START is not the best triage strategy

I read with interest the article of Delaney and Drummond in the April issue, and found it both useful and informative. However, I must disagree that in mass casualty situations “Most experts agree that START (simple triage and rapid treatment) . . . is the best strategy”. 

This recommendation should only be made if the system is the easiest to use for the people undertaking the triage process, or is the most accurate at triaging patients.

Three triage systems are currently in common use in the developed world: START, Careflight, and the Triage Sieve and Sort.

START was devised in the mid 1990s in the United States, and has since been modified. It bases triage around walking, breathing, presence or absence of a radial pulse, and the ability to follow commands, and categorises patients for immediate or delayed care, or as unsalvageable.

Careflight is used in many parts of Australia, and also uses walking as the first discriminator. It then relies on the ability to follow commands, presence of a radial pulse, and presence of breathing to assign an appropriate category. Patients are immediate, urgent, delayed, or dead.

The UK system, Triage Sieve and Sort, uses the same four triage categories. The Sieve is used for primary triage, at the scene, and patients are triaged using the Sort at the casualty clearing station.

The Sieve first uses a walking filter, and then presence of breathing, pulse rate, and capillary refill time or heart rate to categorise patients. The Sort uses the triage revised trauma score, which may be added anatomical information.

In terms of ease of use, the algorithm chosen must fulfill two criteria. The first is that it is simple to use: all three algorithms fulfill this requirement. The second is that users should be familiar with it. The triage Sort will be familiar to most UK pre-hospital personnel, as it is the system used by most UK ambulance services on a day to day basis. The Sieve will be familiar to all those who have attended the Major Incident Medical Management and Support (MIMMS) course or the shorter one day version.

As increasing numbers of doctors, nurses, ambulance personnel, and other emergency services are now attending MIMMS courses, the Triage Sieve and Sort will become more familiar. The course is now taught in Sweden, Holland, Australia, Cyprus, and has recently been accepted by NATO. It is being considered in South Africa.

With regard to the accuracy of the algorithm, a recent article in the Annals of Emergency Medicine retrospectively compared START, Careflight, and the Triage Sieve. The authors found that START had the same sensitivity and a lower specificity than Careflight for identifying critically ill patients. The use of Triage Sieve alone rather than Sieve and Sort makes interpretation of their results with regard to that system unreliable.

Many mass casualty situations involve children, and a triage algorithm that relies on walking or adult physiological values will over-triage many children. The Triage Sieve offers an alternative in the Paediatric Triage, which is currently being prospectively validated in South Africa.

This combination of factors—familiarity to UK pre-hospital providers, accuracy, and accommodating injured children—should lead to the recommendation that, for mass casualty situations in the United Kingdom, the Triage Sieve and Sort should be the triage algorithm of choice.

Furthermore, all those providing medical care at mass gatherings such as sporting events should have attended a MIMMS course, which provides an excellent system in the unlikely event of a mass casualty situation.

Computer based screening in concussion management: use versus abuse

As reviewed by Schnirring, a number of user friendly, computer based systems for concussion management have been developed, including CogSport in Australia and Head Minder and ImPACT in America. Important cautionary comments have been made about the appropriate use of such programmes (versus potential for their misuse), which from a neuropsychological perspective warrant further elaboration.

From a neuropsychological perspective, such cautionary comments on computer based screening batteries cannot be too strongly endorsed. The comments do add to the following: return to play decisions should not be made on the basis of computer based test outcome alone in the absence of access to a clinical assessment of the individual, and importantly, nor should test results be interpreted by a practitioner without neuropsychological expertise. In the event of a medicolegal claim, such non-specialist use of computer based programmes is unlikely to be upheld as ethical practice. Due respect for the complexities involved in neuropsychological interpretations of psychometric test results—that is, the professional terrain of the neuropsychologist—will ensure that the apparent ease of computer based testing does not result in its misuse.

A B Shuttleworth-Edwards, M A Border
National Sports Concussion Initiative (NSCI), Rhodes University, Grahamstown, South Africa; A_Border@ru.ac.za

References
BOOK REVIEW

The musician's hand

Iain Winspur, Christopher Wynne Parry. Martin Dunitz Publishers, 1998, £49.95. ISBN 1 85317 492 0

This sounds an intriguing title for a book to be reviewed in this journal. In clinical sports medicine practice, it is not uncommon to be consulted by musicians with a variety of soft tissue or other problems. This is partly because of the lack of specific medical care available for this group of people.

There is also an overlap between the problems of sports men and women and musicians that suggests that each group has much to offer the other. This book by two hand surgeons from London is a fascinating addition to the literature but ultimately disappoints both the sports physician and the performing artist. Clearly the strength of two surgeons as authors is their diagnostic approach to musician's hand problems and their obvious surgical skills in this region. Where they stray into topics outside their own expertise, there is both a lack of understanding and a lack of perspective of the injuries discussed. For example, the discussion of “tennis elbow” would send shivers down the spine of any reader of the British Journal of Sports Medicine. The terminology in these areas and the pathological basis of the conditions has been extensively reviewed in recent times.

This is reflected in the chapters on nerve compression syndromes and focal or task specific dystonias where a neurological input would have given far more perspective into the current thinking in this interesting and stimulating field.

There are also far too many examples of “cross referencing” of the co-author’s work rather than a true review of the published literature, which would have added so much more to this book. A prime example of this is in the nerve chapter again, where the electrodiagnostic techniques are referenced to a 1981 publication of the co-author rather than any of the widespread range of neurological reference books on this subject.

This book has many strengths however. It has a “chatty” style which reads well and contains many anecdotal observations by leading musicians and conductors on performance technique that give a fascinating insight into the minds of these gifted individuals. There is, however, a lack of critical appraisal of their comments and how the experience of leading concert performers may be extrapolated into assisting the problems of “non-elite” instrumentalists. The surgical discussions are concise and elaborate many of the critical issues in planning surgical intervention in this group. Any surgeon contemplating operating on the hand of a musician at any level would certainly benefit by reviewing this important information.

One of the problems of any book with multiple contributors is editing the various sections to achieve balance and avoid repetition. This is not well achieved and the repeated reference throughout the text to a “Joan Dixon, the doyenne of cello pedagogy” is enough to drive the reader barmy. It is never explained who this person is. Ms Dixon is not listed in the contributors nor in the chapter references. From the frequent mention of her name, I could have assumed that she could have written the chapter on cello technique by herself!

As I said, there are some real strengths in this book that makes it a useful addition for hand surgery practice, but it could have been so much more. If the authors had utilised expertise from outside the small world of “musician’s medicine”, a far deeper understanding of the problems could have resulted. There are so many overlaps with sports medicine that it is scary.

For the clinician who wants a better overview of this whole area (rather than just hand problems), then the book Performing arts medicine (2nd ed) by Sataloff, Brandonbrenner, and Lederman (Singular Publishing Group, San Diego, 1998, ISBN 1 56953 982 4) is a much better option as a starting point. There is also a US based performing arts medicine society, which publishes a regular newsletter in this field, as well as the British Association of Performing Arts Medicine.

P McCrory
PO Box 93, Shoreham, Melbourne, Victoria, Australia, pmccrory@compuserve.com

KEYWAY

SMX 2003
22–23 March 2003, University of Melbourne, Victoria, Australia
The Victorian Conference of Science and Medicine in Sport and Exercise in conjunction with The Gastrolyte VIS International Science and Football Symposium.
Further details: members@vicsma.org.au

Sports Medicine Seminar at the Hong Kong Sevens
27 March 2003, Hong Kong
This will be the first of an annual conference on Sports Medicine to coincide with the premier 7s event. Please visit the website www.droid.cuhk.edu.hk/events/sms.htm.
Further details: Iain Stewart, National Diagnostic Imaging, Woden, ACT 2606, Australia; tel: +61 26282888; email: ncdl@ozemail.com.au

Vth World Congress on Science & Football
April 2003, Lisbon, Portugal
Further details: Dr J Cabri; email: jcabri@fmh.ulis.pt
Web site: http://www.fmh.ulis.pt/wesf

2003 SMA Queensland State Conference (Australia)
3–4 May 2003, Nara SeaWorld Resort, Gold Coast.
Speakers: Dr John Best, Medical Director for the 2003 Rugby World Cup; Associate Professor Kim Bennell, Director, Centre for Sports Medicine Research and Education, (School of Physiotherapy), University of Melbourne, Victoria, Australia.
Further details: www.sportsmedicine.com.au

3rd Québec International Symposium on Cardiopulmonary Rehabilitation Evidence Based Interventions: Science to the Art of Cardiopulmonary Rehabilitation
11–13 May 2003, Québec City Convention Center, Québec, Canada
Call for abstracts deadline is 1 November 2002. The abstract submission form and complete programme can be printed from the web site.
Further details: email: Jean.Jobin@med.ulaval.ca
Web site: www.ulaval.ca/symposium

The 6th STMS World Congress on Medicine and Science in Tennis in conjunction with the LTA 2004 Sports Science, Sports Medicine and Performance Coaching Conference
Keynote speakers include Professor Per Nenstrom (SWE), Professor Peter Jokl (USA), Professor Savio Woo (USA), Dr Carol Otis (USA), Dr Mark Safran (USA), Dr Ben Kilber (USA), Prof Bruce Elliott (AUS), and Professor Ron Maughan (UK).

The 2003 NSW Conference of Science and Medicine in Sport
1 March 2003, AJC Convention Centre, Alison Road, Randwick, NSW, Australia

www.bjsportmed.com
NOTES AND NEWS

Winners of the annual BASEM Prizes
Dr Eileen Mackie (Clopdogrel inhibits platelet activation and exercise induced ischaemia in stable coronary artery disease) and Mrs Eleanor Curry (Role of exercise in multiple sclerosis) (joint winners).

The poster prize was won by Dr Stuart Reid (Injury patterns and injury prevention strategies in the winter sports population attending the English medical centre in Val D'Isere.

Diploma in Sport and Exercise Medicine for Great Britain and Ireland
Details for the above exam can be found on the Royal College of Surgeons of Edinburgh Website at http://www.rcsed.ac.uk alternative applicants can write to: The Royal College of Surgeons of Edinburgh, Eligibilities Section, Careers Information Services, 3 Hill Place, Edinburgh; tel: +44 (0)131 668 9222 or Mrs Yvonne Gilbert, Intercollegiate Academic Board for Sport and Exercise Medicine, Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW; tel: +44 (0)131 527 3409; email: y.gilbert@rcsed.ac.uk

Intercollegiate Academic Board of Sport and Exercise Medicine Diploma Exam
The following were successful diplomates in the Intercollegiate Academic Board of Sport and Exercise Medicine Diploma Exam:
7 July 2000
• Dr Prabodh C Agarwal
• Dr Robert Bleakney
• Dr Trevor W Fleet
8 November 2000
• Dr James P Robson
• Dr Samantha L Fee
• Dr David C Watkins
• Dr RS Prabu

For further information contact: Donald AD Macleod, Chairman, Intercollegiate Academic Board of Sport and Exercise Medicine

www.basem.co.uk
The British Association of Sport and Exercise Medicine has launched its new website—www.basem.co.uk. The site provides information about the educational opportunities in sport and exercise medicine and advice to those wishing to become involved in this area.

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Educational programme
The Centre offers a one month full time Postgraduate Certificate in Sports Physiotherapy: spine, pelvis, and lower limb. Instructors are leading clinical experts and researchers in the multidisciplinary approach to sports medicine. The Certificate will run from Nov 4–29 in 2002.

Please contact: A/Professor Peter Brukner: p.brukner@unimelb.edu.au (Research Degrees), A/Professor Kim Bennell: k.bennell@unimelb.edu.au (Research Degrees), Mr Henry Wajswelner: h.wajswelner@unimelb.edu.au (Certificate Courses).

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NCPAD NEWS
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• Applications for the Master of Physiotherapy by Coursework (Sports Physiotherapy) close 1 October 2002.
• Applications for the Postgraduate Certificate in Physiotherapy (Sports Physiotherapy) or the Postgraduate Certificate in Physiotherapy (Sports Physiotherapy of the Spine, Shoulder and Upper Limb) close 1 November 2002.
• Applications for the Postgraduate Certificate in Physiotherapy (Sports Physiotherapy of the Spine, Shoulder and Upper Limb) close 1 April 2003.

Please check the website for updates and information about the courses: www.physioth.unimelb.edu.au/grad.html

www.bjsportmed.com
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A B Shuttleworth-Edwards and M A Border

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Updated information and services can be found at:
http://bjsm.bmj.com/content/36/6/473.2

These include:

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