

From the U.S. Soccer Communications Center -- Sept. 5, 2002

As part of our continuing effort to service and educate our membership, each Thursday the U.S. Soccer Communications Center sends out an informative article from one of its departments. Once a week, you will receive an article/paper/essay that will hopefully enhance your enjoyment and knowledge of the game of soccer - on and off the field.

This week we examine injuries on the field and what coaches can do in those situations. As a coach, the most important thing one can do to protect his/her players is to undergo CPR and First Aid training. In all situations where an injury occurs on the field, coaches should seek the help of trained medical personnel whenever possible. Having a cellular phone accessible on the sidelines is advised, as it is often the fastest and easiest way to call 911.

The general guidelines listed below should not be used as a substitute for seeking trained medical personnel. In all situations, trained personnel should be the first contact. What follows are just general guidelines and are not intended to be used as an alternative to trained medical personnel.

GENERAL INJURY PROTOCOL

Coaching sports can be rewarding and stressful as it is without having to worry about injuries to your players. However, there may be situations when appropriate medical personnel are not available and the care of the athlete is in your hands. Here are some general guidelines regarding injuries that often occur on the soccer field.

- 1.** Coaches should at the very minimum be certified in CPR and First Aid. Knowing these basics will allow you to think clearly should an emergency arise.
- 2.** Remember R.I.C.E.: Rest, Ice, Compression, Elevation. Most common injuries encountered in soccer will follow this general principle. **DO NOT** use heat while swelling is present to the extremity. Apply ice to the injured area for 15-20 minutes. Adding heat will increase the swelling, while ice will help decrease it.
- 3.** Let common sense prevail. If there is a deformity, **DO NOT** move the athlete. Call 911 and let trained personnel handle the situation.
- 4.** Communicate with parents and inform them of the situation if they are not on-site at the time of the injury.
- 5.** Be conservative. If you have doubts as to an athletes' ability to play, do not let them play.

Ankle Injuries

1. Most ankle injuries involve ligaments and tendons (i.e. sprains). In instances like this, follow the R.I.C.E. principle. These injuries often turn into recurring injuries if the athlete returns to activity too soon. If the athlete experiences pain during activity, he/she should be removed from competition. If the pain level increases in the following days, the athlete should see a physician.

2. If a deformity is present, do not attempt to put the limb in place or move the limb. Immediately call 911 or EMS personnel.

Deep Thigh Bruise

Usually caused by direct contact to the thigh, a deep thigh bruise is very painful and can lead to potential problems.

- 1.** Ice immediately with the knee in a bent position. This will help maintain flexibility to the thigh muscle.

2. Instruct the athlete to keep stretching the thigh. This will prevent swelling/blood from “settling” in the muscle and limit movement.

Knee Injuries

The knee is the most vulnerable joint in the body and should be dealt with caution. Injuries can occur to the ligaments, tendons, kneecap, cartilage (meniscus) and bones (growth plates). Here are some indications of significant injury to the knee:

- Hearing or feeling a “pop” or a “snap” in the knee.
- Feeling that the knee “gave out”
- Sharp pain
- Obvious deformity
- Limited movement
- Swelling

1. Apply ice immediately and immobilize the knee. When immobilizing the knee, be sure to splint the ankle. As a general rule to follow, the joint above and below the injured joint should be splinted.

2. In all instances involving a knee injury, the athlete must follow-up with a physician.

Head Injuries

There are currently many different theories regarding head injuries and concussions and how to treat them. The following guidelines are essential to insuring safe return to play for your athlete:

1. When in doubt, keep the athlete out. Any player who appears to have suffered a concussion should be removed from participation and evaluated by a physician as soon as is practical. Players exhibiting prolonged loss of consciousness or marked amnesia should be evaluated immediately in an emergency room. Players should not be allowed to return to play if they exhibit the symptoms (headache, nausea, blurred vision, dizziness, ringing in the ears, unsteadiness, confusion) of concussions.

2. If an athlete loses consciousness, call 911 and activate EMS. Before this athlete can return to competition or practice, he must be cleared by a physician.

3. Athletes, in the eagerness to play, may fudge the truth when telling the coach how they feel. As part of the overall evaluation, have the athlete perform sport-specific movements on the sideline and watch for unsteadiness, lethargy, uncoordinated movements. They may lie, but their bodies won't.

Neck Injuries

Any athlete that sustained a hit and complains of neck pain, or numbness and tingling to extremities, **MUST NOT BE MOVED**. Immediately call 911. If the athlete is not breathing, your priority is to get the athlete breathing, which means you – or another trained person on-site must begin CPR. However, neck injuries pose a unique problem when CPR is initiated. We encourage all coaches and staff to contact their local EMS provider and learn how and when to use ‘log rolling’ when in this situation.

Soccer, like most sports, contains the risk of injury, but the use of shin guards and on-field awareness can lessen that risk. In the case of an injury, stay calm and seek medical help. The general guidelines listed above should not be used as a substitute for seeking trained personnel. Remember that a player's health is the first priority in situations where an injury appears to have occurred, and trained medical personnel are best able to deal with such situations.

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