






What to do after an injury: P.O.L.I.C.E. it

P Protect		<p>How:</p> <ul style="list-style-type: none">• Immediately after the injury avoid activity that causes pain, consider using additional support for the area as needed (brace, splint, or crutches) <p>Why:</p> <ul style="list-style-type: none">• Reduces the risk of further damage• Speeds up your recovery
O L Optimally Load		<p>How:</p> <ul style="list-style-type: none">• Get the area moving within the first 1-2 days, gradually move the area and increase the amount of weight you put on it with 2/10 pain or less <p>Why:</p> <ul style="list-style-type: none">• Reduces pain• Stimulates healing and speeds up your recovery
I Ice		<p>How:</p> <ul style="list-style-type: none">• Ice the painful area for 10-15min every hour for the first few days, avoid direct skin contact with the ice <p>Why</p> <ul style="list-style-type: none">• reduces pain and swelling
C Compress		<p>How:</p> <ul style="list-style-type: none">• Wrap the injured area with an elastic bandage or compressive sleeve <p>Why:</p> <ul style="list-style-type: none">• Reduce pain and swelling• Support the area
E Elevate		<p>How:</p> <ul style="list-style-type: none">• Elevate the injured area above the level of your heart <p>Why:</p> <ul style="list-style-type: none">• Reduces swelling

After an injury it is important to do a full rehab to reduce the risk of future injury. Proper rehab will ensure that you have regained full function in the affected area and have not developed any

compensation patterns that can lead to future issues elsewhere in the body. Physiotherapists are movement experts, they work with you to come up with an individualised program that will help you recover and get back to life and sport as fast as possible. If you have questions about physiotherapy or your injury, feel free to contact ReBounce Physio below: (link to email)

Concussion:

According to the CDC, “children and teens who show or report one or more of the signs and symptoms listed below, or simply say they just ‘don’t feel right’ after a bump, blow, or jolt to the head or body, may have a concussion or more serious brain injury.”

Concussion Signs - Observed

- Can’t recall events *prior to* or *after* a hit or fall
- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (*even briefly*)
- Shows mood, behavior, or personality changes

Concussion Symptoms – Reported

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Concussions can occur even without any contact with the head. Signs and symptoms usually appear soon after the injury but the severity of the symptoms may continue to change for hours or days after. People with a concussion should not be left to rest in a dark room. They should try to expose themselves to regular stimulation (cognitive tasks, reading, screen time) in amounts that do not significantly exacerbate their symptoms. Athletes with a concussion should not return to regular competition for 2 weeks after the injury. See a physiotherapist for guided gradual return to school and sport program to make sure you have the quickest recovery possible. You can visit the CDC heads up webpage for more details <https://www.cdc.gov/HeadsUp/>

Drop down menu for emergency department

Should I go to the emergency department after a concussion?

You should go to the emergency department if they have a sudden and rapid worsening of symptoms or have one of the following dangerous signs or symptoms:

Dangerous Signs & Symptoms

- One pupil larger than the other.
- Drowsiness or inability to wake up.

- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

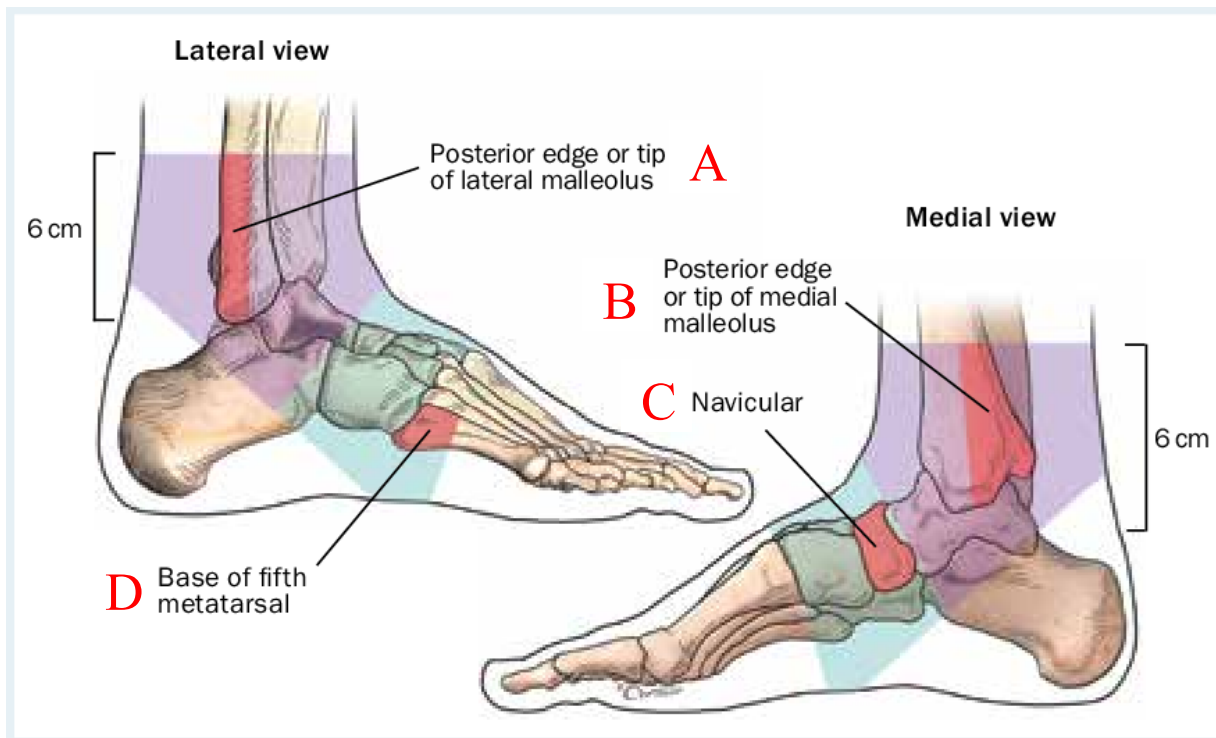
Optional

Drop down menu for X-ray info/charts

Should you go to emergency or get an X-ray? – following these rules will reduce unnecessary emergency room visits, x-rays, and radiation exposure

- If you are unsure, or notice rapid worsening of symptoms it is best to err on the side of caution and get the injury checked out

Ankle and foot:



An ankle x-ray series is only required if

There is any pain in the malleolar zone (purple area) and any one of these findings:

- Bone tenderness at A (Posterior edge of the distal 6cm or the tip of the lateral malleolus)
- Bone tenderness at B (Posterior edge of the distal 6cm or tip of medial malleolus)
- Inability to take 4 complete steps both immediately after injury and at the time of evaluation

A foot x-ray series should be performed if

There is pain in the midfoot region (green area) with any one of the followings

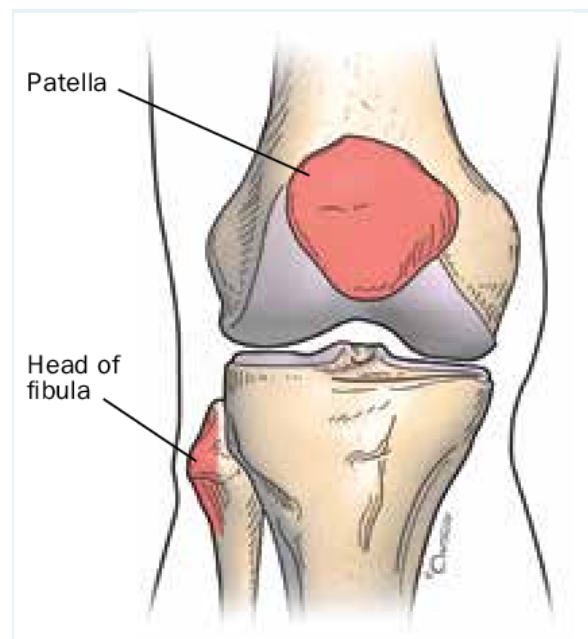
- Bone tenderness at C (navicular bone)
- Bone tenderness at D (base of fifth metatarsal)
- Inability to take 4 complete steps both immediately after injury and at the time of evaluation

Knee:

A knee x-ray series should be performed if

There is pain in the knee region with any one of the followings

- Age 55 years or older
- Isolated tenderness of patella (knee cap)
- Tenderness at head of fibula
- Inability to bend knee to 90 degrees
- Inability to take 4 complete steps both immediately after injury and at the time of evaluation



Pictures from: <https://www.semanticscholar.org/paper/Acute-ankle-and-knee-injuries%3A-To-x-ray-or-not-Fulde/772c7eaf14662af8167980491b974fb2d919c8f7>