MEDICAL RESOURCE INFORMATION.

recwell.wisc.edu/athletictraining
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REC WELL ATHLETIC TRAINING.

ERIN CLARK
Coordinator of Athletic Training
erin.clark@wisc.edu
(608) 890-0637

JEROD KEENE
Athletic Trainer
jjkeene@wisc.edu
(608) 890-1959
WHERE TO FIND REC WELL ATHLETIC TRAINERS.

Home Events
Whether your event occurs on campus or elsewhere in the Madison area, we will be supplying athletic trainers to most events unless we indicate otherwise.

Dejope Drop-in Clinic
640 Elm Dr, Madison, WI, 53706
Monday – Thursday // 5 – 7:30pm

Natatorium Athletic Training Room
Room 1227E (by the pool)
Monday, Wednesday, Friday // 10am – 12:30pm

UHS East Campus Mall
Appointment only // myUHS, (608) 265–5600
Schedule with Erin Clark or Jerod Keene
MADISON HEALTHCARE FACILITIES.
24 hour emergency rooms

UW Hospital ER
600 Highland Ave, Madison, WI, 53792
(608) 262–2398

UW Health American Center ER
4602 Eastpark Blvd, Madison, WI 53718
(608) 440–6252

Meriter Hospital ER
202 S. Park St, Madison, WI, 53715
(608) 417–6202

St. Mary’s Hospital ER
700 S. Park St, Madison, WI, 53715
(608) 251–6100
REPORTING INJURIES.
Madison Area Urgent Care Centers

**UW Health Union Corners Urgent Care (East Side)**
2402 Winnebago St, Madison, WI, 53704
Monday – Friday // 8am – 8pm
Saturday, Sunday, Holiday // 8am – 5pm

**UW Health West Towne Clinic**
7201 Mineral Point Rd, Madison, WI, 53717
Monday – Friday // 8am – 8pm
Saturday, Sunday, Holiday // 8am – 5pm

**SSM Health Urgent Care**
(Northeast) – 1821 Stoughton Rd, Madison, WI, 53716
(West Side) – 752 N Highpoint Rd, Madison, WI, 53717
Monday – Friday // 7am – 8pm
Saturday & Sunday // 8am – 5pm
REPORTING INJURIES.

Please report **ALL** injuries through IMLeagues
  › HOME and AWAY events
  › PRACTICE and COMPETITION

This helps the athletic training staff provide care to you and your teammates

**Accident/Incident Form**

Clubs should report any accidents or incidents in practice, travel or competition to the Sport Programs Office. A member of our Athletic Training staff will follow up with individuals directly.

› Email Erin or Jerod with any questions about reporting injuries
› Report to Rec Well AT or UHS for evaluation
WHAT TO DO IF YOU SUSPECT A CONCUSSION?
CONCUSSION MANAGEMENT.

1. Recognize
2. Remove & Assess
3. Refer
4. Restrict
5. Return to Learn/Return to Play
6. Reinstates
7. Record
NO ATHLETIC TRAINER PRESENT.

› If Team is traveling and a host AT is present... NOTIFY HOST ATHLETIC TRAINER
NO ATHLETIC TRAINER PRESENT.

If Team is traveling/practicing and no athletic trainer or Supervisor is present...

DON’T PANIC!
NO ATHLETIC TRAINER PRESENT.

1. Perform CRT5 (next slide)
2. Decide:
   ‣ Activate EMS vs
   ‣ Remove from participation vs
   ‣ Return
3. The **ONLY** way an athlete will return that day is if they deny ALL symptoms following the “injury” and no signs are observed
4. Handout Concussion instruction card for their reference & **document** Accident Report

**WHEN IN DOUBT SIT THEM OUT!!**
CONCUSSION RECOGNITION TOOL 5®

To help identify concussion in children, adolescents and adults

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) until 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
- Blank or vacant look
- Disorientation or confusion, or an inability to respond appropriately to questions
- 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

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WHEN TO INITIATE THE EMERGENCY ACTION PLAN/CALL AN AMBULANCE.

1. Any loss of consciousness
2. Seizure
3. Concern for a spinal injury
   (Do not “help” athlete up)
4. Diminishing mental status
   (Falling asleep, can’t answer questions)
5. Increase in the severity of symptoms
   (Repeated vomiting, slurred speech, etc)