

Throat evaluation Illness & trauma

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Disclosure

- I have no conflicts of interest or financial disclosures

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Learning Objectives : Illness

1. Identify common throat conditions, including pharyngitis, tonsillitis, and signs of airway obstruction, by observing and palpating anatomical landmarks and interpreting associated symptoms.
2. Demonstrate proper techniques for evaluating the throat, including inspection with a light source, palpation of the neck for lymphadenopathy, and documentation of findings using accurate medical terminology.
3. Develop the ability to assess the severity of throat-related symptoms, determine whether immediate intervention, referral, or continued monitoring is required, and understand the steps for managing airway emergencies.

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Common causes of sore throat

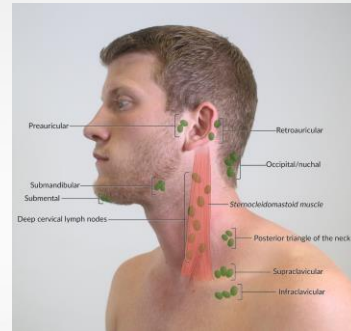
- Viral pharyngitis/ viral URI
 - Resp viruses, HIV, Epstein-Barr virus, COVID-19
- Bacterial pharyngitis
 - Step A, Strep C& G, other less common bacteria
- Peritonsillar abscess
- Noninfectious causes
 - Allergies, GERD



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Evaluation

- Palpate the neck for lymphadenopathy
- Inspect throat using tongue depressor and direct light
- Document findings of redness, swelling, tonsil swelling or exudate, unilateral swelling or uvula deviation
- Note breathing and voice quality
- Note dentition, tongue and other soft tissues



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Management

- Viral pharyngitis: supportive care, rest fluids, medications: NSAIDS, topical analgesics: sprays, lozenges
- Bacterial pharyngitis: eval by medical provider. May need throat swab and antibiotics
- Refer to provider if not resolved in 7 days
- Need for Urgent management
 - Muffled, 'hot potato' voice
 - Drooling, spitting, can't swallow saliva
 - Stridor
 - Respiratory distress
 - 'sniffing' or 'tripod' position to maintain airway (mostly seen in children)

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Learning Objectives for neck trauma

1. Identify signs and symptoms of throat trauma, including lacerations to blood vessels, airway compromise, and associated injuries, through visual inspection, palpation, and clinical evaluation.
2. Demonstrate proper techniques for managing throat trauma, including controlling bleeding, maintaining airway patency, and stabilizing the neck to prevent further injury.
3. Develop the ability to determine the severity of throat trauma, prioritize life-saving interventions, and communicate effectively with emergency medical personnel for advanced care and transport.

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Trauma to the neck

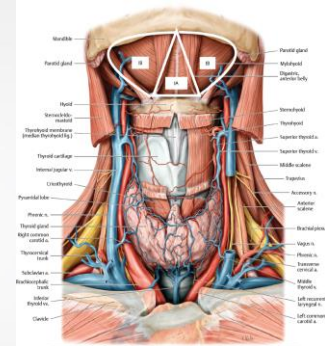
- Lacerations from skate blades
- Soft tissue injury from pucks, sticks or other



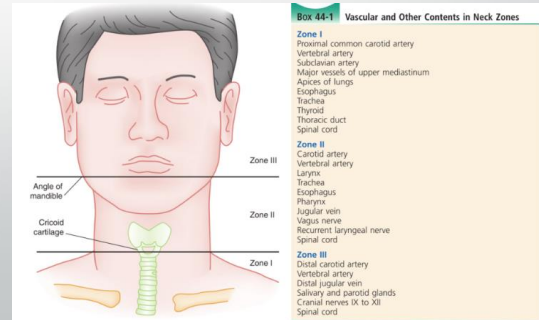
External carotid

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Anatomy



- Cervical spine: C1-C7
- Major vessels: jugular vein, carotid artery, vertebral arteries
- Nerves: vagus nerve, recurrent laryngeal nerve, cranial nerves IX-XII
- Other important tubes: trachea, esophagus



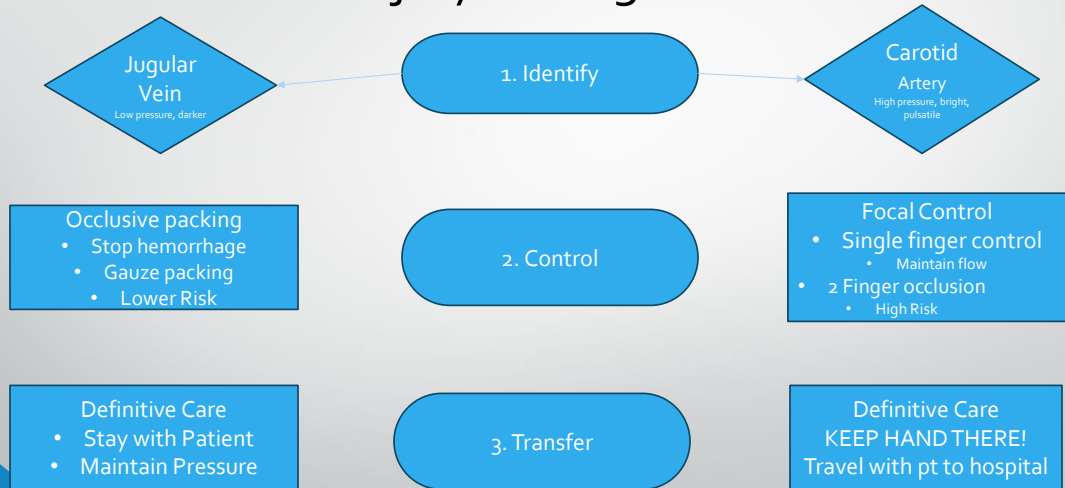
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Management of lacerations

- Non-Life/ Limb threatening
 - Irrigate wound
 - Assess for deeper tissue injury
 - Primary repair- suture, skin glue, bandage
 - Recommend update tetanus vaccine
- Limb threatening
 - Femoral, popliteal, brachial or radial artery
 - Apply tourniquet
 - Hemostatic gauze if available
 - Immediate EMS transfer
 - Emergent vascular repair

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Algorithm for Life threatening Acute Vascular Injury management



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Soft tissue trauma

- Initial Assessment
 - Can athlete speak? Assess breathing
 - Visually inspect neck: swelling, trachea deviation, bleeding
- Immediately
 - Low threshold to involve EMTs
 - Maintain C-spine immobilization if indicated
 - Assess & Maintain airway: chin lift or jaw thrust, intubation
- Monitor
 - Monitor O₂ sat is possible: >90%
 - Pulse, resp rate
- Symptoms may evolve over hours- even if stable on sideline consider referral to ER for monitoring

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References

- Evaluation of acute pharyngitis in adults: UptoDate, Chow MD, Anthony
- NHL Team physician meeting : Management of Vascular injury July 2024
- The cutting Edge: A Deeper look at skate Blade Lacerations in hockey: AOSSM Sports Medicine update. Murray MD, Jerome et al. Winter 2024
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Thank you

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