

Ice hockey safety

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

The appeal of ice hockey's fast-paced and hard-hitting style has led to its increasing popularity as a youth sport. The characteristics that make ice hockey appealing also put players at risk for injuries sustained while hitting the boards, the ice and other players. Injuries are common, even in leagues where checking is not allowed. This reference guide provides information on the most common ice hockey injuries.



SHOULDER INJURIES

Shoulder injuries are common injuries in hockey. They most often are caused by the collision that is forced when one player drives another into the boards or ice. Different types of injuries may occur. Seek immediate medical care when the collar bone appears deformed or if the athlete indicates the shoulder is "out of socket." These indicate serious joint abnormalities that require immediate treatment or rehabilitation.

BURNERS OR STINGERS

A **stinger** is an injury to the nerves that travel from the neck down the arm. Also known as **brachial plexus injuries**, stingers usually are caused by stretching the head away from the arm. This injury happens in hockey when a player attempts to make a hit on another player and turns the head at the last second – causing a stretch in the nerves of the neck and shoulder.

Symptoms include:

- Intense pain from the neck down the arm.
- Burning or stinging.
- Numbness, and/or tingling down arm.
- Weakness.

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

Do not allow the child to return to play until symptoms have completely resolved and strength on the injured side matches that of the non-injured side. If the symptoms persist, or occur on both the left and right side, take your child to see his pediatrician or a pediatric sports medicine physician.

KNEE INJURIES

A common sudden injury in ice hockey is a **Medial Collateral Ligament (MCL)** sprain or tear, which occurs when the knee is forced inward during a collision. The collision is usually with another player and the knee is hit on the outer side, causing pain on the inner side. Athletes with a damaged MCL often experience pain, which can 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.

- For gradual onset knee injuries, athletes 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.

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 from a puck or stick to the head, or when the head strikes the ice during a fall. 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.
- Is unsure of game, score, or opponent.
- 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.
- Confusion.
- Sensitivity to light or noise.
- Double or fuzzy vision.
- Concentration or memory problems.
- Feelings of being "in a fog."

(continued on other side)

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--/sports-medicine

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.

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.

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 games and practices 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.



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