

# Höfuð og hálsáverkar

## Súpufundur 28. apríl 2014



# Concussion - Heilahristingur



# Af hverju þessi fundur?



- Meðhöndlun þeirra sem fá heilahristing ekki nægjanlega markviss og góð
- Leiðbeiningar frá Heilbrigðisnefnd KSÍ
- Sjúkrateymum ráðlagt að fara eftir þeim
- Þjálfarar þurfa að þekkja einkenni heilahristings
- Hvenær er leikmaður leikfær aftur
- Samskipti sjúkrateyma við þjálfara
- Samskipti milli landsliða og félagssliða

# Guðjón Árni Antoníusson 2013

## 5 heilahristingar á rúmum 2 mán



- 25. apríl - hné í gagnauga
  - 5. maí – samstuð við leikmann
  - 16. maí - skallar bolta
  - 20. júní - olnbogaskot á kjálka
  - 6. júlí - bolti í enni í reitabolta
- 
- Hvíld í 2 mán (annars svimi)
- 
- Sept – des með á æfingum (án snertingar)
- 
- Spilaði 90 mín leik 16 feb (7,5 mán)
- 
- Apríl 2014 “Eftir þessa reynslu frá í sumar hef ég oft velt því fyrir mér hvort að þetta sé þess virði. Aldrei þældi ég í því fyrir þetta”

# Heilahristingur

1. Orsakast annað hvort af *beinum áverka* á höfuð eða *óbeinum áverka* (fall/ slynkur t.d.).
1. *Um er að ræða truflun á taugastarfsemi sem kemur fljótt, stendur oftast í stuttan tíma og lagast oftast af sjálfu sér (80-90% ná sér á 10 dögum)*
2. *Getur valdið skaða á taugastarfsemi*
3. *Birtist í margskonar klíniskum einkennum með eða án meðvitundarmissis.*
4. *Einkenni geta komið nokkrum dögum eftir áverkann*

# Einkenni heilahristings

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1. Höfuðverkur
2. “Þrýstingur í höfði”
3. Verkur í hálsi
4. Ógleði og uppköst
5. Svimi
6. Sjóntruflanir
7. Jafnvægistruflanir
8. Öðruvísi líðan en venjulega
9. Minnistruflanir
10. Rugl
11. Drafandi (Drowsiness)
12. Viðkvæmni fyrir ljósi
13. Viðkvæmni fyrir hljóði
14. Tregur, allt hægara
15. Eins og allt sé í þoku
16. Truflun á einbeitingu
17. Slappleiki, þreyta og orkuleysi
18. Svefntruflanir
19. Andleg viðkvæmni
20. Aukinn þirringur
21. Leiði, þunglyndi
22. Taugaveiklun, kvíði

# Áhyggjur af tvennu



- Eftir heilahristings heilkenni (post concussional syndrome)
- Second impact syndrome



# Eftir Heilahristings Heilkenni – Post Concussional Syndrome (PCS)



- Einkenni í vikur, mánuði, ár
- Getum ekki spáð fyrir um hverjir fá PCS
- Eftirfarandi þættir geta þýtt verri horfur:
  - Endurteknir heilahristingar
  - Styttra á milli höfuðáverka / heilahristinga
  - Meðvitundarmissir >1 mín
  - Fleiri einkenni, alvarlegri einkenni
  - Einkenni >10 dagar
  - Krampar
  - <19 ára
  - Einkenni við minni og minni áverka





FACTORS	MODIFIER
Einkenni (symptoms)	Fjöldi Tímalengd (>10 dagar) Alvarleiki
Merki (signs)	Meðvitundarleysi (>1mín) Minnisleysi
Eftirstöðvar	Krampar tengdir heilahristing
<b>Tímatengt</b>	<b>Tíðni - endurteknir heilahristingar</b> <b>Tímasetning - stutt á milli höfuðáverka</b> <b>“Nálægð í tíma” - nýlegur heilahristingur eða höfuðhögg</b>
Pröskuldur	Endurteknir heilahristingar sem koma við minni og minni áverka Hægari bati eftir hvern og einn heilahristing.
<b>Aldur</b>	<b>Börn og unglingar(&lt; 18 ára aldri)</b>
Meðvirkandi þættir	Mígreni, þunglyndi, eða aðrir geðsjúkdómar, athyglisbrestur með ofvirkni (ADHD), námsörðugleikar (LD), svefnvandamál
Lyf	Geðlyf, örvandi lyf Blóþynningar lyf
Hegðun	Hættulegur leikstíll
Íþróttatengt	Áhættu íþróttir (samstuð/árekstrar t.d.knattspyrna, íshökký) Afreksíþróttir (atvinnumenn)



# Einkenni “Eftir heilahristings heilkennis” (post concussional syndrome)

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1. Höfuðverkur
2. “Þrýstingur í höfði”
3. Verkur í hálsi
4. Ógleði og uppköst
5. Svimi
6. Sjóntruflanir
7. Jafnvægistruflanir
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18. Svefntruflanir
19. Andleg viðkvæmni
20. Aukinn þirringur
21. Leiði, þunglyndi
22. Taugaveiklun, kvíði



# Second Impact Syndrome (SIS)

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- Höfuðhögg (minniháttar) í kjölfar heilahriftings (< 2 vikna)
- Truflun í æðakerfi heilans – bjúgmyndun
- Aukinn innankúpuþrýstingur – ræðst oft illa við
- Getur valdið örkumlun eða dauða.
- Aldur < 18 (14-18)
- “Alls ekki fara of snemma af stað”.



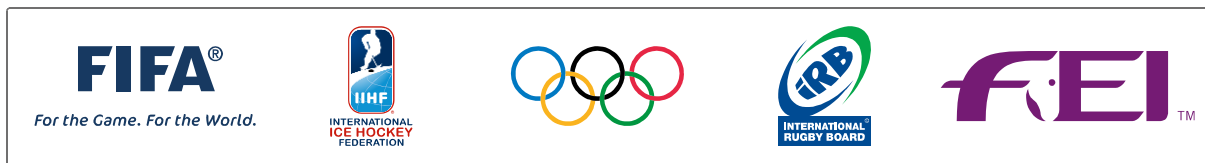
# ÞEKING OG HJÁLPARTÆKI





# ZURICH 2012 - WHAT'S NEW IN SPORT CONCUSSION?

4th International Conference on Concussion in Sport held in Zurich, November 2012



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# Sport Concussion Assessment Tool

**SCAT3** (14 ára og eldri)

**Child SCAT** (<14 ára)



# SCAT3 - 4 PAGE LAYOUT



## SCAT3™



Sport Concussion Assessment Tool – 3rd Edition

For use by medical professionals only

Name: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_  
Date of Assessment: \_\_\_\_\_ Examiner: \_\_\_\_\_

### What is the SCAT3?

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It comprises the original SCAT3 and the SCAT3 Pediatric (SCAT3-P), respectively. For younger persons, ages 13 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool. **Revision** includes testing with the SCAT3 can be helpful for increasing baseline test scores.

Specific instructions for use of the SCAT3 are provided on page 3 if you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied or reprinted from the instructions to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group. **NOTE:** The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion or the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

**What is a concussion?**  
A concussion is a disruption in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms, some examples being below and most other does not make loss of consciousness. Concussion should be considered in the presence of any one or more of the following:  
- Symptoms (e.g., headache, or...)  
- Physical signs (e.g., vomiting, or...)  
- Impaired brain function (e.g., confusion, or...)  
- Anomalous behaviour (e.g., change in personality).

**SIDELINE ASSESSMENT**  
**Indications for Emergency Management**  
**NOTE:** Any of the following signs are associated with a more serious brain injury. Any of the following warrants consideration of a severe emergency brain injury and urgent transportation to a nearest hospital:  
- Glasgow Coma Scale less than 15  
- Persistent vomiting  
- Progressive mental status  
- Persistent lateral eye  
- Progressive, worsening symptoms or new neurological signs

**Potential signs of concussion?**  
If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and should not be permitted to return to sport the same day if a concussion is suspected.  
Any loss of consciousness  
"Is he/she long?"  
Balance or motor incoordination (stumbles, falls, abnormal movements, etc.)  
Disorientation or confusion (inability to respond appropriately to questions)  
Loss of memory  
"Is he/she long?"  
"Is he/she long?"  
Blurred or wavy vision  
"Is he/she long?"  
Visible facial injury or contusion with any of the above

**Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.**

# 1. Sideline Assessment

Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussions, measure recovery or make decisions about an athlete's readiness to return to competition after concussion. Since signs and symptoms may evolve over time, it is important to have repeat evaluations in the acute assessment of concussion.

# 2. Scoring

**BACKGROUND**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Examiner: \_\_\_\_\_  
Sport/team/school: \_\_\_\_\_ Division of injury: \_\_\_\_\_  
Gender:  M  F  
Years of education completed: \_\_\_\_\_  
Dominant hand:  right  left  neither  
How many concussions do you think you have had in your life? \_\_\_\_\_  
When was the most recent concussion?  
How long was recovery from the most recent concussion?  
Did your team win the last game?  
**Checkmarks score:** \_\_\_\_\_

**SYMPTOM EVALUATION**

**How do you feel?**  
Headache  
"Pressure in head"  
Nausea  
Neck pain  
Feeling sore or aching  
Dizziness  
Blurred vision  
Double vision  
Sensitivity to light  
Sensitivity to noise  
Feeling slowed down  
Feeling like "in a fog"  
"Don't hear right"  
Difficulty concentrating  
Difficulty remembering  
Fatigue or low energy  
Confusion  
Disorientation  
Visible facial injury  
Visible facial injury or contusion with any of the above

Headache: \_\_\_\_\_  
"Pressure in head": \_\_\_\_\_  
Nausea: \_\_\_\_\_  
Neck pain: \_\_\_\_\_  
Feeling sore or aching: \_\_\_\_\_  
Dizziness: \_\_\_\_\_  
Blurred vision: \_\_\_\_\_  
Double vision: \_\_\_\_\_  
Sensitivity to light: \_\_\_\_\_  
Sensitivity to noise: \_\_\_\_\_  
Feeling slowed down: \_\_\_\_\_  
Feeling like "in a fog": \_\_\_\_\_  
"Don't hear right": \_\_\_\_\_  
Difficulty concentrating: \_\_\_\_\_  
Difficulty remembering: \_\_\_\_\_  
Fatigue or low energy: \_\_\_\_\_  
Confusion: \_\_\_\_\_  
Disorientation: \_\_\_\_\_  
Visible facial injury: \_\_\_\_\_  
Visible facial injury or contusion with any of the above: \_\_\_\_\_

**Total number of symptoms (maximum possible 10):** \_\_\_\_\_  
**Concussion severity score (0=none possible 10):** \_\_\_\_\_  
Do the symptoms get worse with physical activity?  N  Y  
Do the symptoms get worse with mental activity?  N  Y  
 self rated and clinician monitored  
 clinician interview  self rated with parent input  
**Overall rating:** If you know the athlete well prior to the injury, how different is the athlete acting compared to how he/she usually acts?  
Please circle one response:  No difference  Slightly different  Different  Not known

**COGNITIVE & PHYSICAL EVALUATION**

**4. Cognitive assessment**  
**Standardized Assessment of Concussion (SAC)**  
Orientation (1 point for each correct answer)  
What month is it? \_\_\_\_\_  
What is the date today? \_\_\_\_\_  
What is the day of the week today? \_\_\_\_\_  
What year is it? \_\_\_\_\_  
What time is it right now? (within 5 mins)? \_\_\_\_\_  
**Orientation score:** \_\_\_\_\_

**Concentration: Digits Backward**  
1-9-8 \_\_\_\_\_  
3-8-1-4 \_\_\_\_\_  
6-2-9-7-1 \_\_\_\_\_  
7-1-4-4-8-2 \_\_\_\_\_  
Total of 4: \_\_\_\_\_

**Concentration: Month in Reverse Order** (1 pt. for every sequence correct)  
Dec Nov Oct Sep Aug Jul Jun May Apr Mar Feb Jan \_\_\_\_\_

**5. Neck Examination**  
Range of motion:  Normal  Tenderness  Upper and lower limb sensation  Strength  
**Findings:** \_\_\_\_\_

**6. Balance examination**  
Be as still as the following list:  
Forefoot, Heel, Backfoot, Heels, Heels, Heels (etc.)  
**Modified Balance Error Scoring System (BESS) testing\***  
Which foot was tested (L or R) is to be assessed last?  Left  Right  
Testing on each foot (Back, Heel, etc.) \_\_\_\_\_  
**Condition:** \_\_\_\_\_  
Steady leg stance: \_\_\_\_\_  
Single leg stance (non-dominant foot): \_\_\_\_\_  
Stance on uneven surface (dominant foot at back): \_\_\_\_\_  
Total: \_\_\_\_\_

**7. Coordination examination**  
Which arm was tested:  Left  Right  
**Coordination score:** \_\_\_\_\_

**8. SAC Delayed Recall†**  
Delayed recall score: \_\_\_\_\_

**INSTRUCTIONS**  
Instructions in **bold** throughout the SCAT3 are the instructions given to the athlete by the tester.

**Symptom Scale**  
"You should report any/all of the following symptoms, based on how you feel now!"  
To be completed by the athlete, in situations where the symptom scale is being checked empirically, it should be filled in during or within 15 minutes of the injury.  
In the presence of a medical professional, it should be filled in by the athlete within 24 hours of the injury.

**SAC\***  
**Immediate Memory**  
You are going to hear several numbers that you are to list aloud and when I am done, repeat back to me every number you remember, in any order.  
**Table 3.8.8**  
You are going to repeat the same list again. Repeat back to me every number you can remember or any that you don't know.

**Signs below**  
You may have a sign of a concussion if you have any of the following signs:  
- Headache  
- Nausea or vomiting  
- Blurred vision  
- Double vision  
- Sensitivity to light  
- Sensitivity to noise  
- Feeling slowed down  
- Feeling like "in a fog"  
- "Don't hear right"  
- Difficulty concentrating  
- Difficulty remembering  
- Fatigue or low energy  
- Confusion  
- Disorientation  
- Visible facial injury  
- Visible facial injury or contusion with any of the above

**How to score the test**  
You will be awarded 1 point for each correct answer. You will be awarded 0 points for each incorrect answer. You will be awarded 1 point for each correct answer. You will be awarded 0 points for each incorrect answer. You will be awarded 1 point for each correct answer. You will be awarded 0 points for each incorrect answer.

**Coordination Examination**  
**Upper limb coordination**  
You are going to do your coordination test. Place your left hand on the floor with your feet shoulder-width apart and your right hand on top of your left hand. Your right arm should be extended forward, parallel to the floor. Your right arm should be extended forward, parallel to the floor. Your right arm should be extended forward, parallel to the floor.

**Balance Examination**  
**Modified Balance Error Scoring System (BESS) testing\***  
The patient should be tested on a modified version of the Bergsteiner Group Balance Error Scoring System (BESS). A modified or custom test is not recommended for use in this setting. The patient should be tested on a modified version of the Bergsteiner Group Balance Error Scoring System (BESS). A modified or custom test is not recommended for use in this setting.

**References & Footnotes**  
1. This test has been developed by a group of international experts at the 4th International Concussion Conference, Copenhagen, Denmark, 2008. The test was first published in November 2010. The full details of the conference outcomes and the authors of the test are available in the BESS Injury Review and Study Report, 2010, Volume 40, Issue 3. The outcome paper will be further updated to publish in other leading peer-reviewed journals in the near future. The Concussion in Sport Group is an international organization that is dedicated to research and clinical practice in concussion. The Concussion in Sport Group is an international organization that is dedicated to research and clinical practice in concussion.

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**Coordination score:** \_\_\_\_\_

**8. SAC Delayed Recall†**  
Delayed recall score: \_\_\_\_\_

# 4. Patient Information

**ATHLETE INFORMATION**

**Signs to watch for**  
Individuals could one over the next 24-48 hours. The athlete should not be left alone and should be monitored for the following signs:  
- Have a headache that gets worse  
- Are very drowsy or can't be awakened  
- Can't recognize people or places  
- Have repeated vomiting  
- Balance is getting worse, or you are having trouble standing  
- Have neck pain and stiffness  
- Have slurred speech  
- Have any other symptoms that you are concerned about  
**Remember:** It is better to be safe.

**Return to doctor after a suspected concussion.**  
Athletes should not be returned to play the same day of injury. Return to play after a suspected concussion should be based on the following:  
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**Concussion Injury Advice**  
This page is for the patient receiving the concussion advice.  
This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery will take some time and the patient will need monitoring for a further period. It is important that you follow the instructions given to you by the treating physician who provides guidance as to this monitoring.  
If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest emergency department immediately.

**Other important points:**  
- Rest physically and mentally, including training or playing sports. No alcohol. No prescription or over-the-counter drugs without medical supervision. No driving. Do not use any prescription drug without medical supervision. No driving. Do not use any prescription drug without medical supervision. No driving. Do not use any prescription drug without medical supervision. No driving.

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Pocket Concussion Recognition Tool

Pocket CRT



# Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



## RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

### 1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

### 2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- |                          |                            |
|--------------------------|----------------------------|
| - Loss of consciousness  | - Headache                 |
| - Seizure or convulsion  | - Dizziness                |
| - Balance problems       | - Confusion                |
| - Nausea or vomiting     | - Feeling slowed down      |
| - Drowsiness             | - "Pressure in head"       |
| - More emotional         | - Blurred vision           |
| - Irritability           | - Sensitivity to light     |
| - Sadness                | - Amnesia                  |
| - Fatigue or low energy  | - Feeling like "in a fog"  |
| - Nervous or anxious     | - Neck Pain                |
| - "Don't feel right"     | - Sensitivity to noise     |
| - Difficulty remembering | - Difficulty concentrating |

### 3. Memory function

Failure to answer any of these questions 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?"

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.**

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

### RED FLAGS

**If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:**

- |  |                                 |
|--|---------------------------------|
| - Athlete complains of neck pain               | - Deteriorating conscious state |
| - Increasing confusion or irritability         | - Severe or increasing headache |
| - Repeated vomiting                            | - Unusual behaviour change      |
| - Seizure or convulsion                        | - Double vision                 |
| - Weakness or tingling/burning in arms or legs |                                 |

### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

# Fyrir þjálfara (Florida USA)



## • 7"R's"

- Reach out (fræða leikmenn)
- Recognize (vera vakandi)
- Respond (taka leikmann af velli)
- Refer (vísa á sjúkrateymi, lækni)
- Rest (líkamleg og andleg)
- RTP (upptröppun eftir einkennum)
- Release (fá mat læknis fyrir keppni)

## • Einkenni

- Höfuðverkur
- Ógleði >uppköst
- Svimi
- Sjóntruflanir
- Í þoku
- Einbeitingar vandamál
- Ruglaður
- Líður öðruvísi en venjulega

## • Merki

- Minnistrufnanir
- Óskýr, óeðlilegur, ruglast auðveldlega
- Skilur ekki einfaldar fyrirspurnir
- Seinn til svara
- Ofur næmur / viðkvæmur
- Meðvitundarleysi

## • Minni

- Maddocks spurningar

## • 112 / LSH / Tölvusneiðmynd

- Meðvitundarleysi
- Uppköst oftast en x 1
- Versnandi höfuðverkur
- Krampar
- Versnun önnur (tal, minni ofl)
- Minnkað meðvitundarstig
- Óöryggi



# Maddocks spurningar



1 Hvaða velli erum við á?

2 Hvaða hálfleikur er?

3 Hver skoraði síðast?

4 Hvenær spilaðirðu  
síðast leik?

5 Unnum við síðasta leik?



Heilahristingur – Heilbrigðisnefnd KSÍ  
Leiðbeiningar



1. Leikmaður sem grunur leikur á að hafi hlotið heilahristing skal **tekinn af leikvelli og metinn af þeim sem hefur eftirlit með heilsu leikmanna (oftast sjúkráþjálfari eða læknir).**
2. Leikmaður **skal ekki settur inná aftur** hafi hann fengið eða grunur leikur á að hann hafi fengið heilahristing
3. **Læknir** skal ávallt ákveða hvort viðkomandi leikmaður er orðinn leikfær á ný.



4. Hafi leikmaður hlotið heilahristing skal fara eftir **"Aftur til leiks (Return To Play)" leiðbeiningum** (1). Sé hann einkennalaus (2) að öllu leiti í upptröppun álags, skal hann í fyrsta lagi keppa aftur eftir 7 daga (karlar), 7 daga (konur), 15 daga (börn og unglingar **<19 ára**)
  
5. Sé Leikmaður með **einkenni** (2) heilahristings í **7-10 daga** eftir höfuðáverkann skal hafa **samband við lækni** með reynslu á þessu sviði.
  
4. Sérstakrar varúðar skal gætt hjá börnum og unglingum (**<19**) sem fá heilahristing og þeim ávallt vísað til læknis.

# “Aftur til leiks” leiðbeiningar (return to play)



Endurhæfingar stig	Þjálfun	Markmið
1. Hvíld	Líkamleg og andleg hvíld	Jafna sig að fullu
2. Léttar æfingar	Ganga, synda, hjóla á þrek hjóli en halda hjartslætti < 70% af hámarkspúls. Engar lyftingar.	Auka hjartsláttartíðni
3. Knattspyrnu tengdar æfingar	Rekja bolta með stefnubreytingum. Ekki skalla bolta.	Bæta stefnubreytingum inní
4. Flóknari æfingar (non-contact)	Flóknari æfingar t.d. sendinga æfingar og hlaup. Má hefja (rólega) stigvaxandi lyftingar.	Flóknari æfingar, samhæfing og álag á hugann aukið.
5. Þjálfun með fullu álagi	Eftir læknisskoðun - full þáttaka á æfingum	Ná aftur upp sjálfsöryggi. Mat þjálfarateymis á færni leikmanns og hvort hann sé leikfær á ný.
6. Aftur til leiks	Keppni	

24 klst að lágmarki á hverju stigi (tekur því um 7 daga)

Ef einkenni koma aftur, hvíla í 24 klst og byrja aftur á því stigi sem leikmaður var einkennalaus á



# PRESSA Á SJÚKRATEYMI

- **Pressa frá samfélaginu**
  - Afleiðingar höfuðhögga
  - Þeir sem fara illa geta verið mjög lengi að ná sér
- **Pressa frá þjálfara**
  - Úrslit skipta máli
  - Lykilleikmaður
  - Hver hefur ekki fengið höfuðhögg og spilað áfram og allt gekk vel!
- **Pressa frá Leikmanni**
  - Samkeppni um sæti í liðinu
  - “Það er ekkert að mér” “Ég er ekki að fara af velli”
  - Úrslitaleikir
  - Getum við treyst svörum leikmanna?
- **Sjúkrateymi**
  - Fylgja leiðbeiningum
  - Ræða við þjálfara, vera sammála hvernig tekið er á þessum málum

# Samskipti við sjúkrateymi



- Ræðið hvernig þið ætlið að taka á þessu
- Hvenær er leikmaður leikfær?
- Hver metur það?
- Passa sérstaklega yngri leikmenn
- Konur eru lengur að ná sér



## Vinnureglur KSÍ

### Samskipti sjúkrateymis landsliða við félagslið

- Sendum skýrslu varðandi meiðsl á eftirfarandi
  - Framkvæmdastjóra
  - Þjálfara
  - Sjúkraþjálfara / lækni
- Þarf að komast í gott horf (mikilvægt að láta vita ef ábótavant).

# Raunveruleg atvik

- Kvk <18 ára:
  - Höfuðhögg í landsleik, höfuðverkur næstu daga.
  - Upplýsingar á framkv.stjóra og þjálfara félagsliðs
  - “ X fann fyrir vægum höfuðverk og var hvíld frá æfingum og næsta leik. Ráðlegt er að fylgjast með hvort einkennin séu horfin”.
  - Spilar 5 dögum síðar með sínu félagsliði, varð að fara út af, höfuðverkur, ógleði, svimi.
  - Sjúkrþjálfari liðsins vissi ekki um höfuðhöggið





# Kvk < 18 ára framhald

- Greining?
- Eru þetta skýr skilaboð til félagsins?
- Frá hverjum?
- Hver á að fá skilaboðin?
- Hvað með foreldra?
- Hvenær má hún spila næst í fyrsta lagi?

# Raunveruleg atvik

- Kk < 19 ára:
  - Þungt höfuðhögg í landsleik, borinn af leikvelli, minnisleysi (ekki læknir með liðinu).
  - LSH um kvöldið vegna minnisleysis og eftirlit þar í 6 klst. Ráðlagt að taka því rólega, sjá svo til
  - 2 d e h : Fær að hita upp fyrir landsleik, spilar ekki
  - Upplýsingar sendar á félagslið með leiðbeiningum
  - 4 d e h : Spilar 45 mín með félagsliði




# Kk < 19 ára framhald

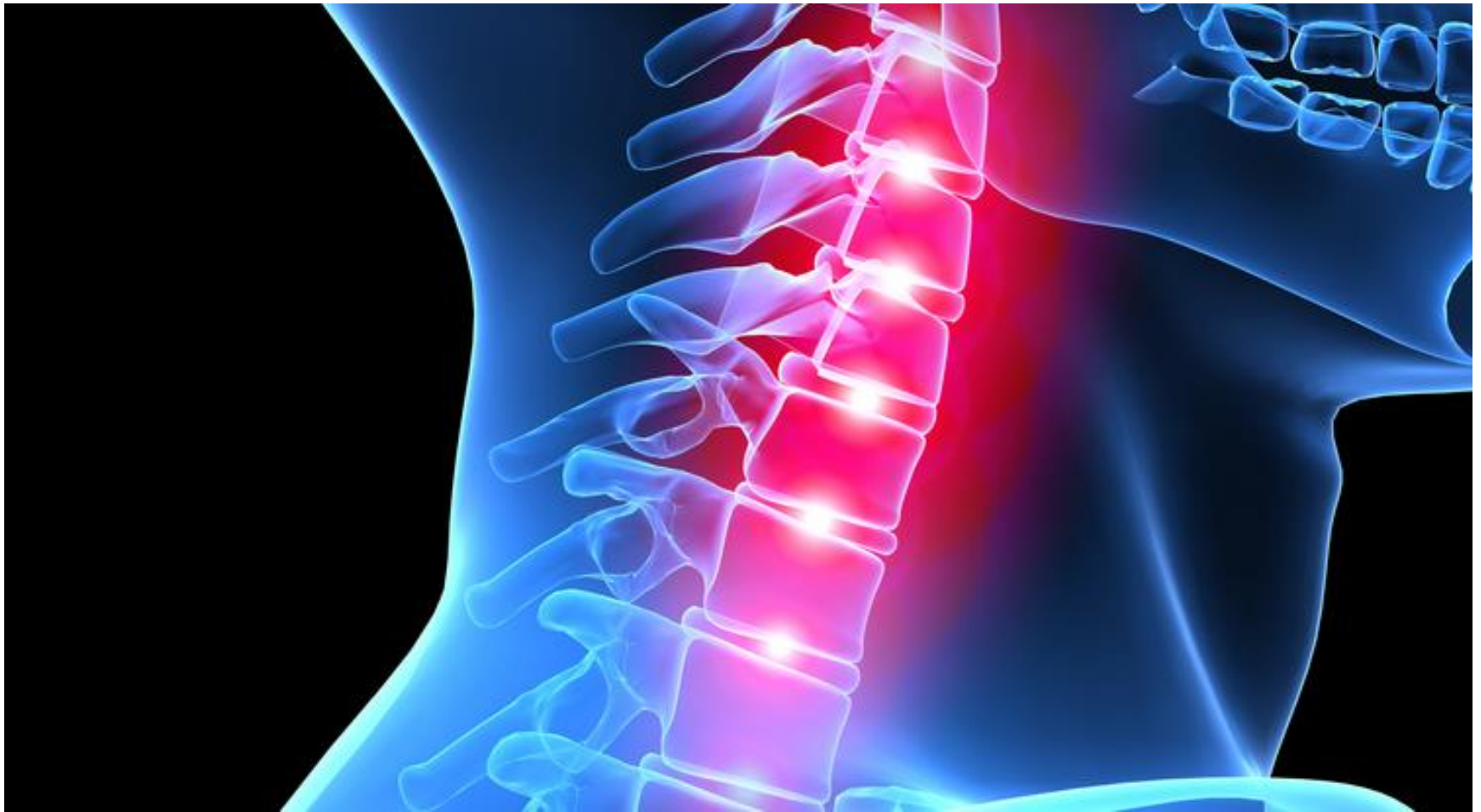
- Hvað segja leiðbeiningarnar?
  1. Hvíld andleg og líkamleg
  2. Tröppum upp álag rólega
  3. Fáum lækni til að meta hvort viðkomandi sé leikfær
  4. Spilar í fyrsta lagi e. 14 daga

## HVAÐ GETUM VIÐ GERT BETUR?

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- Ræða fyrirfram við sjúkrateymi og upplýsa leikmenn
  - Leikmaður með / eða grun um heilahristing fer af velli.
  - Leikmaður með heilahristing keppir í fyrsta lagi e. 7-15 daga
  - Læknisfræðileg ákvörðun hvenær leikmaður er leikfær á ný.
  - Passa sérstaklega uppá leikmenn <19 ára.
  - Fylgja leiðbeiningum KSÍ
- 
- A decorative footer consisting of three horizontal, wavy lines in blue, red, and blue, curving upwards from left to right.

# Hálsáverkar



## Hálsáverkar (Spinal Trauma)

- Hafið í huga hálsáverka hjá öllum:
  - Með áverka fyrir ofan viðbein
  - Með minnkað meðvitundarstig (AVPU)
  - Þar sem áverkinn leit illa út, áhyggjur



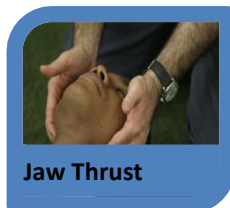


# Tryggja háls hrygg og loftveg samtímis

- Tryggja háls hrygginn strax með því að halda við höfuðið

- Tryggja loftveginn um leið

- “Jaw Thrust”



- ~~Head tilt and “chin lift”~~



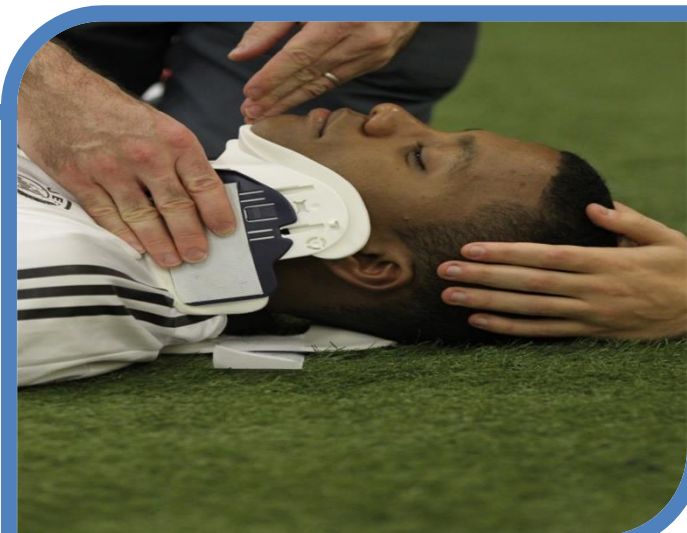
# Hálshryggur er að fullu tryggður



1. Þegar þú hefur fulla stjórn með því að halda við höfuðið allan tímann

eða

1. Með hálfstífum hálskraga + púðum + strappi + bakbretti
2. Varúð ef leikmaður berst um



# Log roll framkvæmt (3-5 geta framkvæmt)



# Samantekt: Hálsáverkar

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- Tryggið hálshrygg um leið og loftveginn
- Hálskragi einn og sér er ekki nægjanlegur til að tryggja hálshrygginn.
- **Hafið áverka á hálshrygg í huga ef að aðdragandinn lítur illa út (concerning mechanism of injury)**
- (video)



# TAKK FYRIR

