R.I.C.E. THERAPY

(Rest, Ice, Compression, Elevation)

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BASIC INFORMATION

R.I.C.E. is an acronym (a word coined from first letters) for the most important elements–rest, ice, compression and elevation–in first aid for many injuries. This acronym appears in medical information in reference to athletic injuries. Use the word R.I.C.E. to jog your memory if you have injuries, such as contusions, sprains, strains, dislocations, or uncomplicated fractures.

REST

Stop using the injured part, and rest it (for about 48 hours) as soon as you realize an injury has taken place. Continued exercise or other activity could cause further injury, delay healing, increase pain, and risk bleeding. Use crutches to avoid bearing weight on injuries of the foot, ankle, knee, or leg. Use splints for injuries of the hand, wrist, elbow or arm. After medical care, the injured part may require immobilization with splints or a cast to keep the area at rest until it heals.

ICE

Ice helps stop internal bleeding from injured blood vessels. Sudden cold causes small blood vessels to contract. This contraction of blood vessels decreases the amount of blood that can collect around the wound. The more blood that collects, the longer the healing time. Ice can be safely applied in several ways using the following instructions:

- For injury to a small area, such as a finger, toe, foot, or wrist, immerse the injured area in a bucket of ice water. Use ice cubes to keep the water cold, as ice dissolves.
- For injury to a larger area, use ice packs. Avoid placing ice directly on the skin. Before applying the ice, place a towel, cloth, or one or two layers of an elasticized compression bandage (Ace bandage) on the skin to be iced. To make the ice pack, put ice chips or ice cubes in a plastic bag, or wrap them in a thin towel. Place the ice pack over the cloth. The pack may sit directly on the injured part, or it may be wrapped in place.
- Ice the injured area for about 20 minutes at a time.
- Repeat the icing four to eight times a day, while following the instructions below for compression and elevation. After 48 to 72 hours, you may add heat as a treatment. Or you might try both. Alternate five minutes of hot water with five minutes of ice water. Continue to ice the injured area until it is healed.

COMPRESSION

Compression decreases swelling by slowing the bleeding and limiting the accumulation of blood near the injured site. Without compression, fluid from adjacent normal tissues seeps into the injury area. The more blood and fluid that accumulate around an injury, the slower the healing. The following are instructions for safely applying compression to an injury:

- Use an elasticized bandage (Ace bandage) for compression, if possible. If you do not have one available, any kind of cloth will suffice for a short time. Wrap the injured part firmly, wrapping over the ice also. Begin wrapping below the injury site, and extend above the injury site.
- Be careful not to compress the area so tightly that the blood supply is impaired. Signs of deprived blood supply include pain, numbness, cramping, and blue or dusky-colored nails. Remove the compression bandage immediately if any of these symptoms appear. Leave the bandage off until all signs of impaired circulation disappear. Then rewrap the area–less tightly this time.

ELEVATION

Elevating the injured part to, or above, the level of the heart is another way to decrease swelling and pain at the injury site. Elevate the iced, compressed area in whatever way is most convenient. Prop an injured leg on solid objects or pillows. Elevate an injured arm by lying down and placing pillows under the arm or placing them on the chest with the arm folded across. The whole upper part of the body may be elevated gently with pillows or a reclining chair or by raising the head of the bed on blocks.

NOTIFY OUR OFFICE IF

- You have questions about R.I.C.E. therapy.
- After 24 hours of R.I.C.E., the symptoms don't improve or they become worse.
- Anytime severe pain occurs.
- There is a visible deformity of the injured area.

Special notes:

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More notes on the back of this page☐