

Soccer safety

A PARENT'S GUIDE FOR GETTING KIDS BACK IN THE GAME

Soccer is one of the fastest growing sports in the United States. With the rise in participation, the number of athletes at risk for injuries is also increasing. This reference guide provides information on the most common soccer injuries requiring treatment.



ANKLE INJURIES

The most common injury in sports is a **lateral ankle sprain**. This injury occurs in soccer by rolling the ankle over the outside of the foot. This often occurs when planting for a sudden change of direction, jumping for a header, or stepping on another player's foot. A lateral ankle sprain causes damage to the ligaments just below the bone on the outside of the ankle. In some cases a "pop" is felt or heard by the athlete.

Treatment recommendations vary with the severity of the injury:

- Mild sprains require rest, but not necessarily medical treatment (follow the PRICE treatment plan, printed on back).
- Injuries with persistent swelling, pain or any deformity should be seen by a physician.

KNEE INJURIES

A common injury in soccer is an **Anterior Cruciate Ligament (ACL)** sprain or tear, which occurs when the knee is twisted forcefully, or hyper extended. This often happens when changing direction on the field or colliding with another player. Athletes with a damaged ACL often describe a pop at the time of injury, followed by a lot of swelling within a few hours.

Athletes should see their pediatrician or pediatric sports medicine physician if pain and/or swelling persist after PRICE treatment. In addition:

- In younger athletes, bone maturity helps to determine the treatment plan. Injury to an open growth plate requires special consideration by a pediatric orthopedic specialist.
- Core strengthening and training in proper cutting, jumping, and landing technique may help to prevent this injury.

Knee pain that comes on slowly over time can indicate other problems, such as:

- **Patello-femoral Pain Syndrome (Runner's Knee)** – pain in the front of the knee related to muscle and tissue stress around the knee cap that can be addressed with proper training in physical therapy.

- **Osteochondritis Dissecans** – a defect in the knee's cartilage that can become evident over time during repetitive activity such as jumping.
- **Osgood-Schlatter Disease** – stress-related inflammation in a growth center at the front of the knee.

HEAD INJURIES

A **concussion** is a brain injury usually caused by a sudden jolt or blow to the head or neck and disrupts normal brain function. An athlete does not need to be knocked out or have memory loss to have suffered a concussion. In fact, most athletes who suffer a sports-related concussion DO NOT lose consciousness.

You may observe that an athlete with a concussion:

- Appears dazed or stunned.
- Is confused.
- Forgets plays.
- Is unsure of game, score, or opponent.
- Exhibits unsteadiness or moves clumsily.
- Answers questions slowly.
- Has a behavior or personality change.
- Can't recall events either before or after hit.
- Loses consciousness.

An athlete with a concussion may have:

- Headache.
- Nausea.
- Double or fuzzy vision.
- Confusion.
- Sensitivity to light or noise.
- Balance problems or dizziness.
- Feelings of being "in a fog."
- Concentration or memory problems.

An athlete with signs of a concussion should be removed from play immediately and not allowed to return until evaluated by a doctor. Do not leave an athlete alone after a concussion.

Call for immediate medical help if your child displays:

- A headache that gets worse, lasts for a long time or is severe.
- Confusion, extreme sleepiness or trouble waking up.
- Vomiting (more than once).
- Seizures (arms and legs jerk uncontrollably).
- Trouble walking or talking.
- Weak or numb arms or legs.
- Any other sudden change in thinking or behavior.

Most athletes with a concussion will recover completely within a few weeks of the initial injury. Returning to play before completely recovering puts the athlete at risk for a more serious injury, long-term damage and even death.

DEHYDRATION

Soccer players are at risk of dehydration if they don't get enough fluid to replace what is lost through the skin as sweat and through the lungs while breathing. It is important to drink plenty of fluids before, during, and after a workout or game. An athlete's performance can be impacted by even mild dehydration.

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The Sports Medicine Center at Children's offers the only comprehensive, integrated program in North Texas specifically designed for young and growing athletes. The center goes beyond treatment and rehabilitation of traumatic injuries that occur on the playing field to problems associated with sports participation, including cardiac disorders, asthma and nutrition.

The Children's Sports Medicine Center at the Legacy campus in Plano features a 5,000-square-foot facility complete with diagnostic imaging capabilities, a dedicated sports therapy gym, video motion analysis, isokinetic muscle testing and state-of-the-art rehabilitation equipment – all geared to provide your child with the best medical evaluation by the experts treating young and growing athletes.

Sports Medicine Center
 Children's Medical Center at Legacy
 Ambulatory Care Pavilion
 7601 Preston Road
 Plano, Texas 75024
 469-303-3000



For more information visit
www.childrens.com/sportsmedicine

DEHYDRATION *continued*

Athletes should take a water bottle to school and drink between classes and during breaks so that they are well-hydrated before their workout. In addition:

- Water should be readily available when working out.
- Athletes should drink often – ideally every 15 to 30 minutes.
- Sports drinks are recommended for activities lasting longer than one hour to replace sugar and salt as well as water.

Early signs of dehydration can be non-specific and include:

- Fatigue.
- Irritability.
- Headache.
- Thirst.
- Decreased athletic performance.
- Nausea.
- Apathy.

Signs of advanced dehydration include:

- Dark urine.
- Disorientation.
- Dry lips and mouth.
- Decrease in reaction time.

Athletes with any of these signs should rest and drink water or sports drinks. If the athlete doesn't improve, feels dizzy or faint, or has not had much urine output, he should be seen by a doctor. Seek emergency treatment if the athlete is disoriented, unable to drink or has pale skin.

BUMPS, BRUISES, TWISTS & MUSCLE STRAINS

These can affect all areas of the body. Recommended treatment is the PRICE formula:

Protect the area with a sling or crutches, if necessary.

Rest the injured area.

Ice the injury for 20 minutes at a time. Do not apply the ice directly to the skin.

Compress the injured area with a wrap. Do not pull tightly, as this can cut off circulation.

Elevate the injured area above the heart, if possible.

Athletes should see a pediatrician or pediatric sports medicine physician if any of these symptoms are present:

- Deformity.
- Limping that lasts more than 48 hours.
- Soft tissue swelling that gets worse the next day despite ice and over-the-counter anti-inflammatory medication such as Motrin®.
- Effusion – mobile soft tissue swelling on both sides of a joint, often easily seen at the knee or ankle.
- Pain that returns quickly with activity at the next session or is not gone after two weeks of forced rest.

SPORTS SAFETY

Children ages 5 to 14 make up almost 40 percent of all sports injuries treated in hospital emergency rooms. Injuries in children are best handled by pediatric specialists trained in treating skeletally immature patients.

How to Protect Your Child

Taking the following steps can reduce your child's risk of getting hurt. As a parent, you should:

- Schedule your child for an annual physical before playing sports.
- Monitor play and practice and encourage players to abide by the rules.
- Have a first aid kit handy and an emergency action plan in place. Appropriate shelter should also be close by in case of a storm with lightning.
- Keep sports fun! Remember to be positive and don't push kids to perform beyond their abilities.

Kohl's Sports Health and
 Wellness Outreach Program

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