Objective: The objective is to educate Athletic Trainers regarding blunt abdominal trauma resulting in pancreatic transection. **Background:** The patient is a 22 year-old male soccer player who was injured during a game when he collided with the goal keeper. The goalie raised his knee and delivered a vicious blow to the patient’s abdomen. The patient fell to the ground and immediately began complaining of intense abdominal pain. The patient reported to the ATC that he felt like the goalie’s knee had penetrated his stomach and impacted his spine. The patient complained of nausea and was unable to walk off the field. He was transported to the Athletic Training Facility for further assessment. Initial vitals included a blood pressure of 152/90 and a pulse of 76. After a brief period of observation, EMS was activated because symptoms had continued to increase, with a blood pressure recorded at 220/150 and a pulse of 88. The patient also complained of increased nausea, dizziness and lethargy. At the hospital the patient underwent diagnostics including a chest x-ray and CT scan without contrast. The patient was released due to a lack of significant findings. Following a day of rest, the patient was re-evaluated by the Athletic Trainers. There was no improvement in the patient’s pain or symptoms, in spite of narcotic pain medications. The Athletic Trainers again referred the patient to a physician who sent him for a repeated CT scan, with contrast this time. **Differential Diagnosis:** Differential diagnosis included ruling out other abdominal trauma such as splenic injury or a deep muscle contusion. After further diagnostics the patient was found to have a 95% transection of the pancreas. **Treatment:** The patient was immediately taken into surgery where an exploratory laparotomy with distal pancreatectomy and splenectomy was performed. The patient was hospitalized for two weeks post surgery. The patient recovered well and was released without further complications. **Uniqueness:** This case is unique because traumatic pancreatic injury is very rare in contact sports. It is especially rare in the absence of trauma to other abdominal organs. The initial absence of contrast dye used with the first CT scan further complicated the already challenging clinical diagnosis, contributing to the uniqueness of this case. **Conclusion:** Timely and accurate diagnosis of pancreatic trauma is essential because the mortality rate is high (12-30%), and it is greatly increased (up to 60%) with a delay in diagnosis and treatment. **Word Count:** 401