During a certified athletic trainer’s (ATC’s) career, he or she might face the prospect of managing a head or cervical-spine (c-spine) injury. Although these are not everyday occurrences, the mismanagement of either could have serious life-altering or life-threatening consequences. C-spine and head injuries occur in all sports and venues, and ATCs must be prepared at all times. When an athlete sustains a c-spine or head injury it is time to act, time to implement your emergency action plan, time for communication, time for all your practice and rehearsals to come together to administer the highest level of care. In this article, we seek to provide ATCs and sports-medicine clinicians with relevant information pertaining to the on-field management of c-spine injuries and cerebral concussion. These techniques, if implemented and practiced regularly, should allow for the best possible outcome should they be required.

Cervical-Spine Evaluation and Management

Before the first practice of the season, emergency equipment should be purchased for each practice and competition venue and placed in an easily accessible location. In addition, emergency action plans for each sport locale should be outlined, practiced, and displayed. In the event that an athlete has a suspected c-spine injury, your emergency action plan is initiated and you proceed just as you have in your rehearsed situations. The sidebar at right details guidelines for caring for spine-injured athletes.

Once an injury is recognized, the emergency assessment should automatically begin. This includes a general impression, mechanism of injury, and contacting local emergency medical services. If you suspect a c-spine injury or the patient is unconscious, proceed with care and caution. Assess the individual as you approach: Is the athlete moving or talking? Is the chest rising? Is the helmet on the head or it is partially dislodged? Is the athlete supine or prone? If you see no movement, assume that the athlete has sustained a c-spine injury and proceed to stabilize the head and neck. Once the athlete’s neck has been stabilized, resume the emergency assessment by checking airway, breathing, circulation, and level of consciousness.

Should the athlete require c-spine stabilization, this is easily done with your thumbs on the forehead and your middle finger under the jaw. This puts you in a very good position to do a modified jaw thrust and secure the head and neck. If the athlete is prone, stabilize the head and neck without changing the athlete’s position and assess...
Once you have established control of the head and neck, the next step is face-mask removal. The face mask must be removed regardless of airway and breathing status. If either the airway or breathing is not intact or normal, access to the mouth is vital. If they are intact and normal, it is unknown how long the airway will remain patent or respiration will continue or remain at a suitable rate. Several studies have evaluated various face-mask-removal tools.1 Each ATC