

# Football safety

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

New rules and better equipment have improved football safety, but about one in three youth football players suffers injuries annually. This reference guide provides information on the most common football injuries requiring treatment.

## HEAD INJURIES

A **concussion** is a brain injury usually caused by a sudden jolt or blow to the head or neck. 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.

If an athlete has a concussion, you may observe that he:

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

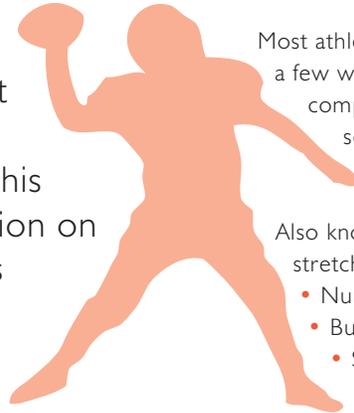
An athlete with a concussion may have:

- 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 the 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.

## BURNERS OR STINGERS

Also known as brachial plexus injuries, stingers are caused by stretching the head away from the arm. Symptoms include:

- Numbness and/or tingling down arm.
- Burning.
- Stinging.
- Decreased strength.
- Changes in sensation.

These symptoms may be obvious or subtle, lasting a few seconds or a few minutes, and can last much longer in some cases. While symptoms are present, also watch for possible signs of concussion.

Do not allow the child to return to play until his strength and function on the injured side matches that of the non-injured side. If raising the arm over the head or moving the elbow causes pain or limited motion, force him to rest. If the symptoms persist, take your child to his doctor or a pediatric sports medicine physician.

## DEHYDRATION

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

Signs of advanced dehydration include:

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

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 child is disoriented, unable to drink or has pale skin.

**T**he 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](http://www.childrens.com/sportsmedicine)

### BUMPS, BRUISES, TWISTS & MUSCLE STRAINS

These can affect all areas of the body. The recommended treatment response is the PRICE formula:

- P**rotect the area with a sling or crutches, if necessary.
- R**est the injured area.
- I**ce the injury for 20 minutes at a time. Do not apply the ice directly to the skin.
- C**ompress the injured area with a wrap. Do not pull tightly, as this can cut off circulation.
- E**levate 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 properly hydrated. Kids don't sweat as much as adults and 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. Baseball, basketball, running, gymnastics and swimming are sports that cause the most overuse injuries in kids.



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