

2

Acute Intervention

Sports physiotherapists respond appropriately to acute injury or illness in both training and competition contexts, using prior communication with other professionals to identify and establish roles and responsibilities

Context:

- acute intervention takes place at training and competition or event sites.

Behaviours:

- communication with all other medical and site personnel in order to identify and establish the different responsibilities and lines of communication in case of injury or illness.
- recognition of the signs and symptoms of acute injury or illness.
- observation and examination skills, selection of appropriate assessment techniques.
- diagnosis of the site and severity of injury and formation of rapid clinical judgements regarding:
 - the need for further immediate intervention (i.e. triage) and appropriate referral, or
 - the safety of continued participation in the activity under observation.
- appropriate evidence-based intervention where required, including:
 - basic life support and cardiopulmonary resuscitation,
 - appropriate immobilisation of the athlete to protect them from further injury or deterioration during transfer to the necessary medical facility, and
 - communication of relevant information to all members of the healthcare team.
- strategies are used to ensure that the athlete's right to privacy and confidentiality is protected in a variety of contexts, including intervention during a competition and in all communications with the media.

Specific National Interpretations –

Different countries or organisations may require specific qualifications relating to cardiopulmonary resuscitation and first responder skills; they may also have different regulations on the location of ultimate responsibility

Standards Relating to Competency 2: Acute Intervention	
A foundational knowledge	
The sports physiotherapist demonstrates the ability to:	
2A: 1	predict the effects of different types of acute injury and illness on normal body composition and functions, requiring knowledge of: anatomy, physiology, biomechanics, neurophysiology, pathophysiology and pathokinesiology
2A: 2	discuss the impact of environmental conditions on normal body functions and performance, for example, temperature and altitude changes
2A: 3	accurately describe signs and symptoms of acute injuries or illness and relevant examination strategies
2A: 4	apply systems for classifying the severity of different acute injuries and illness, for example: <ul style="list-style-type: none"> • the concussion injury classification scheme, • classification of heat and hydration conditions, and • classification of musculoskeletal injury
2A: 5	describe the specific qualifications relating to cardiopulmonary resuscitation and first responder skills relevant in countries and organisations relevant to the sports physiotherapist's practice
2A: 6	identify current best practice in response to specific acute injuries or illnesses and explain the scientific rationales for different strategies
2A: 7	describe current good practice in relation to blood hygiene, blood-borne pathogens, and health and safety practices and regulations
2A: 8	define individual and sport-specific return-to-play criteria following an illness or injury
2A: 9	differentiate between roles and responsibilities of other professionals, both nationally and internationally
B critique and synthesis	
The sports physiotherapist demonstrates the ability to:	
2B: 1	evaluate the research evidence for current best practice in responding to acute injury and illness in different sport and exercise contexts, including both assessment and intervention
C information collection	
The sports physiotherapist demonstrates the ability to:	
2C: 1	analyse normal and abnormal movement patterns associated with specific sports prior to a sport or exercise event <i>in different sporting contexts</i>
2C: 2	collect relevant information regarding the athlete's physical status, including physical condition and any co-existing conditions, prior to a sport or exercise event
2C: 3	rapidly recognise signs and symptoms of different forms of acute sports pathology, differentiating between: <ul style="list-style-type: none"> • musculoskeletal injuries, • neurological injuries, • internal injuries, and • acute illnesses
2C: 4	demonstrate a high level of acute evaluation and assessment of the athlete, including rapid identification and application of the most appropriate tests or evaluation techniques
2C: 5	apply strategies to rapidly assess the severity of acute pain or exacerbation of chronic pain

D information processing	
The sports physiotherapist demonstrates the ability to:	
2D: 1	<p>rapidly synthesise information to formulate an initial diagnosis of the type and severity of injury or illness <i>in different sporting contexts</i>, based on:</p> <ul style="list-style-type: none"> • assessment of signs and symptoms, • results of specific tests and evaluations, and • the athlete's previous physical status, <p>as applied to:</p> <ul style="list-style-type: none"> • musculoskeletal injuries (from sprains and strains to large joint dislocations and long bone fractures), • neurological trauma (from concussion to spine and peripheral nerve injury) , • acute systemic trauma (such as spleen rupture and kidney contusion), and • acute systemic illnesses (such as heat illness and dehydration)
2D: 2	<p>rapidly integrate information to formulate an appropriate individualised action plan, based on the assessment, initial diagnosis, and likely prognosis; further action may involve</p> <ul style="list-style-type: none"> • continuation of participation, • immobilisation and transportation to a medical facility, or • referral to other professionals
E action / intervention	
The sports physiotherapist demonstrates the ability to:	
2E: 1	regularly demonstrate competency in the ability to start life support in response to sudden death [see 2G: 1]
2E: 2	regularly achieve relevant qualifications in relation to competency in first aid and emergency sports response, safe spinal immobilisation, and secure transfer using a spinal board [see 2G: 1]
2E: 3	prepare for different contexts by ensuring that all equipment or supplies that may be required are available for use in the event of acute injury or illness in the clinic and at the training or competition site.
2E: 4	<p>participate in a multidisciplinary approach to planning, coordination and intervention, involving:</p> <ul style="list-style-type: none"> • prior communication with the athlete, other professionals and personnel, • negotiation of roles and responsibilities in training and competitive or demonstration contexts, and • recognition of unique emergency situations that require the ability to carry out autonomous decision making
2E: 5	<p>efficiently coordinate care in the acute sports emergency situation, to establish local processes and procedures for potential transfer of injured or ill athletes to medical facilities, including appropriate communication with:</p> <ul style="list-style-type: none"> • ambulance personnel, • emergency department personnel and sports physicians, and • site personnel and other professionals
2E: 6	act appropriately and safely on entry to the field in the event of injury or illness, observing any regulations or procedures
2E: 7	appropriately apply immobilisation and support techniques, using current evidence based techniques and equipment, for example, splinting, wrapping, taping, bandaging
2A: 8	locate information relating to specific regulations regarding the location of ultimate responsibility for first response in the event of injury or illness, whenever this is appropriate
2E: 9	incorporate health and safety recommendations into all actions, ensuring appropriate protection against blood-borne pathogens
2E: 10	adapt strategies to protect the athlete's right to privacy and confidentiality, for use in a variety of unpredictable settings
2E: 11	sensitively and appropriately communicate with the athlete, other professionals, personnel and significant others regarding further participation or clinical findings and the need for further medical attention
2E: 12	educate and advise the athlete and other individuals regarding signs and symptoms that indicate risk of deterioration if further medical attention is not immediately recommended

F evaluation and modification

The sports physiotherapist demonstrates the ability to:

2F: 1	recognise signs and perform tests necessary for continued monitoring of the athlete's condition, whether in transfer for further medical attention, recuperation, or return to play
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G specific national standards

2G: 1	<p>achieve the appropriate qualifications relating to acute response and care, renewed as regularly as required:</p> <p><u>Australia</u>: strongly recommend that sports physiotherapists complete Sports Medicine Australia Sports First Aid course and recertify every three years;</p> <p><u>Holland</u>: according to the Dutch re-registration criteria for sports physiotherapists;</p> <p><u>Italy</u>: first aid/emergency training is not mandatory for sports physiotherapists</p> <p><u>Portugal</u>: sports physiotherapists are not responsible for first aid;</p> <p><u>Switzerland</u>: first aid/emergency training are provided in general physiotherapy education;</p> <p><u>United Kingdom</u>: basic level - Basic life support and first aid certificate as required by the Association of Chartered Physiotherapists in Sports Medicine (recertification every two years); advanced level – sports trauma management or first responder certificate (recertification every year);</p> <p><u>United States</u>: American Heart Associate Healthcare Provider Basic Life Support (renewed every two years); American Red Cross First Responder Course (recertification every three years);</p> <p>note: for international professional practice, organisational and international requirements must be fulfilled.</p>
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