

**CLS**

**TCCC**

**COMBAT  
LIFESAVER**

# TACTICAL COMBAT CASUALTY CARE COURSE

## MODULE 17: FRACTURES



Committee on  
Tactical Combat  
Casualty Care  
(CoTCCC)

**TCCC TIER 1**  
All Service Members

**TCCC TIER 2**  
Combat Lifesaver

**TCCC TIER 3**  
Medic/Corpsman

**TCCC TIER 4**  
Combat Paramedic/Provider

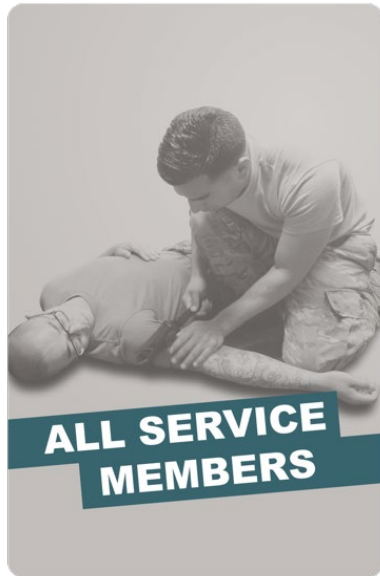
CHANGE LOG - Curriculum Update History

CHANGE DATE	PRODUCT UPDATE	DESCRIPTION OF CHANGE
30 April 2025	Module 17 - Didactic PPT Slide 18	Updated TCCC 1380 Card image to reflect changing “gender” to “sex”

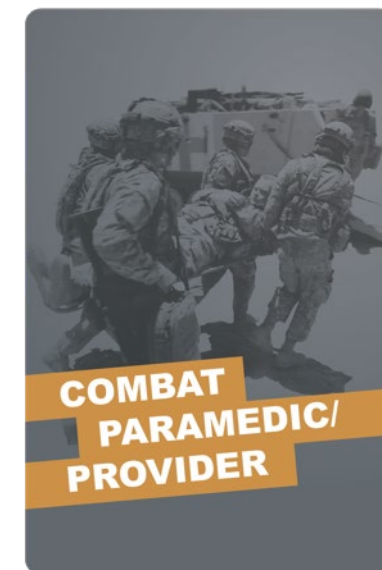
# TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

## ROLE 1 CARE

### NONMEDICAL PERSONNEL



### MEDICAL PERSONNEL



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

## STUDENT LEARNING OBJECTIVES

# LEARNING OBJECTIVES

### 19 Given a combat or noncombat scenario, perform assessment and initial treatment of fractures during Tactical Field Care in accordance with CoTCCC Guidelines

- 89 Identify signs of a suspected fracture.
- 90 Demonstrate the basic care of fractures in accordance with CoTCCC Guidelines.
- 91 Demonstrate proper splint application using a malleable rigid or improvised splint to a suspected fracture in Tactical Field Care

01 **TERMINAL LEARNING  
OBJECTIVES (TLOs)**

03 **ENABLING LEARNING  
OBJECTIVES (ELOs)**

● = Cognitive ELOs  
● = Performance ELOs

# Three PHASES of TCCC

## 1 CARE UNDER FIRE

RETURN FIRE  
AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control life-threatening bleeding
- Move casualty to safety

## 2 TACTICAL FIELD CARE

COVER AND  
CONCEALMENT

Basic management plan:

- Maintain tactical situational awareness
- Triage casualties as required
- Conduct MARCH PAWS assessment

## 3 TACTICAL EVACUATION CARE

More deliberate assessment and treatment of unrecognized life-threatening injuries

- Pre-evacuation procedures
- Continuation of documentation

**NOTE:** This is covered in more advanced TCCC training!



YOU ARE HERE

# TACTICAL FIELD CARE

## MARCH PAWS

### *DURING* LIFE-THREATENING

- M** MASSIVE BLEEDING #1 Priority
- A** AIRWAY
- R** RESPIRATION (*breathing*)
- C** CIRCULATION
- H** HYPOTHERMIA / HEAD INJURIES

### *AFTER* LIFE-THREATENING

- P** PAIN
- A** ANTIBIOTICS
- W** WOUNDS
- S** SPLINTING



# ASSESS FOR A FRACTURE



**CLOSED** FRACTURE

No open wound  
(break in skin) for  
closed fracture



**OPEN** FRACTURE

Open fracture open  
wound (break in  
skin) major threat  
for infection

## WARNING SIGNS OF A FRACTURE:

- Significant pain and swelling
- An audible or perceived “snap”
- Different length or shape of limb
- Loss of pulse or sensation in the injured arm or leg
- Crepitus (hearing a crackling or popping sound under the skin)



# OBJECTIVES OF SPLINTING

A splint is used to prevent movement and hold an injured arm/leg in place:

- 1 Identify the location of the fracture.  
**NOTE:** Have the casualty or someone else manually stabilize the area
- 2 Check the distal pulse (pulse below the fracture) and capillary refill (color returning to the nail bed after pressing on it) on the injured extremity before applying the splint
- 3 Prepare the splint materials for application  
**NOTE:** Measure and shape the splint on the opposing uninjured extremity
- 4 Prepare securing materials (cravats, elastic wraps/bandages, etc.)
- 5 Apply the splint to the injured extremity with the limb, in the position of function (a normal resting position), if possible  
**NOTE:** If possible, lightly pad all voids within the splint to make it more comfortable
- 6 Secure the splint in place with appropriate materials
- 7 Ensure the joints above and below the fracture are immobilized in the splint whenever possible
- 8 Recheck the distal pulse following application of the splint. If the pulse is not palpable, loosen the splint, reposition, and reapply the splint
- 9 Administer the pain medications (from the Combat Wound Medication Pack) as needed and the antibiotic for any open fracture(s)
- 10 Document all treatment on a DD FORM 1380 TCCC Casualty Card and attach it to the casualty



## PRINCIPLES OF SPLINTING

- Check for other associated injuries
- Use malleable or rigid materials
- Try to pad all voids or wrap if using rigid splint
- Secure splint with elastic bandage, cravats, belts, tape
- Try to splint before moving the casualty
- Minimize manipulation of the extremity before splinting
- Incorporate one joint above and below the fracture
- Splint arm fractures to the shirt using the sleeve, if needed
- Check distal pulse and skin color before and after splinting

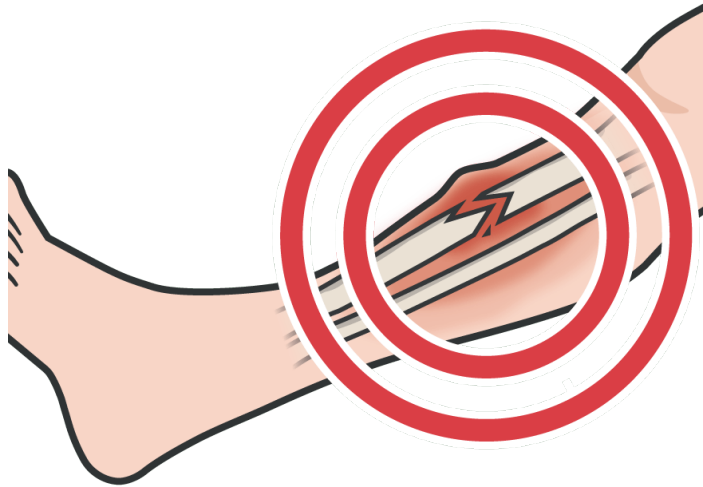


## THINGS TO AVOID WHEN SPLINTING

- ✗ Manipulating the fracture site too much resulting in pain, additional damage to blood vessels and nerves, etc.
- ✗ Securing too tightly, cutting off blood flow
- ✗ Failing to immobilize joint above and below fracture when possible
- ✗ Causing further injury
- ✗ Making casualty uncomfortable during transport/evacuation
- ✗ Splinting near or over a wound that has not be properly treated

## SPLINTING

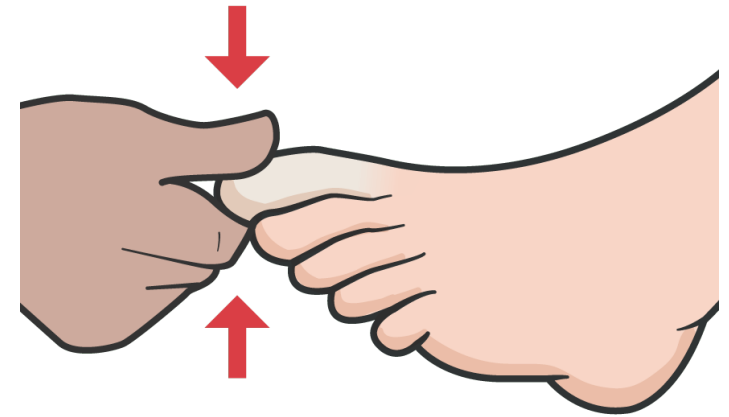
# GUIDELINES FOR **LEG** SPLINTS



Identify the location of the fracture



Before applying the splint, **CHECK** distal pulse (pulse below the fracture)



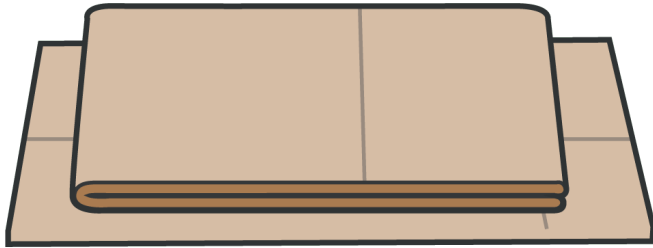
**CHECK** capillary refill (color returning to the nail bed after pressing on it) on the injured extremity



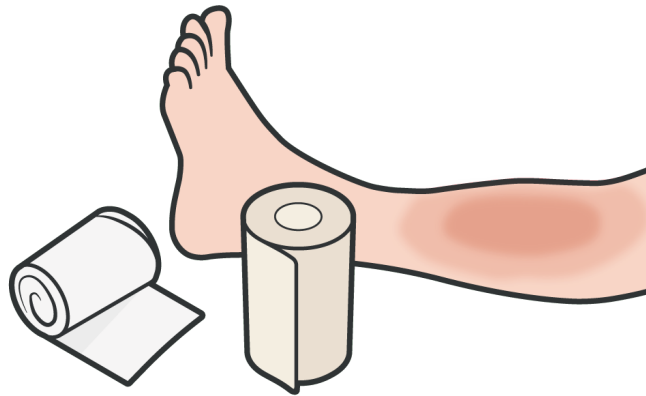
Have the casualty or someone else manually stabilize the area

## SPLINTING

# GUIDELINES FOR **LEG** SPLINTS



**PREPARE** the splint materials for application



**PREPARE** securing materials (cravats, elastic wraps/ bandages, etc.)



**APPLY** the splint to the injured extremity with the limb, in the position of function, a normal resting position, if possible



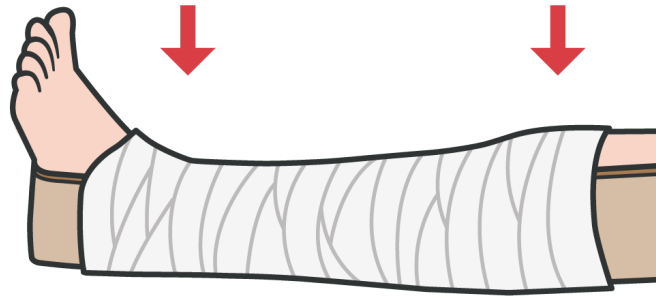
Measure and shape the splint on the opposing uninjured extremity

## SPLINTING

# GUIDELINES FOR **LEG** SPLINTS



**SECURE** the splint in place with appropriate materials



**ENSURE** the joints above and below the fracture are immobilized in the splint whenever possible



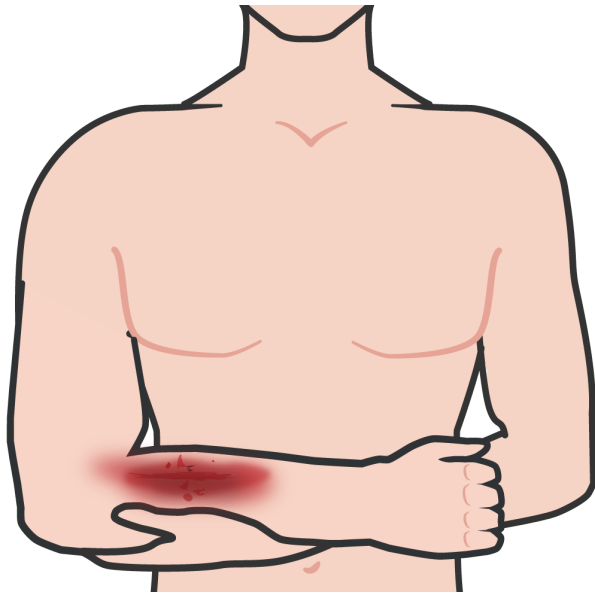
**RECHECK** the distal pulse following application of the splint

If the pulse is **not** palpable, loosen the splint, reposition, and reapply

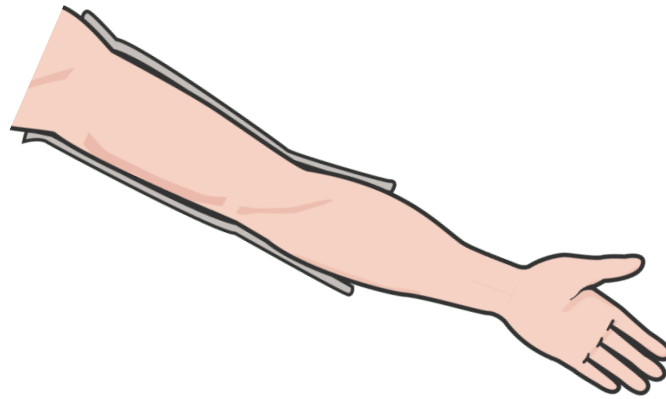
## SPLINTING

# GUIDELINES FOR **ARM** SPLINTS

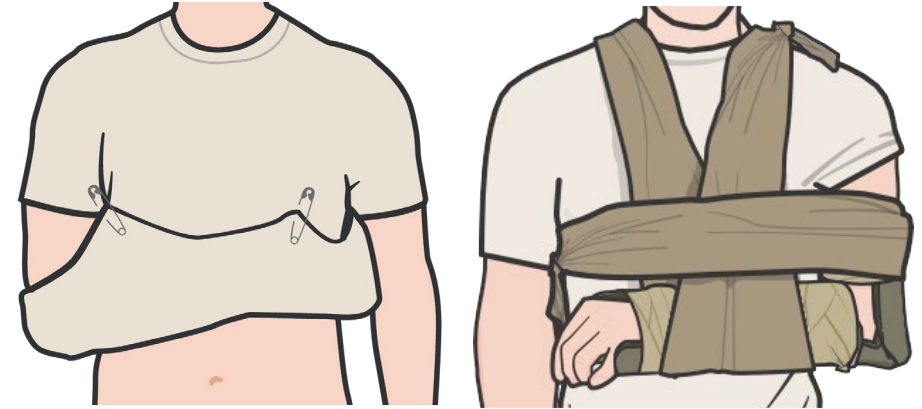
Splinting the arm is the same concept as splinting a leg with the following exceptions:



If possible, have casualty support their injury while preparing equipment



Mold padded splint using casualty's unaffected limb

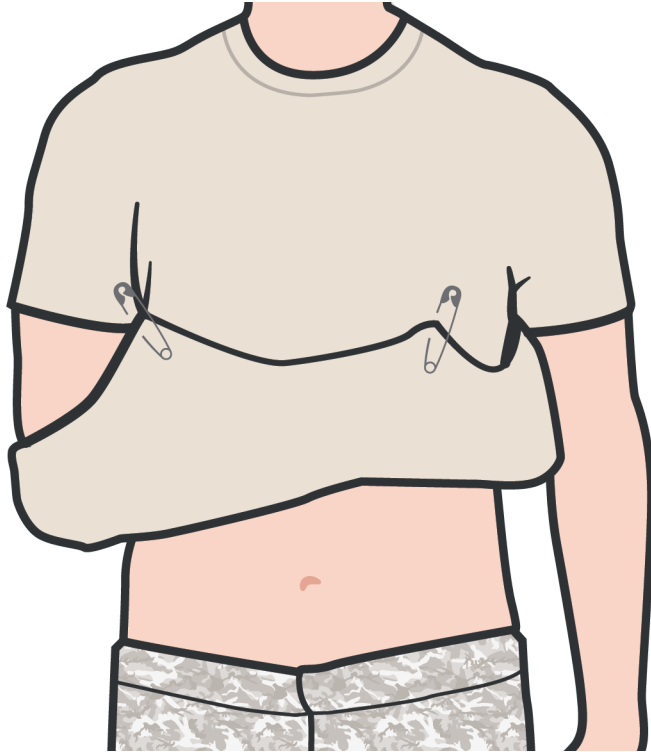


Use two triangular bandages to secure limb to body

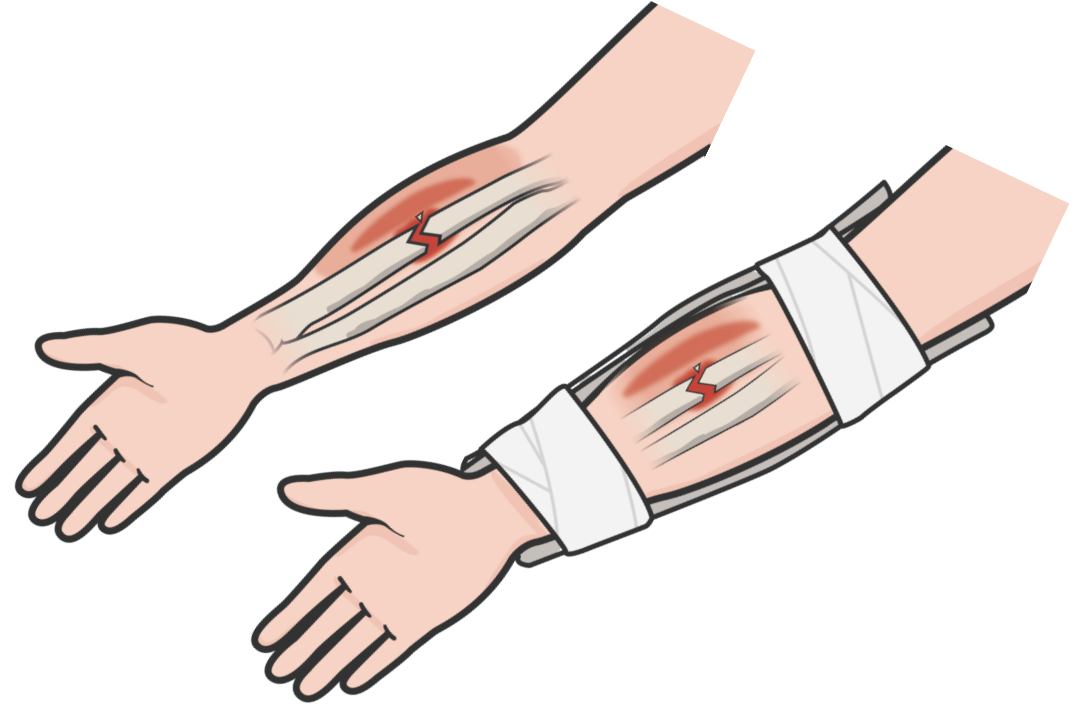
Use third triangular bandage; place under injured arm and around neck to help support injured limb

## SPLINTING

# GUIDELINES FOR **ARM** SPLINTS



- Check for signs of impaired circulation
- Apply a sling to immobilize the forearm



- Apply a swathe to immobilize the upper arm
- Place two cravats above the fracture site and two below the fracture site (preferred)



# SPLINTING AN ARM



Video can be found on [DeployedMedicine.com](http://DeployedMedicine.com)

# SKILL STATION

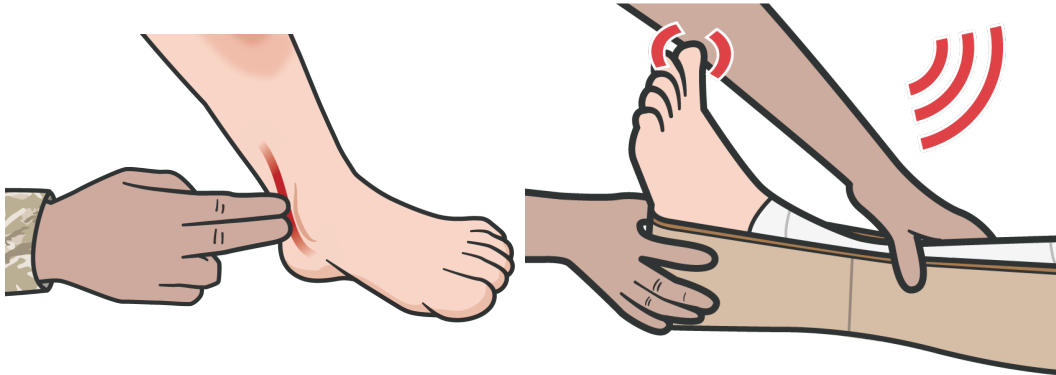
## Splinting (Skill)

### ■ Splinting

# FRACTURES SUMMARY

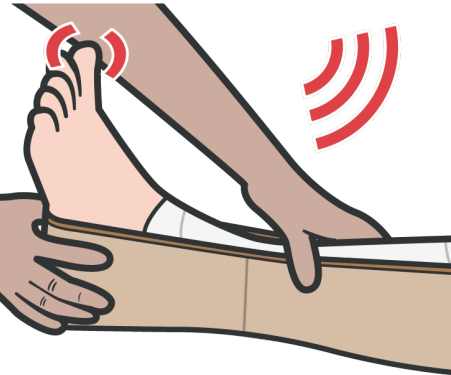
The most important aspect of splinting is to splint in a way that does not harm the nerves or blood vessels in the splinted extremity

**Before** and **after** splinting, **assess** the following:



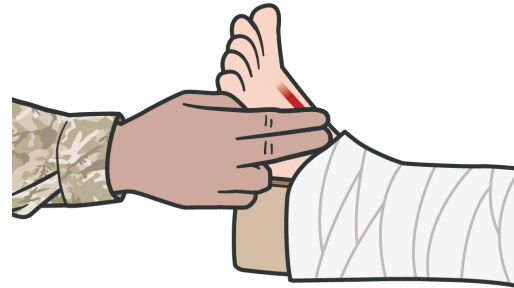
## CIRCULATION

Check pulses distal to the splint (between splint and end of limb)



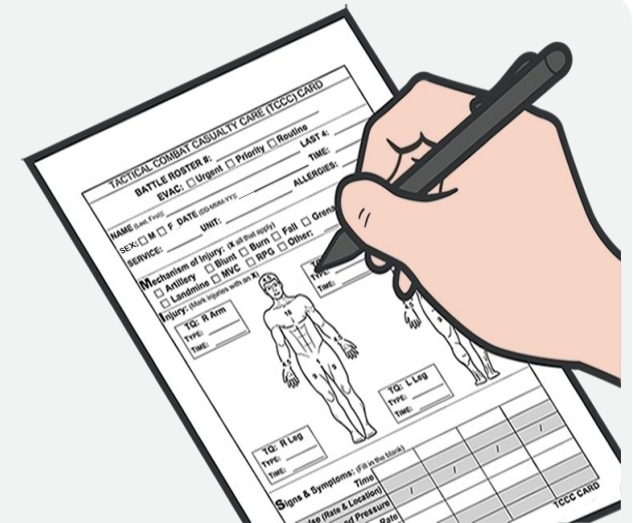
## MOTOR

Ask the casualty to move the body parts distal to the splint, e.g., fingers or toes



## SENSORY

See if the casualty can feel a gentle touch on the body parts distal to the splint.



## AFTER SPLINTING

Document all assessment and treatment on casualty's DD Form 1380

# CHECK ON LEARNING



**True or False: When applying a splint, ensure the joints above and below the fracture are immobilized in the splint whenever possible.**



**What should you assess before and after splinting?**



# ANY QUESTIONS?