ca
AHC Ref# 5645-28008

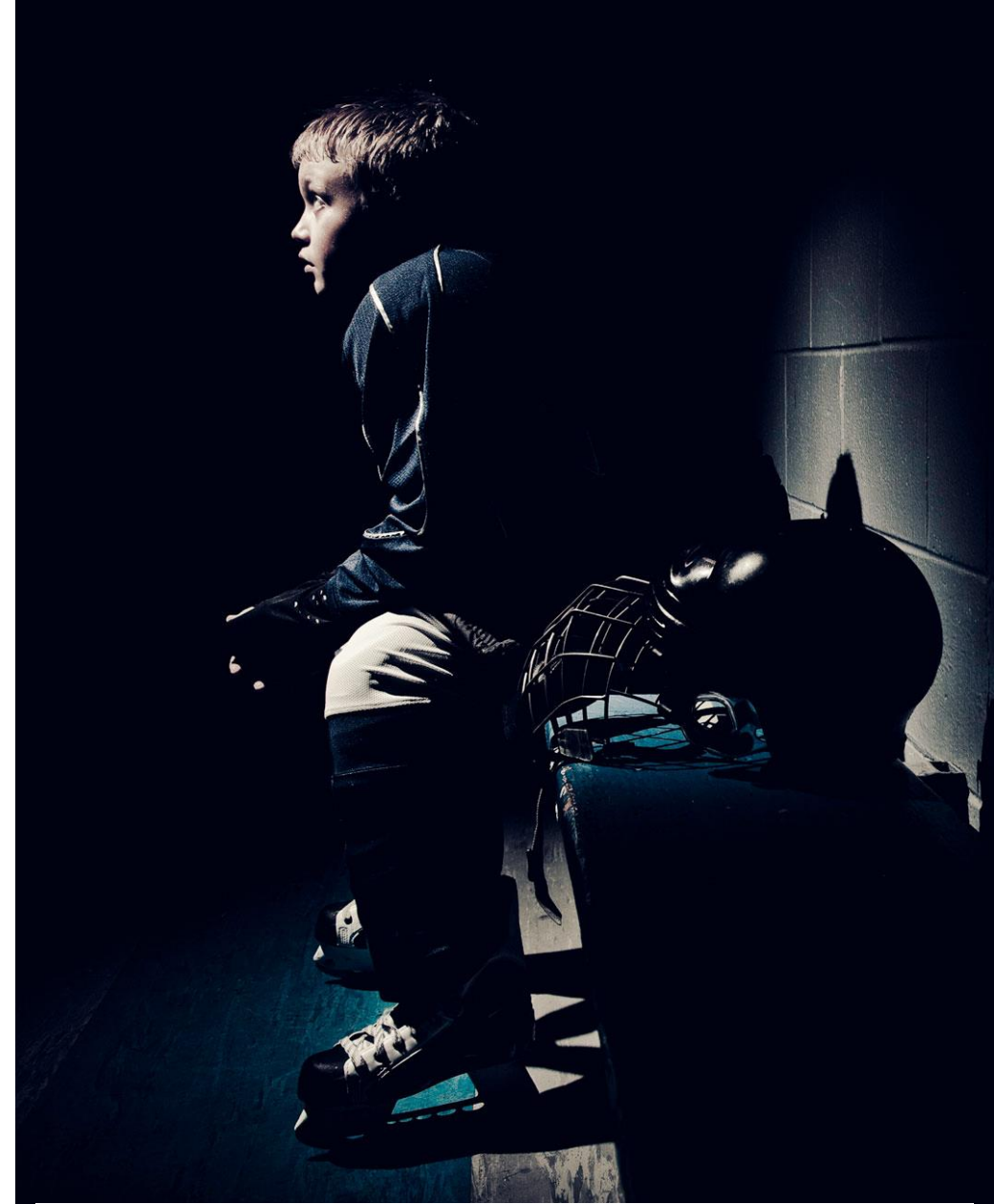
Okotoks
Recreation Center
Box 722 #100
99 Okotoks Drive
T1S 1A8
403.995.2131

High River
Recreation Center
#201 200 12th Ave SE
T1V 1M6
403.652.3916

Nanton
Medical Center
2214 20th Street
T0L 1R0
403.646.2676

Performance

- Sport Performance Seminar
 - Athletes/Coaches/Parents
 - Topics
 - Nutrition/Hydration
 - Concussion Awareness
 - Muscle Maintenance
 - Recovery/Regeneration
- Safety Coach Updates





Update on concussion management

The Concussion update will be valuable for anyone involved in sport. Athletes, parents, coaches and trainers will hear the latest information on concussion assessment, treatment and return to sport.

Event date: October 24th, 2018
Time: 7:00 pm
location: Centennial Arena Provincial Room
Speakers: Dr. Eric Babins, M.D., C.C.F.P, Dip. Sport Med. &
Alissa Hemsley P.T. Concussion Physical Therapist

To register please contact
Logan Miller
logan.miller@lifemark.ca
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