

Cheerleading safety

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

Cheerleading is one of the fastest growing sports in the United States. With the rise in youth cheerleading participation, the number of athletes at risk for injury is also increasing. This reference guide provides information on the most common cheerleading injuries that require treatment.

ANKLE INJURIES

The most common injury in sports is a **lateral ankle sprain**. This injury occurs in cheerleading by rolling the ankle over the outside of the foot. This often occurs when landing from a jump or stunt, planting awkwardly during a tumbling routine or stepping on a teammate's foot when moving into position to form a base. 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 cheerleading is an **Anterior Cruciate Ligament (ACL) sprain or tear**, which occurs when the knee is twisted forcefully or hyperextended. This often happens when landing from a jump or planting awkwardly during a tumbling routine. 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 a 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.
- Training in proper 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.

BACK PAIN

Cheerleading puts a lot of demand on a young athlete's back due to repetitive maneuvers that require hyperextension of the back (such as back walkovers or back bends). 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 cheerleaders experiencing low back pain be restricted from activity until evaluated by their pediatrician or a pediatric sports medicine specialist.

HEAD INJURIES

A **concussion** is a brain injury usually caused by a sudden jolt or blow to the head or neck. This can occur in cheerleading when a flyer is dropped from a stunt and hits the floor, or a flyer falls awkwardly and knees a base in the head. 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.
- Moves clumsily.
- Exhibits unsteadiness.
- Answers questions slowly.
- Is unsure of game, score or opponent.
- 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.
- Double or fuzzy vision.
- Feelings of being "in a fog."
- Concentration or memory problems.
- Confusion.

continued on back

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

HEAD INJURIES *continued*

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.

INJURY PREVENTION

Ongoing studies show that cheerleading continues to be the leading cause for catastrophic injuries in female athletes of high school age and older. Catastrophic injuries have the potential to be deadly or to cause permanent disability. This research reinforces the importance of proper supervision and training of technique and spotting in youth cheerleading.

WEIGHT MANAGEMENT

Cheerleaders 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. Cheerleaders who desire to lose weight should not lose more than 1-2 pounds a week to avoid break down of lean body mass. Once cheerleaders 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 fruits 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. Recommended treatment is the PRICE formula: **P**rotect 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.



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