

SOCCER SAFETY

A PARENT'S GUIDE FOR KEEPING KIDS IN THE GAME

SOCCER SAFETY

Soccer is one of the fastest growing sports in the United States. With the rise in participation, the number of athletes at risk for injuries is also increasing.

This reference guide provides information on the most common soccer injuries requiring treatment.



ANKLE INJURIES

The most common injury in sports is a **lateral ankle sprain**. This injury occurs in soccer by rolling the ankle over the outside of the foot. This often occurs when planting for a sudden change of direction, jumping for a header, or stepping on another player's foot. 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 below)
- Injuries with persistent swelling, pain or any deformity should be seen by a physician

KNEE INJURIES

A common injury in soccer is an **Anterior Cruciate Ligament (ACL) sprain or tear**, which occurs when the knee is twisted forcefully, or hyper extended. This often happens when changing direction on the field or colliding with another player. 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 a pediatrician or pediatric orthopaedic specialist 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
- Core strengthening and training in proper cutting, 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 that 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

HEAD INJURIES

A **concussion** is a brain injury usually caused by a sudden jolt

or blow to the head or neck and disrupts normal brain function. 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
- Answers questions slowly.
- Is confused
- Has a behavior or personality change
- Forgets plays
- Can't recall events either before or after hit
- Is unsure of game, score, or opponent
- Loses consciousness
- Exhibits unsteadiness or moves clumsily

An athlete with a concussion may have:

- Headache
- Double or fuzzy vision
- Sensitivity to light or noise
- Feelings of being "in a fog"
- Nausea
- Confusion
- Balance problems or dizziness
- Concentration or memory problems

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

Returning to play before completely recovering puts the athlete at risk for a more serious injury, long-term damage and even death.



(CONTINUED ON BACK)

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SOCCER SAFETY (CONT.)

DEHYDRATION

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

Signs of advanced dehydration include:

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

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

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
- 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 orthopedic specialist 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 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.

SPORTSCARE AT SSM CARDINAL GLENNON

Cardinal Glennon SportsCare is the premier pediatric sports medicine provider in St. Louis and St. Charles. We provide exclusive, direct access to comprehensive medical care for young athletes.

By working with multiple specialists and care partners, we guarantee your child will get the top care that is best suited to treat their unique injury, improving recovery time and outcome. Many of our services are offered in multiple locations so your child can even be treated close to home.

Specialists your child has access to through SportsCare include orthopedists, pulmonologists, cardiologists, radiologists, neurologists, emergency medicine physicians, adolescent medicine physicians, rehabilitation specialists, physical therapists, nutritionists and pediatric psychologists.

Partners your child has access to through SportsCare include SSM Cardinal Glennon Children's Medical Center, SSM Orthopedics, SSM Physical Therapy and SLUCare, the physicians of Saint Louis University.

We also keep kids in the game through educational programs and support for parents, coaches and athletes that focus on injury prevention, proper technique and overall athletic health. SportsCare is a young athlete's best connection to sports medicine and athletic well-being.

For more information about Cardinal Glennon SportsCare or to find a specialist for your athlete, call us at **314-577-5640** or visit us at cardinalglennon.com/sportscare.



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Expert care for your young athlete by SSM Cardinal Glennon pediatricians and SSM emergency medicine specialists, 24 hours a day in the ER at:
DePaul Health Center
St. Clare Health Center
St. Joseph Health Center
St. Joseph Hospital West

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