

Supplemental table A. Interventions sports medicine physician should avoid

- Pressure should not be applied on the eye globe. Eyelids can be opened by pulling away the skin around the orbital rim
- Surgical retractor should not be used. If required, trained sport physician can be used the belt paper clips carefully in order to open the eyelids without any pressure on the eye globe
- Do not use the eye drops containing antibiotics in the case of perforation/penetration, and containing corticosteroids in the presence of corneal erosion/perforation
- Do not dilate the pupil (mydriasis) in the presence of shallow anterior chamber or glaucoma history in order not to induce acute glaucoma attack.
- Do not use the ophthalmic ultrasound for eye globe assessment

Sport physician can clean the eye with artificial tear drop or balanced / isotonic solution. Cover the traumatized eye with clear dome shape plastic eye patch, then refer to ophthalmologist.

Supplemental table B. Immediate referral criteria to ophthalmologist by the sports medicine physician onsite

- Decrease in visual acuity (check monocular vision with hand-held visual acuity chart, or it is possible 4-5m visual acuity chart preferably with Landolt ring or ETDRS). If patient has significant decrease in visual acuity, note hand motion distance or presence of light perception/projection
- Asymmetric appearance of orbita and / or eye globe (enophthalmos, proptosis, ptosis, upper eye-lid retraction, deviation in the optic axes)
- Irregular orbital rim; zygomatic bone, mid-/face trauma findings, crepitation
- Presence of monocular or binocular diplopia
- Presence of chemosis and subconjunctival hemorrhage
- Restriction in eye movements
- Asymmetric appearance between both pupil size, irregularity in pupilla shape
- Abnormal pupillary light reflex, relative afferent pupillary defect
- Restriction in confrontation visual field assessment
- Presence of blood (hyphema) in anterior chamber, shallow anterior chamber
- Painting of cornea or leaking of anterior chamber fluid with fluorescein dye test (Siedel sign)
- Disappearance of red pupillary reflex
- If fundus cannot be seen with direct ophthalmoscope

The most important thing when managing an ocular injury onsite is to decide which injuries require immediate referral to an ophthalmologist and know the guidelines for returning an athlete to competition. Actions an ophthalmologist should consider carrying out at the office, assessments from which decision making for return to sport can be guided.

- Targeted and detailed anamnesis on family history sleeping disorder, anxiety, drug/substance usage, jet-lag, +++
- Definition of the trauma: BETT Terminology, OTCG classification, Ocular Trauma Score
- Necessary consultations (Ear-Nose-Throat, Neurology, Aesthetic-Plastic Surgery)
- Eye examination: Routine, ophthalmic ultrasonography, OCT-angiography, dilated fundus examination, ultrawide-field fundus camera, Visual field testing, Vision functions assessment with office-based, easy-to-use vision screener
- Radiologic Imaging (direct orbita X-ray, CT-Scan, MRI)
- If necessary, electrophysiologic tests
- Photo / video documentation (Face, anterior segment, posterior segment)
- Medical / Surgical treatment decision