Wilderness Medicine: Current **Topics**

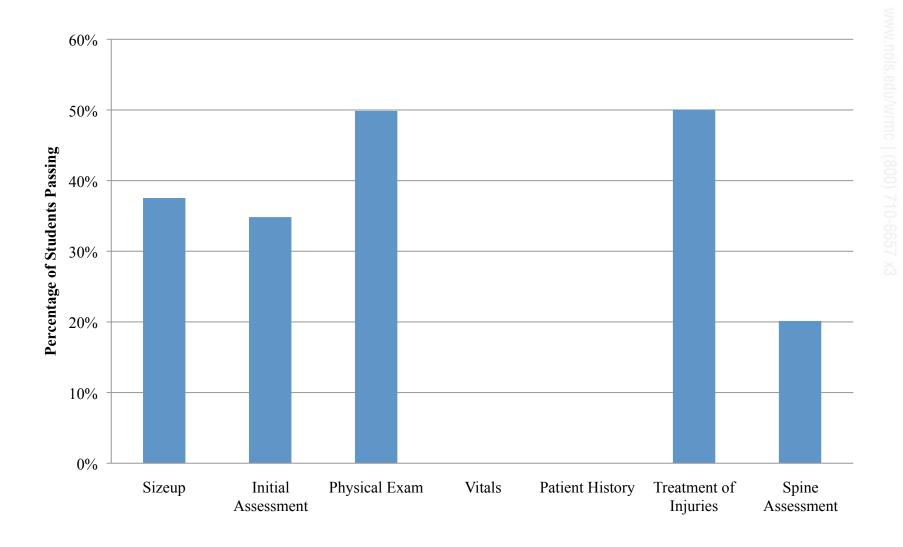
Tod Schimelpfenig Curriculum Director **NOLS** Wilderness Medicine

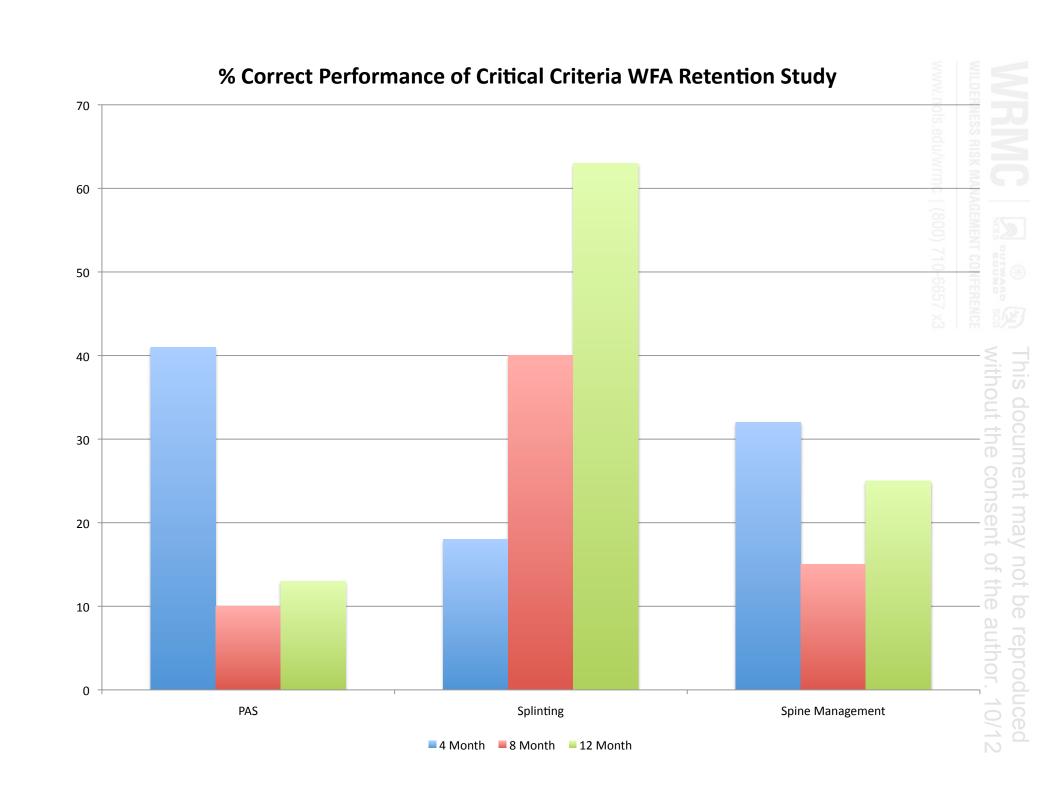
- 72 open enrollment participants of 7 WFA Courses
- Returned at either 4, 8 or 12 months
- Performed scored WFA level scenario
- Repeated measures of self-efficacy
- Repeated written test

WFA Retention Study

Findings

- We quickly forget what we do not practice. The longer the time from training, the more we forget.
- Written tests do not correlate with performance on practical tests.
- Our opinions on our competence may not correlate with our practical performance.





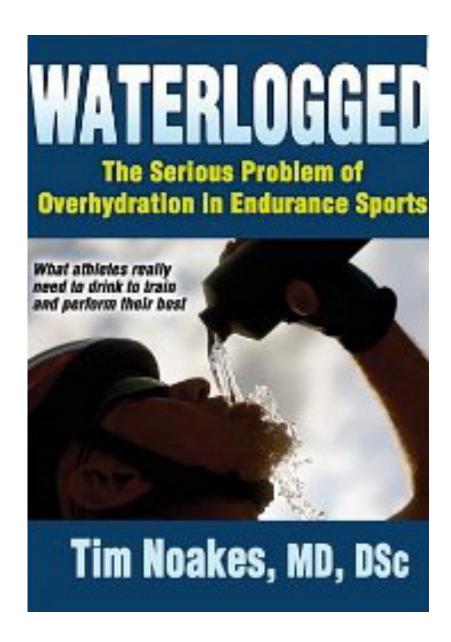
WFA Retention Study

- Poor skills retention especially vital signs, medical history, focused spine assessment.
- What is the appropriate role for this certification?
 - o designed as an introductory layperson first aid course
 - o for those close to help
 - or assisting a more highly trained provider
 - unfortunately evolved into a wilderness trip leader credential.

WFA Retention Study

- Repetitive training?
- Teaching competency?
- Volume of course content?

Hydration and Heat Illness



Hydration and Heat Illness

- There are only 6 documented cases of heat stroke at marathons in the past 107 years.
- 525,000 people ran marathons in the US last year.
- Why not more heat stroke?

• Since the mid 70's 1600 people have become critically ill from hyponatremia. 16 have died.

Heat exhaustion is fatigue from the stress of coping with a hot environment. It is a diagnosis of exclusion of everything not heat stroke or dehydration.

Tim Noakes, MD, DSc

There is no proven link between hydration status and heat stroke.

Hydration helps us tolerate heat, altitude and cold, but the only thing it prevents is dehydration.

Thirst is indeed a sensitive indicator of fluid needs. Drink when you are thirsty and until thirst is satiated. Don't drink to "stay ahead of thirst".







