

Management of injuries during the fight

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Management of injuries during the fight

1. The central Referee has to manage two things in case of injury:
 - * The care of the injured athlete
 - * The right result of the match
2. If the Central Referees do not have in their short term memory the main cases that can happen before the fight, they waste time and can make mistakes.
3. Because in this kind of situation they are under pressure, their thinking is affected by the stress

1.1 Location of Injury

1. Head
2. Neck
3. Trunk
4. Upper limb
5. Pelvis
6. Lower limb

Trauma to the head

1. Face :

1. Eye trauma
2. Nosebleed
3. Nose fracture
4. Concussion
5. Jaw fracture
6. Cheek bone fracture
7. Cut
8. Tooth broken , dislocation

2. Skull : fracture, concussion

Trauma to the neck

1. **Larynx** : risk of suffocation
2. **Carotid artery** : lesion of the wall=> Aneurism
1. **Spine** :
 1. risk of spinal cord lesion=>paralysis below C4
 2. Risk of death => In C4 & Above C4

Trauma to the trunk

1. **Thorax**

1. Sternum
2. Rib : risk of pneumothorax => suffocation
3. Collar bone : risk of artery or nerve lesion

2. **Abdomen**

1. Spleen : internal hemorrhage
2. Liver : internal hemorrhage
3. Hollow organs

3. **Spine** : risk of spinal cord lesion and paralysis

Trauma to the upper limbs

1. **Shoulder** : dislocation +++
2. **Arm** : fracture
3. **Elbow** : fracture, sprain, dislocation
4. **Forearm** : fracture++
5. **Wrist** : sprain++, fracture, dislocation
6. **Hand** : fracture++, sprain
7. **Finger** : fracture, sprain, dislocation

Trauma to the pelvis

1. **Bone** : fracture, strong hematoma in muscle : buttocks
2. **Genitals** : risk of syncope
3. **Urinary bladder**

Trauma to the lower limbs

1. **Hip** : bruise
2. **Thigh** : hamstring lesion
(pulled)
3. **Knee** : sprain+++
4. **Leg** : fracture
5. **Ankle** : sprain+++
6. **Foot** : fracture to metatarsus
7. **Toe** : sprain, fracture,
dislocation

Nature of Injury

1. Bruise
2. Sprain
3. Dislocation
4. Fracture
5. Wound
6. Concussion
7. Internal trauma
8. Cardiac arrest

1.2 The questions for the Central Referee are :

1. Is it an injury or only pain?
2. Must I call the OMD or the team physician?
3. Is the Athlete able to resume the fight with or without care within one minute?
4. If the Athlete cannot resume the fight what is the result of the fight?

Criteria for Central Referee decision

It is not very easy to come to an opinion in a short time and under stress.

The central referee must:

1. Always bear in mind the main situations that occur and their management.
2. be confident in his/her impression and feeling.
3. have confidence in the athlete, when the athlete shows pain.
4. believe what he sees and not obey the athlete who is absolutely determined to fight.
5. not be influenced by the coach or team leader.
6. Remain calm and take the right decision for the sake of the athlete's health.
7. In case of doubt, call the OMD.

2. Large general categories of concern

1. Head
2. Neck
3. Trunk
4. Limbs

2.1 Head : face and skull

2.1.1 Face without concussion

Nosebleed, cut, wound to the lips, fractured jaw, fractured nose, fractured cheek bone, teeth dislocation.

In case of trauma to the face with injury the Central Referee calls the OMD.

In case of nosebleed, he can call the team physician or the OMD.

The OMD makes a diagnosis and administers care.

- * Nosebleed : he inserts two pads in the nostrils
- * Cut or wound : he tries to put tapes to stop the hemorrhage
 - * If he can do this within one minute the fight can continue
 - * If he cannot, the fight is stopped
- * Fractured Nose : it depends on the kind of fracture and the will of the Athlete to continue
- * Fractured Jaw or cheek bone : he stops the fight
- * Teeth dislocation : he stops the fight

2.1.2 Face or Skull with suspicion of concussion

1. The Central Referee calls the OMD, explaining clearly the situation. He must be sure that the OMD understands his/her speech.
2. The OMD checks the Athlete :
 1. Is the athlete aware or confused? Can he/she answer a simple question?
 2. Has the athlete his/her balance?
 3. Are the athlete's pupils reactive and symmetrical with lighting?
 4. Is the athlete pale ? With a lot of sweat?
 5. Does the athlete seem weak?
3. These are the criteria to decide if the suspicion of concussion is confirmed, within one minute.
4. The OMD decides to stop the fight in case of concussion or strong suspicion of concussion
5. In case he decides to allow the Athlete to resume the fight, he asks the Central Referee to be extremely attentive to the Athlete's behavior

2.1.3.1 What are the signs of concussion?

Following a blow to the head, it is concussion if:

1. There is loss of consciousness
2. The Athlete falls down or remains standing but loses his/her balance
3. The Athlete is dizzy or groggy or confused or has blurred vision
4. The pupils are not symmetrical

Concussion

Take care +++

When there is concussion some Athletes have automatic behavior and seem normal.

Don't hesitate to call the OMD to check the Athlete.

Communication between Central referee and OMD

The Central Referee must explain exactly the situation until the OMD understands.

He can help the OMD to manage the Athlete, if the OMD asks him, to lay down the Athlete on the floor.

Management with paramedics

1. If necessary the OMD with the paramedics transports the Athlete to the sick bay on a stretcher, on a chair or on foot accompanied by two people ready to hold the Athlete if necessary.
2. Sometimes the Athlete is angry and all he/she wants to do is resume the fight.
3. Everybody must show that the situation is under control and wait for the Athlete to calm down.

3. Neck trauma

* 3.1 Larynx (Often with a punch)

1. If the Athlete is out of breath.

The Central Referee calls the OMD . This latter checks and gives care.

1. If suffocation the OMD makes a tracheotomy

2. If the larynx is painful when swallowing or deformed the OMD stops the match and transports the Athlete to hospital for investigation

2. Only pain

The Central Referee waits for some seconds and starts the fight again

3. In doubt, the Central Referee calls the OMD

Neck trauma

3.2 Back of neck

Often with the heel

Pay careful attention to the Spine

Central Referee calls the OMD.

1. The OMD checks the neck with extreme caution
2. Suspicion of sprain or fracture : the OMD stops the fight

4. Upper Limb trauma

4.1 Pain

The Central Referee waits for some seconds and starts the fight again.

4.2 In case of suspicion of sprain, dislocation or fracture the Central Referee calls the OMD.

The OMD checks the Athlete, gives care and immobilizes the upper limb and transports the Athlete on a **wheelchair** to the sick bay.

NB: in case of dislocation of phalanx, with the agreement of the athlete, the team physician or the OMD can reduce the dislocation on the court and the athlete could resume the fight.

5. Lower Limb Trauma

5.1 Pain

The Central Referee asks the Athlete if he wants to continue the fight.

If the Athlete is lying on the floor, the Central Referee orders the Athlete to stand up. After the third order if the Athlete stays on the floor, he declares the opponent the winner.

If the athlete is really injured he/she cannot resume the fight

If he/she is feigning an injury to recover, he/she is cheating and the fight is stopped in any case

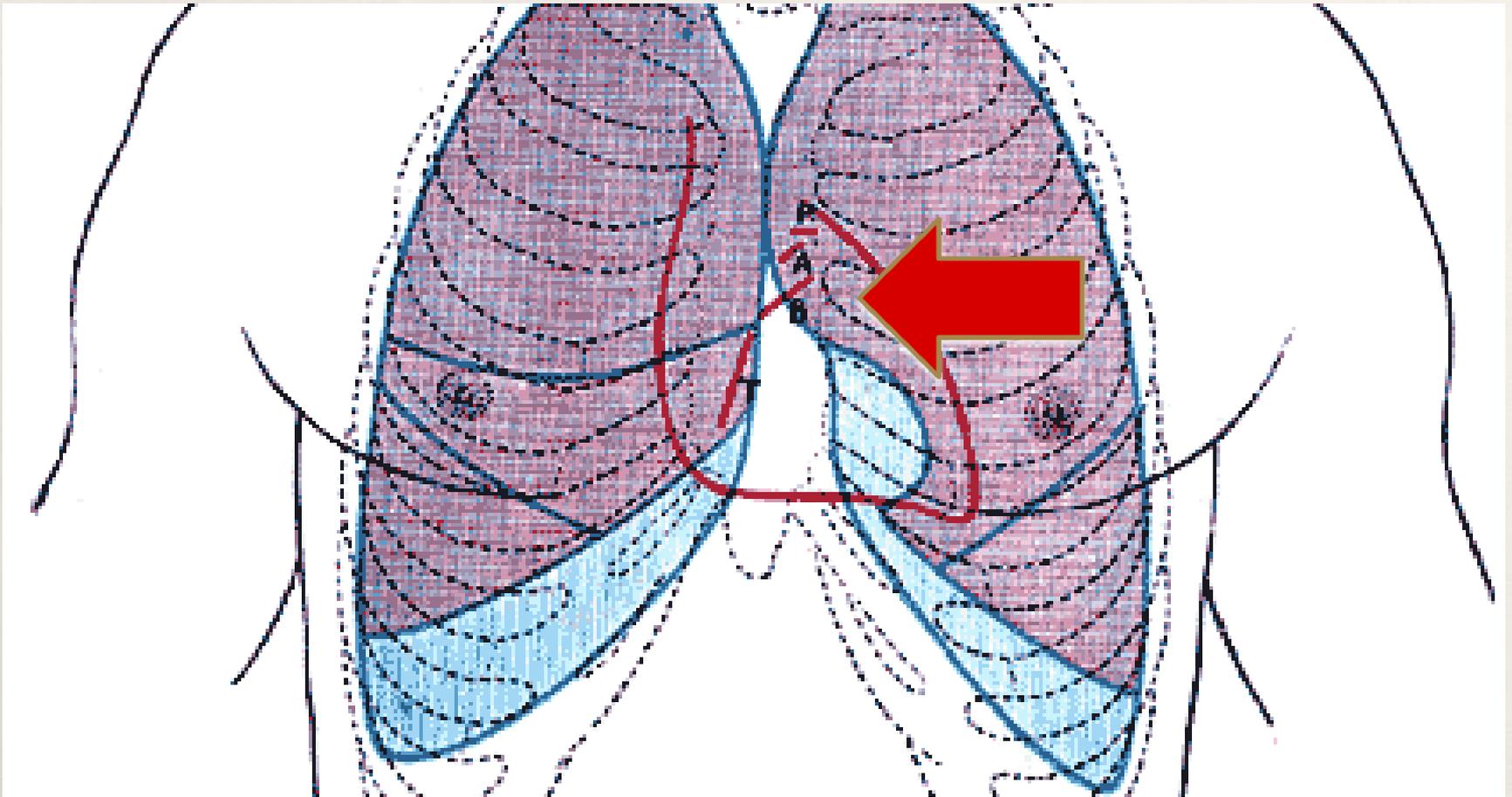
5.2 In case of sprain, dislocation or fracture

The Central Referee calls the OMD. The OMD checks the Athlete and immobilizes the lower limb and transports the Athlete on a **stretcher** to the sick bay.

6. Trunk trauma

- * 6.1 If the Athlete is out of breath: the Central Referee starts the count and calls the OMD if the Athlete does not recover.
- * 6.2 If the Athlete falls down unconscious, **Commotio Cordis** (*cardiac arrest*) is strongly suspected . He calls the OMD and explains the situation.
- * 6.3 Be attentive to an internal hemorrhage.

Commotio Cordis



Signs of internal Hemorrhage:

After a blow to the trunk:

1. The athlete has abdominal pain
2. The Athlete sweats
3. He/she is pale
4. His/her pulse rate is high
5. His/her blood pressure is low
6. He/she swoons or may lose consciousness completely.

=> **Emergency +++++**

Management of Cardiac Arrest

1. The Athlete falls down unconscious :
 1. without blow to the head
 2. or with a blow to the trunk
2. This situation is an **extreme emergency**. The first minutes are essential to save the Athlete. Diagnosis must be made rapidly to start resuscitation.
3. The Central Referee's explanation to the OMD is essential, the Central Referee **must insure** that the OMD understands clearly what he/she tells him.

The OMD must check the athlete's heart condition

1. The Athlete is unconscious
2. No heart rate at the carotid artery
3. No breathing

The OMD starts the CRR immediately.

The CRR consists of:

1. Heart massage : 30 presses to the chest with 2 mouth to mouth applications
2. Electric Shocks with AED
3. Administration of drug (adrenaline)

PROCEDURE OF RESUSCITATION

1. Removing the Athlete's protective equipment
2. Taking off their dobok: cutting it if necessary
3. Starting the cardiac massage
4. At the same time putting the electrodes on the chest :
 - * The first on the lower left
 - * The second on the upper right
5. Switching on the EAD, continuing the cardiac massage
6. Listening to the instructions of the EAD
7. Transporting the Athlete by ambulance to the Intensive Care Unit at the hospital, continuing the care.