



When Children's HealthSM Children's Medical Center opened its Plano campus in 2008, it became the nation's first pediatric provider to offer two full-service, stand-alone hospitals.

Since then, Children's Medical Center in Plano has treated more than 100,000 children a year, offering families north of Dallas convenient access to the medical care they need most.

It's the highest level of expertise and compassion, all connected to Children's Medical Center in Dallas for an even more comprehensive range of services.

So if your athlete needs orthopedic care, Children's Medical Center in Plano is ready to help.

- Full-service pediatric hospital with expertise in nearly 30 different specialties – from acute hospital care and outpatient services to diagnostics, therapy and education
- 24/7 pediatric Emergency Department
- State-of-the-art operating rooms and a full-service laboratory, pharmacy and imaging services

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Like many other sports, swimming is becoming a year-round activity. The increase in training sessions, weight lifting and cross training is leading to an increase in injuries among swimmers. This reference guide provides information on the most common swimming injuries requiring treatment.

SHOULDER INJURIES

Swimming can lead to overuse injuries in the arms, elbows and shoulders. Overuse injuries tend to occur when tissue, such as muscles and tendons, is damaged by repetitive motion activities. Without adequate time for recovery, the tissue cannot adapt to the demands placed on it and further damage is likely. Some common overuse shoulder injuries are:

- **Swimmer's Shoulder** – an inflammation and pinching of the biceps tendon in the shoulder. This condition is treated with ice and modifying activity.
- **Labral tears** – Small tearing of the cartilage in the shoulder caused by repeated overhead swimming strokes. This injury may require surgery to repair and prevent further tearing.

The damage caused by repetitive stress leads to tissue inflammation that causes pain.

Symptoms of overuse injuries, also considered chronic sports injuries, include:

- Pain when performing the activity or sport
- Intermittent swelling
- Decreasing performance
- Dull pain even at rest

KNEE INJURIES

A common sudden injury in breaststroke swimmers is a **Medial Collateral Ligament (MCL) sprain**, which occurs when the knee is forced inward during a breaststroke kick. The swimmer will notice pain on the inner side of the knee. Athletes with a damaged MCL often experience pain, which may be followed by a lot of swelling within 24 hours.

- For sudden knee injuries, athletes should see their pediatrician or a pediatric sports medicine physician if pain and/or swelling persist after a day of PRICE treatment (printed on back).
- Knee pain that comes on slowly over time can indicate other problems such as joint alignment, cartilage defects, and damage to tissues caused by repetitive movements and activity. Athletes with gradual pain problems should see their pediatrician or pediatric sports medicine physician if pain returns quickly with activity at the next session or is not gone after two weeks of forced rest.

BACK PAIN

Swimming puts a lot of demand on a young athlete's back due to repetitive maneuvers that require hyperextension of the back and changes of direction. Some injuries to the back occur suddenly, and are commonly known as a **back strain**. Others occur more gradually, especially if the body doesn't have time to recover properly.

Over time, repeated hyperextension of the low back can cause:

- **Spondylolysis** – a stress fracture of the bones in the lower spine, or lumbar vertebrae.
- **Spondylolisthesis** – the lumbar vertebrae slip forward, if an athlete with a stress fracture continues to participate in the sport. This is much more serious, and can lead to continued pain that may require treatment.

Therefore, it is important that dancers experiencing low back pain be restricted from activity until evaluated by their pediatrician or a pediatric sports medicine specialist.

WEIGHT MANAGEMENT

Swimmers should aim to stay close to their competition weight in the off-season in order to avoid dangerous weight-cutting practices during the competitive season. Swimmers who desire to lose weight should not lose more than 1-2 pounds a week to avoid breakdown of lean body mass. Once swimmers achieve a healthy body weight, weight maintenance should be emphasized.

Weight loss is best achieved using a combination of reducing caloric intake and increasing calories burned. Nutrition tips for good weight control include:

- Give your body energy from sources of carbohydrates, proteins and fats. Do not omit any food groups.
- Choose whole-grain foods, lean protein and healthy fats at meal times
- Eat a balanced diet rich in fruits, vegetables, and fiber
- Drink calorie-free beverages; eat fresh fruit instead of drinking fruit juices
- Watch your portion sizes
- Choose low-fat dairy products
- Do not skip meals. Eat a healthy snack if hungry in between meals.
- Limit high-calorie foods with added sugar and fat – read food labels to compare calories and look for reduced-sugar and reduced-fat varieties of your favorite food products.

BUMPS, BRUISES, TWISTS & MUSCLE STRAINS

These can affect all areas of the body. The recommended treatment response 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 lasting 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.

Make sure your young athlete:

- Wears appropriate properly-fitting safety gear, free of heavy wear and tear.
- Stays hydrated. Kids need to drink plenty of fluids before, during and after activity.
- Does warm-up and cool-down exercises before and after practices and games.
- Gets proper rest and avoids overdoing it. Swimming, baseball, basketball, running and gymnastics are sports that cause the most overuse injuries in kids.

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For more sports safety information visit
www.childrens.com/kohls