

THE SOCIETY OF SPORTS THERAPISTS



Sports Trauma Management

9. Exposure, Environment & Everything Else

b. Wound Care

16 Royal Terrace, Glasgow, G3 7NY, T: 0845 600 2613, F: 0141 332 5335, W: www.society-of-sports-therapists.org, E: admin@society-of-sports-therapists.org



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Wound Care

- Types of wound
 - Laceration
 - Contused wound
 - Puncture wounds
 - Linear or stellate (irregular) wounds
 - Bites
 - Degloving injuries
 - Abrasions
- Infection rates are higher in legs & feet > arms & hands > head & neck





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Damage to the underlying structures:

- Distal neurovascular status
- Underlying tendon injury

Dirty wounds

- ALL sporting wounds
- Wounds older than 4hrs
- Location
- Contaminated
 - Saliva, mud, foreign material
- Blunt (crush) or missile injuries



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Management of Wounds

- Stop bleed
- Check neurovascular status
- Local anaesthesia
 - Small 23-25G needle
 - Effective in 1-2mins, lasts 30-60mins
 - Nerve block
- Wound cleansing
 - Saline – the solution to pollution is dilution
- Closure – anatomical & functional approximation of tissue
 - OR cover with dressing
- Advice to patient
- Review wound for infection



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When NOT to close wounds

- Older than 6hours
- Infected
- Further exploration
- Stab wounds
- Open fracture wounds
- Over Infected joints
- Neurovascular or tendon repair
- Specific expertise (eyelids, lips, fingers)
- Crush injuries
- Devitalised tissue
- Skin loss

**Cover with wet
gauze & refer to ED**



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Location	Suture	Removal
Scalp	2/0 or 3/0 absorbable or non-absorbable or glue or staples	7d
Trunk	3/0 non-absorbable	7-10d
Limbs	4/0 non-absorbable	7-10d
Hands	5/0 non-absorbable	7-10d
Face	6/0 non-absorbable	3-5d
Lip/ Tongue/ Mouth	6/0 absorbable	-
Joint surface	3/0 non-absorbable	10-14d



Caution

- Inadine dressings may cause anaphylaxis
- Chloramphenicol ointment recommended for facial wounds

