Modern day football players of all skill levels will continue to sustain injuries to the spine, which can be catastrophic and life altering. These are among the most dreaded of all injuries because of the potential to cause paralysis or death. Football players suffering neck injuries must be properly managed to prevent further injury. This management should begin from the occurrence of the injury on the field, and include EMS transportation, in-hospital emergency care, and definitive care by an appropriate physician specialist.

The American College of Sports Medicine (ACSM) advises against the immediate removal of the helmet from an unconscious athlete or from an athlete with a suspected neck injury. Sideline medical personnel should presume that any unconscious athlete has an accompanying spinal injury until proven otherwise, because head and neck trauma frequently occur together. Proper immobilization of the spine and safe transportation to the hospital can be accomplished without removal of the helmet because, unlike motorcycle helmets, football helmets fit snugly and prevent head movement within the helmet.

ACSM advises that, as a general practice, only the face mask should be removed from the helmet, and the football helmet should remain on the athlete’s head during transportation. The plastic attachments that fasten the face mask to the helmet can be removed with specifically designed tools. These tools should be readily available at all times (practices and games), and all responders must be practiced in their use.

Responders should assume their role may include face mask removal. ACSM recommends that at least two different types of tools be available, in the event that one is unsuccessful.

ACSM recommends that only trained personnel, with proper immobilization equipment, attempt to move an injured player, place him/her on a spine board and transport the athlete to a hospital.

ACSM further recommends that a team representative, familiar with athletic equipment and its removal, accompany the injured athlete throughout the transportation and evaluation process and be available to advise or assist as needed.

ACSM suggests that the team’s sports medical personnel, coaches and concerned parents meet annually with emergency care providers to develop a current protocol for the safe transportation of critically injured athletes, which should include the specific management of the athlete with a suspected spine injury.

ACSM contends that proper management of such injuries may prevent further injury. Proper management includes: leaving the helmet in place if at all possible, removing just the face mask (and only when unobstructed access to the face is required), the use of appropriate tools and equipment, preplanning, preparation and rehearsals. ACSM strongly suggests the presence of properly trained sports medicine providers (including trained team physicians and certified athletic trainers) to properly manage all aspects of the incident.

About the Author
Written for the American College of Sports Medicine by Douglas M. Kleiner, Ph.D., FNATA, FACSM and Robert C. Cantu, M.D., FASC, FACSM.

Suggested Citation: Kleiner DM and Cantu RC. The Spine-Injured Football Player and Helmet Removal. Indianapolis, IN: American College of Sports Medicine; 2016.

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