

Tourniquets Last to Tourniquets First

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The *Journal of Special Operations Medicine* (JSOM) is celebrating 20 years of publishing. The publisher, Lt Col (Ret) Michelle Landers, noted in the newsletter that JSOM was to provide articles to highlight how far Special Operations medicine has come in that period. The publisher planned to have new articles on selected topics matched with another article republished from an early edition so readers could compare and contrast for themselves how far we have journeyed from 2001 to 2020. In these 20 years, tourniquets changed from a means of last resort to a means of first aid.¹ In 20 years, the Special Operations medicine community has widened and grown to become a leader of what we now call the operational health community. Speaking for the operational health community about care under fire, one of us quipped “We flipped tourniquet use on its head. It was absolutely last, and now it’s absolutely first.”²

In JSOM’s volumes then and now, readers can see for themselves how the status of tourniquets for limb-wound bleeding content compares and contrasts. Then, tourniquets were sketchy, heretical, and yet aspirational. Now they have become edgy and are mainstreaming. The public has adopted some of the tourniquet content into civilian care, albeit very unevenly worldwide. The first-aid changes of the two decades, the operational health community’s enlarging tent, and the growing tourniquet science worked coherently together to transform the meaning of best care. Such transformation was only possible with the community’s leadership and its support of its Journal. Tourniquet science was legitimized, developed, and broadcast. Some tourniquet knowledge gaps were filled, but such filling was disruptive of education by burdening others like instructors, who had to rewrite lessons. Some caregiving results of when a tourniquet was used or clinically indicated were good³⁻⁶ or mixed.^{7,8-12} Results were also notably poor in training-relevant studies.^{13,14,15,16-23} In its last-to-first transformation, the tourniquet sometimes became an iconic yet limited success,²⁴⁻²⁶ a caregiving procedure to which others were referred or compared,^{6, 27-30} and a benchmark of rendered first aid.³¹⁻³³ Other ways tourniquets became prominent included instructions learned,^{34,35,36,37} investigations made,^{14,38,39} and policies executed.^{7,40,41} It is now sweet and fitting that the community and its Journal celebrate—but neither too much nor too long. Each breakthrough needs mop-up work. Results have been mixed, perhaps due to uneven implementation or incomplete understanding of limb tourniquet science, which is still under development. Let’s get to work.

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