

Flag football safety

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

Flag football is not a contact sport, so the risk of injury is lower than in traditional football. However, knee and ankle injuries are still common. This reference guide provides information on how to care for some of the injuries that you may see in flag football.



ANKLE INJURIES

The most common injury in sports is a **lateral ankle sprain**. This occurs in flag football by rolling the ankle over the outside of the foot. This often happens when planting for a sudden change of direction, jumping in an attempt to make a catch, 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 flag football is an **Anterior Cruciate Ligament (ACL) sprain or tear**, which occurs when the knee is twisted forcefully or hyperextended. This often occurs 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 a 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. This 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 a blow to the head or neck. This can occur in flag football when athletes hit heads attempting to pull a flag. 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.
- 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.
- Balance problems or dizziness.
- Sensitivity to light or noise.
- Concentration or memory problems.
- Double or fuzzy vision.
- Feelings of being "in a fog."
- Confusion.

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.

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
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For more information visit
www.childrens.com/sportsmedicine

DEHYDRATION

Flag football 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.

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

Athletes with any of these signs should rest and drink water or sports drinks. Athletes should be seen by a doctor if they don't improve, feel dizzy or faint or have not had much urine output. Seek emergency treatment if an 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.

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