

Scenario # 9-1 -- Wrist & medial co-lateral

Slow fall. Ski didn't release. Pleasant patient. Knee wants to be slightly bent. Does not want knee moved.

LOCATION: Bunny Hill

WEATHER: Warm and Clear Day

SAMPLE: Ate too much lunch, was feeling a little drowsy.

INJURY: First Degree MCL strain

SYMPTOMS: Knee doesn't want to move
Pain on medial side on palpation
Fractured wrist.

OBJECTIVES: Quick Splint Application
Reinforce forearm splint
Multiple injury prioritization

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Ask patient to self splint wrist
Y N Good upper extremity exam
Y N Good lower extremity exam
Y N Appropriate prioritization
Y N checks both distal CMS b4 splints
Y N Effective quick splint
Y N Good forearm splint
Y N Sling/swath
Y N Ice packs
Y N Checks both distal CMS after splint

Scenario # 9-2 -- Clean Tib-Fib

Boot weight will torque break and cause extreme pain. Give a raft if the leg isn't supported.

LOCATION: Trail at bottom of intermediate slope.

WEATHER: Cold, wet & windy day.

SAMPLE: None reported but medic alert tag for diabetic. Not a problem in this case.

INJURY: Tib-Fib Fracture three inches below the knee.

SYMPTOMS: Modest pain if well supported. Extreme pain if not well supported
Patient is very cold and not fully responsive.

OBJECTIVES: Quick splint usage
Reinforce secondary/SAMPLE

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Excellent stabilization thruout.
Y N Good lower extremity exam
Y N checks distal CMS before splints
Y N Effective quick splint
Y N Ice pack
Y N Checks distal CMS after splint

Scenario # 9-3 -- ACL

Fell backwards and toward downhill. Tried to recover. Outside edge of ski railed. Knee went POP.

LOCATION: At the edge of the bumps

WEATHER: Clear and warm

SAMPLE: Juvenile rheumatic fever/heart enlargement. Not an issue for treatment.

INJURY: ACL Rupture

SYMPTOMS: No pain. Heard pop.
Knee unstable.
Loose to Lachman test

OBJECTIVES: Quick Splint Application
Lachman Test
Reinforce SAMPLE

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Good lower extremity exam
Y N checks distal CMS before splint
Y N Effective quick splint
Y N Ice pack
Y N Checks distal CMS after splint

Scenario # 9-4 – Ankle and Knee (FEMALE)

Lost it coming down and landed in a pile at the bottom.

LOCATION: Backcountry. At the bottom of cardiac hill.

WEATHER: Clear and 45 degrees. Calm.

SAMPLE: Three months pregnant and very pleased about it.
You do not consider it a medical problem or an illness. You have been to your OB/Gyn.

INJURY: First degree MCL sprain.
Fractured ankle same side.

SYMPTOMS: Little knee pain. Substantial ankle pain
Knee almost straight.

OBJECTIVES:

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Good lower extremity exam
Y N checks distal CMS before splints
Y N Effective improvised leg splint
Y N Ice pack
Y N Checks distal CMS after splint

Scenario # 9-5 – Boot Top Tib-Fib Disguised as Knee

Thinks it is a tweaked knee but just wait until they try and remove the boot!

Skier collision. Hit & run. If they do a secondary and check the lower leg, indicate the problem. Otherwise, don't give any hint of Tib-Fib problem until they try and remove the boot or torque the leg without supporting it then scream and come about six inches off the snow. Wearing rental boots from the ski area.

LOCATION: Intermediate slope

WEATHER: Fair and clear.

SAMPLE: Epileptic. Controlled pretty well by medications.

INJURY: Boot-top Tib-Fib

SYMPTOMS: No pain until probed or jiggled or boot removed. Then total stabilization is critical.

OBJECTIVES: Alpine: cardboard splint. Nordic: SAM splint
 Boot removal
 Collision Procedures

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

Specific

- Y N Good lower extremity exam
- Y N Quick splint removal with support
- Y N Continuous stabilization
- Y N Good boot removal with support
- Y N checks distal CMS before splints
- Y N Effective box splint w/ padding
- Y N Checks distal CMS after splint
- Y N Management for collision

Scenario # 9-6 – Anterior Shoulder and Wrist

LOCATION: Intermediate slope

WEATHER: Fair and clear

SAMPLE: Just recovering from a case of hepatitis B, and now this has to happen.

INJURY: Anterior Shoulder dislocation with non-angulated wrist fracture on same side

SYMPTOMS: Overpowering pain from shoulder. All you can talk about. Wrist injury is concealed till palpation or mis-handling

OBJECTIVES: Anterior Shoulder Splint practice
 Assessment of multiple injuries on same limb
 How to combine forearm splint with Pigs in Blanket
 Proper hand wrap for wrist injury

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
 Y N Place skis uphill?
 Y N Introduce self to patient?
 Y N Ask permission to treat?
 Y N Gloves?
 Y N Timely call for equipment and help?
 Y N Appropriate equipment?
 Y N Good communication with patient?
 Y N Proper treatment of each problem?
 Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
 Y N Unconscious, Vision Oriented?
 Y N Clear Neck and Back?
 Y N Determine chief complaint(s)?
 Y N Complete SAMPLE?
 Y N Head, eyes, ears, nose, mouth?
 Y N Throat, Clavicle, Chest?
 Y N Abdomen, Pelvis?
 Y N Legs, Push/Pull?
 Y N Shoulders/Arms, Grip?

Specific

Y N Checks for blood
 Y N Good upper extremity exam
 Y N Detects wrist problem
 Y N Continuous stabilization
 Y N checks distal CMS before splints
 Y N Effective splints
 Y N Checks distal CMS after splint
 Y N Applies ice.

Scenario # 9-7 – Posterior Shoulder & MCL & Hypothermia

LOCATION: Bottom of Granite Chief

WEATHER: Misting and 35 degrees.

SAMPLE: Diabetes

INJURY: Posterior Shoulder Dislocation
 Medial Collateral Ligament first degree sprain
 Hypothermia due to cotton clothes and mist

SYMPTOMS: Shoulder pain is extreme. Hand will go to top of head. Knee injury concealed.

OBJECTIVES: Posterior shoulder practice
 Quick Splint/Stabilization practice
 Complete Assessment Training
 When in doubt, apply sugar

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
 Y N Place skis uphill?
 Y N Introduce self to patient?
 Y N Ask permission to treat?
 Y N Gloves?
 Y N Timely call for equipment and help?
 Y N Appropriate equipment?
 Y N Good communication with patient?
 Y N Proper treatment of each problem?
 Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
 Y N Unconscious, Vision Oriented?
 Y N Clear Neck and Back?
 Y N Determine chief complaint(s)?
 Y N Complete SAMPLE?
 Y N Head, eyes, ears, nose, mouth?
 Y N Throat, Clavicle, Chest?
 Y N Abdomen, Pelvis?
 Y N Legs, Push/Pull?
 Y N Shoulders/Arms, Grip?

Specific

Y N Checks for blood
 Y N Detects knee problem
 Y N Good upper extremity exam
 Y N Good lower extremity exam
 Y N Treats hypothermia
 Y N Correct prioritization
 Y N Continuous shoulder stabilization
 Y N checks distal CMS before splints
 Y N Effective posterior splint
 Y N Effective quick splint
 Y N Checks distal CMS after splints

Scenario # 10-1 -- Open Forearm Fracture (bone protruding) FEMALE PATIENT

Snowboarders rule. This one was trying out the snow just below the cliffs and whacked herself on a protruding rock. Cold, windy and snow flurries. She is not a happy camper. Lying in the snow, cold and definitely out of sorts but doesn't know what is wrong. Forearm break is not evident until palpated. Moderate blood inside jacket. Watch for appropriate order of treatment.

Severe PMS symptoms. Act them out but don't immediately identify it as PMS until queried. This is intended to familiarize guys with what they might expect and throw in a bit of a confusion factor.

LOCATION: Below the cliffs near a protruding rock

WEATHER: Cold, windy and snow flurries

SAMPLE: Prior break of same wrist

INJURY: Open Wrist Fracture

SYMPTOMS: Mild Hypothermia
Severe PMS Symptoms

OBJECTIVES: Order of treatment.
Open fracture treatment

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Find and control bleeding (Donut)
Y N Ask patient to self splint
Y N Good upper extremity exam
Y N checks distal CMS before splints
Y N Excellent manual stabilization
Y N Effective wrist splint/hand roll
Y N Sling/swath
Y N Ice pack
Y N Checks distal CMS after splint
Y N Sorts out PMS

Scenario # 10-2 -- Posterior shoulder

Crashed in the trees. Shoulder is very painful and will not move. Complain a lot if you are not urged to self splint and the shoulder moves.

LOCATION: In the trees

WEATHER: Overcast 25 degrees

SAMPLE: Taking medication for migraine headaches.

INJURY: Posterior shoulder dislocation

SYMPTOMS: Very painful. Will not move.

OBJECTIVES: cardboard shoulder splint
patient psychology

Leader: _____

Assistant: _____

Patient: _____

Times: Begin: _____ Call: _____

Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y n Check for blood
Y N Ask patient to self splint to head
Y N Good upper extremity exam
Y N checks distal CMS before splints
Y N Effective shoulder splint
Y N Ice pack
Y N Checks distal CMS after splint
Y N Immediate MD/ER

Scenario # 10-3 -- Laceration of shoulder and ear

Skier tried and duck and cut under a tree with a protruding dead limb. Bad call. Two fairly deep tears on the shoulder and the ear is almost torn about 1/2 inch. OUCH. A fair amount of blood. Patient is very anxious. This is intended as an assessment exercise. Does it need a backboard? Is there a serious head injury? Is the patient in danger of shock. Is there any real damage behind the lacerations? All these are negative. Just a bit of blood and mess.

Look for:

- Goes to skin immediately
- See that bleeding is stopped.
- Re-assure the patient
- Consider trauma of mechanism and possibility of head injury
- Consider anxiousness as a shock symptom
- Complete secondary
 - especially skull, ears, eyes, battle sign, inside mouth, facial bones, neck & spine
- upper extremity exam
- Clean up and bandage
- MD/ER
- Report

LOCATION: Near bottom of intermediate slope, in sight of first aid room

WEATHER: inside

SAMPLE: None. Oriented times 4

INJURY: Shoulder and ear lacerations.

SYMPTOMS: Anxious.
Considerable blood.

OBJECTIVES: Assessment Exercise to eliminate backboard.

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

Specific

- Y N Check/control bleeding
- Y N Good upper extremity exam
- Y N checks distal CMS before bandage
- Y N Effective shoulder bandage
- Y N Checks distal CMS after bandage

Scenario # 10-4 -- Ankle Sprain - Backcountry

Second degree sprain of ankle. Skier is one flat mile from the trailhead at 2pm. Skier is good natured and rather stoic. Ankle will not bear weight unsupported but with a bit of splint, it will.

This is a transport problem and a splint choice problem. Good answers are a SAM splint or a wrap around blanket splint. Evacuation by sled or helicopter is probably not indicated. How will they help the skier during the trip out. What do they need to worry about and watch for?

LOCATION: Backcountry, flat terrain
WEATHER: Nice Day
SAMPLE: Denies medical history.
INJURY: Second degree ankle sprain
SYMPTOMS: Modest pain
Will not bear weight without splint
OBJECTIVES: Transportation choice
Severity evaluation

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Good lower extremity exam
Y N checks distal CMS before splints
Y N Effective ankle splint
Y N Ice pack
Y N Checks distal CMS after splint

Scenario # 10-5 -- Forearm 2 inches above wrist

It's that young snowboarder again. One of the ones with an attitude. Here last year with the other forearm. In an auto accident in the summer and is full of dreams of backboards, MRI, ambulances, and all that stuff. Knows everything is horrible. Maybe he will die. The patrollers need to get him calmed down and get the forearm splinted. The forearm is somewhat angulated downward. Everyone else is having a nice day

LOCATION: terrain park

WEATHER: nice

SAMPLE: Thinks he has some vague, undiagnosed medical problems resulting from auto accident. Wants to talk about it, get your opinions.

INJURY: Closed forearm fracture

SYMPTOMS: Severe fear.
Modest angulation

OBJECTIVES: Patient Management

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Good patient management
Y N Ask patient to self splint
Y N Check for blood
Y N Good upper extremity exam
Y N Continuous manual stabilization
Y N checks distal CMS before splints
Y N Good forearm splint/hand roll
Y N Sling/swath
Y N Ice pack
Y N Checks distal CMS after splint

Scenario # 10-6 – MCL & Opposite Wrist

LOCATION: terrain park

WEATHER: nice

SAMPLE: History of knee problems.

INJURY: Medial Collateral Ligament first degree strain
Closed wrist fracture

SYMPTOMS: Severe fear. Look at that ugly wrist.
Angulation of wrist
Knee injury is concealed

OBJECTIVES: Patient Management
Quick Splint practice
Wrist splint practice

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Good patient management
Y N Ask patient to self splint
Y N Check for blood
Y N Good upper extremity exam
Y N Good lower extremity exam
Y N Continuous manual stabilization
Y N checks distal CMS before splints
Y N Good forearm splint/hand roll
Y N Proper quick splint application
Y N Sling/swath
Y N Ice pack
Y N Checks distal CMS after splint

Scenario # 10-7 – Fibula Fracture

LOCATION: Bunny Slope

WEATHER: nice

SAMPLE: Walking pneumonia from last ski outing, probably shouldn't be out here, but spouse didn't want to waste the reservations

INJURY: High fibular fracture. Closed

SYMPTOMS: Fear of spouse's reaction
Asymptomatic until patient tries to stand or top of fibula is palpated

OBJECTIVES: Quick splint practice
Effective assessment – lower limb palpation

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Check for blood
Y N Good lower extremity exam
Y N checks distal CMS before splint
Y N Proper quick splint application
Y N Ice pack
Y N Checks distal CMS after splint