

Soccer Injuries: Prevention & Care

PREVENTION

The first line of defense in the treatment of athletic injuries is to prevent them. This is accomplished by a well planned program, competition among athletes with equal ability and size, proper warmup and adherence to the Laws of The Game. Other factors that can lead to the prevention of injuries:

- A. Proper use of equipment (shinguards, no jewelry, uniforms designed for climate)
- B. Continuous upkeep of the playing surfaces.
- C. Proper fitting shoes, proper type of shoe for surface.
- D. Ample water supply and breaks to rest players.
- E. Avoid scheduling training during the hottest periods of the day and when there is intense humidity.
- F. Full rehabilitation of initial injury prior to returning to play.
- G. Use proper preseason screening program by qualified personnel:
 1. Will insure that players are not entering the season with preexisting injury.
 2. Insures that rehabilitation is complete.
 3. Determines the general health of the player
 4. May need some suggestions for rehabilitation or conditioning.

It is suggested that the coach or someone from the team be responsible for assisting with injuries, which may include attending a certified Red Cross First Aid course.

It is recommended that the coach should follow up with a phone call immediately after the game to the parents regarding any type of injury, should the parents not be in attendance at the game.

CARE

The care of the injured athlete will begin the moment that an injury occurs. Immediate care will reduce the severity of the injury and the possibility of long-term disability. The coach, upon seeing an injured player should:

- A. Determine if the player is conscious and breathing. If unconscious and not breathing, begin CPR and call for medical assistance.
 - B. Ask how the injury occurred: "Where did you get hit?", "did you twist you leg?", etc.
 - C. Ask the player where it hurts.
 - D. If the player is unable to continue, he should be checked to determine extent of the injury.
- After determining that the injury IS NOT life threatening, the nature of the injury can be further determined:

- A. Note the position of the injured part.
- B. Look for swelling and deformity.
- C. Compare with opposite side.
- D. Ask the player and or teammates what happened.

Treatment should be as follows: (**RICE**)

Rest- remove the player from the game.

Ice- apply ice to the injured part.

Compression- apply compression bandages

Elevation- elevate injured body part above heart if possible.

The RICE treatment is the only first aid treatment that is safe for a sports injury without professional advice.

The **RICE** treatment helps in three different ways:

- A. Applying ice chills the injured area causing the blood vessels to contract, reducing circulation to the injured area.
- B. Applying pressure with an elastic bandage inhibits the accumulation of blood and fluids in the area, thereby minimizing pain and swelling.
- C. Elevating the injured area decreases fluid accumulation to the injured area, puts the area to rest and helps reduce painful muscle spasms.

RICE treatments can do no harm to any type of injury. Almost anything else- including heat applications can cause harm in some instances.

After evaluation of the injured athlete, follow-up should be considered if:

- A. Gross swelling or deformity is present.
- B. The player is unable to bear weight on the injured part.
- C. Severe pain or discomfort is present.

Some common terms that you should know in dealing with soccer injuries:

- **Sprain**- An injury to one or more ligaments. Ligaments are bands of tissue that attach bone to bone and stabilize joints. CARE: RICE
- **Strain**- A tearing injury to a muscle or tendon (tendons attach muscle to bone, except the Achilles tendon). CARE: RICE
- **Contusion**- A crushing injury to a muscle or tendon caused by an outside force, which causes hemorrhaging to surrounding tissue. CARE: RICE
- **Abrasion**- A loss of surface area of the skin caused by sliding on the field surface. CARE: Clean area with antiseptic to prevent infection. An antibiotic ointment may be used to keep wound moist and prevent infection.
- **Blister**- The collection of fluid under the skin usually caused by friction between the shoe and the skin. CARE: If open, treat as an abrasion. If closed, it should be drained only by a qualified person.
- **Heat Exhaustion**- A heat illness characterized by pale, clammy skin and profuse perspiration. Person may complain of being tired and weak with headache. Possibilities of cramps, nausea, dizziness, vomiting or fainting. CARE: Move to cool area, have player lie down with feet elevated. Remove restrictive apparel. Cool with wet towels. If player is alert, water may be given. If player vomits- take to hospital immediately. Always refer to a physician for further diagnosis and treatment.
- **Heat Stroke**- A heat illness characterized by high body temperature, skin is dry and hot to the touch, rapid pulse, player may lose consciousness. CARE: Seek immediate medical attention (Call 911), while waiting, treat as above for heat exhaustion.
- **Cramps**- An involuntary contraction of a muscle or muscle group that is repetitive and rapid in nature. CARE: Hydrate with water and stretching.
- **Concussion**- An injury to the brain. May complain of headache, ringing of the ears, dizziness, blurred vision. CARE: Seek immediate medical attention.

Rules of thumb when handling an injured player:

- Avoid panic.
- Check for consciousness, bleeding, deformation, discoloration, breathing, shock.
- Depending on nature of injury avoid moving the injured player.
- Inspire confidence and reassure player.
- Use common sense.
- Seek professional help.
- Always err on the side of caution.

Use certified athletic trainers when available.

It is recommended that if a player has had medical attention, he/she must have written permission from a MD to return to activity.

Resumption of Activity Following an Injury

The player must not be able to return to play in practice or game conditions until the following criteria have been met:

- The player should be able to run straight without pain; run and turn in a figure eight without a sign of a limp.
- Should be able to support weight with the injured part. If the injury is an ankle or knee, he should be able to do a toe raise on the injured side without being supported.
- The player should have practiced with the team prior to competition.
- There should be no pain or swelling or disability following activity.