

MACP LEVEL 1 EDUCATION AND CPD AWARD REPORT BY KATY WILLIAMS

On the 17th and 18th June 2021 I attended the 'England Rugby Pre-Hospital Immediate Care in Sport Course (Level 3)': https://www.englandrugby.com/participation/playing/player-welfare-rugby-safe/courses(1). This was hosted at Twickenham Stadium (see Figure 1) and my attendance was made possible by the financial contribution of £500 from the MACP, Level 1 Education and CPD award.



Figure 1: Twickenham Stadium

I am a Senior Musculoskeletal / Sports Physiotherapist based at the University of Bath (UOB) https://www.teambath.com/ (see Figure 2) (2). A Contractor Physiotherapist for the English Institute of Sport https://www.eis2win.co.uk/ (3) and Guest Lecturer, Examiner and Clinical Placement Co-ordinator on the MSc in Sports Physiotherapy at the University https://www.bath.ac.uk/courses/postgraduate-2021/taught-postgraduate-courses/msc-sports-physiotherapy-part-time-distance-learning/ (4).



Figure 2: Me in action

My reasons behind attendance on this course.......whilst catastrophic and limb threatening injuries are not common in sport, it is essential when they do occur that the attending medical teams are appropriately prepared and trained for such incidents. Often there are limited personnel with adequate training and equipment to deal with the immediate care of these athletes. The time to arrival of paramedic crews can be

considerable, especially in remote locations, when a time critical life threatening injury or medical condition may present. There is a well-defined need for physiotherapists looking after athletes and teams to be personally equipped with the skills and equipment required to enable delivery of immediate care at pitch-side. Furthermore, the sporting sector has been hit hard by COVID and little guidance has been given concerning changes made to medical procedures when dealing with catastrophic and limb threatening injuries.

On a more personal note, during my 11 years at the UOB I have encountered a bowel perforation, kidney laceration, fractured mandible, dislocated shoulders, elbows, fingers and knees. But last season I was involved with an injury that could have been fatal and made me reflect on my competency and the decisions I made on the day. A C1 Jefferson fracture (see Figure 3) in an athlete called Alex, resulting in a halo brace and eventual fusion.

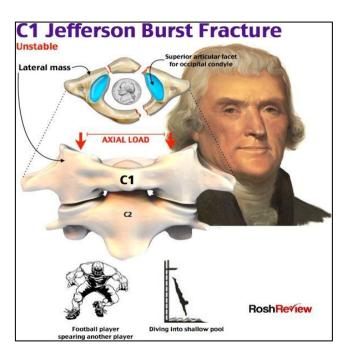


Figure 3: C1 Jefferson Fracture (https://www.roshreview.com/em/2021(5)

Fortunately he was left with just restricted cervical range of motion, but he will never play contact sport again. I am therefore keen to improve the medical standards of not only myself but my colleagues when covering sports training sessions and matches. Eventually taking this higher to improve the minimum medical operating standards across the university sporting sector. Ensuring it becomes a medical department pre-request to have access to pre-hospital immediate care equipment and to keep practical skills regularly up-to-date through attendance on validated courses and in-service training.

Prior to attending the course we had to complete interactive learning modules: https://passport.world.rugby/player-welfare/advanced-immediate-care-in-rugby/(6). This involved reading the following chapters and completing a mini exam at the end of each chapter:

- Initial assessment and management.
- Basic life support.
- Advanced life support.
- Airway management and ventilation.
- Breathing and chest trauma.
- Circulation and shock.
- Head injuries and concussion.
- Facial injuries in sport.
- Spinal injuries:

- Musculoskeletal trauma.
- Wound care.
- Medical emergencies.
- Medical equipment.
- Medical gases.
- Emergency action planning in sports immediate care / inclusive of COVID: <a href="https://blogs.bmj.com/bjsm/2020/07/08/pitch-side-emergency-care-and-personal-protective-equipment-a-framework-for-elite-sport-during-the-covid-19-pandemic-part-3-of-3/(7)

Attendance on the course then consisted of theoretical and practical stations in small groups based upon these topics, with continual assessment of competency throughout the day. The most pertinent learning point for me was the method of clearing the cervical spine on the pitch, called 'Canadian C-Spine Rules', which comes under the NEXUS and NICE recommendations(6):

- Mechanism of injury
- Reduced conscious level
- Neurological signs or symptoms
- Distracting injury
- Midline tenderness
- Unable to voluntary rotate neck > 45 degrees R & L
- Flexion and extension

This culminated in me having to pass a written paper with an 80% pass mark and a moulage simulation. During my moulage I got a concussion, a tension pneumothorax, a lacerated spleen and a fractured dislocated ankle. Thankfully I passed both sections (see Figure 4)this one is for you Alex! Thank you MACP!



Figure 4: Certificate of completion

References:

- www.englandrugby.com .2021. England Rugby. (online) Available at: https://www.englandrugby.com/participation/playing/player-welfare-rugby-safe/courses (accessed 21 June 2021).
- 2. www.teambath.com .2021. Team Bath. (online) Available at: https://www.teambath.com/ (accessed 21 June 2021).
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- 5. www.roshreview.com/em/ (accessed 21 June 2021). RoshReview. (online) Available at: https://www.roshreview.com/em/
- 6. <u>www.world.rugby</u> .2021. World Rugby. (online) Available at https://passport.world.rugby/player-welfare/advanced-immediate-care-in-rugby/ (accessed 21 June 2021).
- 7. https://blogs.bmj.com/bjsm/ .2021. Blog British Journal of Sports Medicine. (online) Available at https://blogs.bmj.com/bjsm/ .2021. Blog British Journal of Sports Medicine. (online) Available at https://blogs.bmj.com/bjsm/2020/07/08/pitch-side-emergency-care-and-personal-protective-equipment-a-framework-for-elite-sport-during-the-covid-19-pandemic-part-3-of-3/ (accessed 21 June 2020).