

Guidelines for Recognition of Injury and Testing

Introduction

Sports therapists use a set procedure to recognise an injury and the degree of injury (minor, moderate and severe). Where possible a qualified sports therapist should attend training sessions and matches. Failing this a football coach qualified in first aid should be in attendance.

It is easy to miss out aspects of the assessment and fall into bad habits. Generally if a player has suffered a major injury (e.g. fracture, dislocation or severe muscle or ligament injury) the player will not be rolling about. He/She will remain still and will probably tell you something is wrong. Remember that there are five signs of inflammation: heat, swelling, pain, discolouration and loss of function (movement).

“**SALTAPS**” is the set procedure for recognising an injury to a player on the field of play.

S = **See** an injury occur.

A = **Ask** the player questions about the injury.

L = **Look** at the injury.

T = **Touch** – palpitate the injured part.

A = **Active** movements from the player.

P = **Passive** movements by the coach.

S = **Strength** – player’s movements resisted by the coach.

See - The coach on the touchline may have seen the injury occur and will know the mechanics of the injury force.

Ask – The coach asks the player what is wrong, where the injury is etc. The coach does not touch or move the injured part yet.

Look – The coach looks at the injury site. This may mean lowering or removing a sock to look at the ankle or foot. The coach looks for signs of inflammation and does not ask for movement. There may be visible deformity, which signifies a major injury. If so the coach would not proceed any further and would call for an ambulance.

Touch – If there is no visible deformity of the injured part, it can be exposed and gently palpated. The objective is quickly to establish whether there are any signs or symptoms such as:

- Palpable pain/tenderness.
- Swelling.
- Loss of skin sensation.
- Altered skin sensation such as pins and needles.
- Any obvious deformity of the part compared to the other limb.

When palpating the part, observe the player’s face for response (i.e. a grimace caused by discomfort or pain). Also, remember that verbal communication is vital in order to establish whether palpitation causes pain, exactly where the problem is and also the grade or perceived level of injury. No movements are asked for at this stage. The coach may decide to go no further at this stage and ensures that the player takes no further part in the game/training and seeks further medical attention.

When to allow a player to continue playing?

Up to this point, no movement of the injured part has been asked for. It may well be that the injury is of such a level that, having been through the above testing procedures it would be unwise to ask for active movements.

However, active movements would be the next area of on-field assessment in minor injuries where from this point on the player will probably be able to continue playing or can at least demonstrate that the problem does not require a higher level of expert attention.

This document is for guidance only - Always seek expert medical help if you are in any doubt.

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Active Movements – If the injury is of a sufficiently low level the coach may continue recognition testing. The player should be asked to carry out all the major movements associated with a joint. While the player is carrying out these movements the coach notes the range of movement gained in each direction and again checks the injured player's facial expression, looking for signs of discomfort or pain.

A key sign of injury is loss of movement. In minor injuries, the player will achieve a good range of active movement. However, with moderate injuries, the amount of movement will be severely affected, particularly in directions where stretching injured ligaments or muscles will cause pain.

In severe injuries the player will be in pain and will be able to perform little if no active movement. Through earlier checking - See. Ask, Look and Touch, the coach will probably have already found that a severe injury has been sustained and so further checking by movements would be pointless and could in fact injure the player further

In minor injuries, particularly where the player is likely to resume playing, the range of movement will be almost full and the coach can progress to the next phase of the assessment.

Passive Movement Testing – The injured part must never be moved unless the player has demonstrated a good range of active movement. The coach performs passive movement by performing the desired movement of a body part for the player, while the player takes no active part in this at all. With knowledge of how far the player has moved his joint or body part actively, the coach moves the part through this range and a little further checking all the time for facial reaction. If this causes no undue problem, then the coach will move on to strength testing.

Strength testing – If the player is not going to continue the game or training, there is no need for strength testing. If the signs are good, the coach resists the action of muscles working over the injured part. All movements available are tested and, again the coach checks for pain or discomfort through facial expression and questioning.

If the player passes through the first seven areas covered by SALTAPS assessment, he is then helped into a standing position for applicable weight bearing functional tests. For a minor ankle injury, for example, he could progress through these steps:

- Assisted Standing & standing unaided
- Walking forward unaided
- Jogging on the spot, forward (straight line) & backwards
- Quarter pace running, half paced running, three-quarter paced running
- Stopping and starting & full-pace sprinting
- Side-to-side running (zigzag, figure of eight)

The latter test is important to stress the ankle/knee ligaments.

Remember

It is very important to ensure that in minor injuries where the player can carry on playing, all stages of the assessment are carried out. However, in moderate-to-severe injuries, the assessment will not be completed, as the coach will have realised that the signs and symptoms are substantial and that to continue would cause further injury.

As the grade of injury rises, so do the signs and symptoms of injury. At some point a decision will be needed as to whether a player is fit to carry on. Sometimes this is a clear-cut decision, but sometimes it is not so clear. The coach should be guided by what he/she sees, touches and feels, and the state of the active movements. Remember to document the incident using the clubs accident/injury forms and in particular record any advice to seek further medical attention you may have given.

If you have any doubt always act on the side of caution and seek further medical expertise, perhaps asking if anyone nearby has medical or first aid training and can assist you. In the case of severe injury, call for an ambulance and inform the local facilities management.