

Primary survey

check pulse; type of pulse- slow, rapid, weak, strong

check breathing; type of breathing- slow, rapid, deep, shallow

maintain open airway; clear blood vomitus

check to see that airway is unobstructed

help the athlete find the most comfortable position for breathing

be prepared to perform artificial ventilation and CPR if needed

transport to emergency facility

Secondary survey

history

what happened? What is the mechanism of injury?

When did it happen?

Have you ever had any injury to this region before?

Have you ever been ill or had a recent episode of mononucleosis?

Was there a direct blow? If so by what?

Where were you hit? Back, chest, or abdominal area?

How large was the area of contact?

Did you go to the bathroom prior to practice?

Where does it hurt? Point to the area of pain

how severe is the pain?

What kind of do you have? Sharp, dull, achy, throbbing, radiating

what increase the pain?

What relieves the pain?

Have the symptoms been constant or intermittent?

Does the pain increase during respiration or movement?

Is the pain located in the chest wall or does it feel deeper or inside the cavity?

Do you have any referred pain to your shoulders? Kehr's sign?

Do you have any referred pain to your flanks?

Did you feel anything at the time of injury?

Did you hear any sounds at the time of injury?

Do you have any crepitation? Possible rib fx or costochondral separation

do you feel any tightness, cramping, or rigidity of the abdominal musculature?

Do you feel nauseated?

Do you have any difficulty breathing?

Have you urinated or defecated since the time of injury? If so, was there any indication of blood in the urine (hematuria) or stool?

Have you eaten since you were injured? If so, did the symptoms appear worse or better after eating?

Have the signs & symptoms of your injury improved, deteriorated, or stayed about the same since the time of injury?

Inspection/Observation

Note the position of the athlete; moving?

Is the athlete holding an area of the chest/abdomen with knees drawn up toward the chest?

Is the athlete up and moving around? Notice gait & willingness to move

Is the athlete leaning toward or favoring one side?

Disfunction? Athlete appear to be in much pain during movement?
Observe respiratory rate and rhythm. Rapid, Shallow breaths? Document
observe for painful breathing. (Dyspnea)
inspect the trachea to note any change in position
inspect the chest for symmetry of movements
inspect the symmetry of the abdomen.
Note any deformity, contusions, abrasions, bleeding or swelling
observe for skin color; cyanosis, pallor
is there abnormal distention or protrusion of the abdomen?
Are there overlapping contusions?
Does the abdomen appear to be rigid?
Bloody sputum?
Coughing up blood? Frothy red-->lung coffee grounds-->GI tract
discoloration
 note any periumbilicalecchymosis (cullen's sign);
 indicative of intraperitoneal bleeding.
 Note flank ecchymosis (grey-truner's sign); possible retroperitoneal hemorrhage.
Observe for signs of shock.

Palpation

trachea
clavicle
pectorals
sternum
xipoid process
ribs
abdomen. note any masses, swelling. Protrusions, or other deficits in the continuity of the abdominal wall

right upper (superior) quadrant
liver
head of pancreas
right kidney
gallbladder
upper half of ascending colon

left upper (superior) Quadrant
stomach
tail of pancreas
spleen
left kidney
upper half of descending colon

right lower (inferior) quadrant
small intestine
appendix

proximal half of ascending colon
reproductive structure
iliac crest

left lower (inferior) quadrant
small intestine
distal portion of descending colon
portion of urinary bladder
portion of rectum
reproductive structures
iliac crest

range of motion: active passive, resistive
neck:

flexion
extension
hyperextension
lateral flexion to right and left
rotation to right and left

abdominal wall
actively contract the abdominals
partial sit-up
partial sit-up with rotation (obliques)
flexion
extension
hyperextension
lateral flexion to right and left
rotation to the right and left

specials test
deep breath
Valsalva maneuver
anterior-posterior compression of rib cage (sternum & spine)
anterior-posterior excursion of affected rib
side to side compression (not over the injury site)
rebound tenderness in abdomen
check McBurney's point (appendicitis)