

Wrestling

Wrestling is the oldest known sport, dating back to prehistoric times. Today it's the fourth most common sport in which athletes from different schools compete against each other. There are more than 50 kinds of wrestling. The most common types include folkstyle, freestyle, Greco-Roman, sumo, and professional.

As in many sports, the risk of injury increases with age due to the style of play, contact forces, and size of athletes. However, the risk of injuries can be reduced.

The following is information from the American Academy of Pediatrics about how to prevent wrestling injuries. Also included is an overview of common injuries.

Injury prevention and safety tips

- **Sports physical exam.** Athletes should have a preparticipation physical evaluation (PPE) to make sure they are ready to safely begin the sport. The best time for a PPE is about 4 to 6 weeks before the beginning of the season. Athletes also should see their doctors for routine well-child checkups.
- **Fitness.** Athletes should maintain a good fitness level during the season and off-season. Preseason training should allow time for general conditioning and sport-specific conditioning. Also important are proper warm-up and cool-down exercises.
- **Technique.** Athletes should learn and practice safe techniques for performing the skills that are integral to their sport. Athletes should work with coaches and athletic trainers on achieving proper technique.
- **Equipment.** Wrestlers should wear headgear with ear protectors. Mats should be cleaned daily with antibacterial cleaner.

Healthy weight loss

Excessive or improper weight loss can result in various health problems, including delayed physical growth, eating disorders, depression, increased risk of infectious disease, and heat illness. Wrestlers may also have less strength, slower reaction time, and less endurance; school performance may be affected too. Extreme exercise or rapid weight loss can contribute to heat stroke, kidney failure, or death.

Junior high athletes are still growing, and most should not lose weight to participate in wrestling. High school and college wrestlers may wish to lose weight to participate at their minimal weight.

When losing weight, athletes should not lose more than 1.5% of their body weight each week. If they lose that amount, they will mostly lose fat. However, athletes that lose any more weight will also begin to lose muscle mass. Losing muscle will make the wrestler weaker.

A healthy diet is important during any period of weight loss. Athletes should eat a variety of foods from all food groups. The diet should also provide enough energy (calories) to support growth, daily physical activities, and sports activities. They should also drink enough fluids to stay hydrated.

Once the weight is lost and the desired weight is met, that weight should be maintained. Athletes that maintain their weight have a higher resting metabolic rate than those whose weight fluctuates regularly. As a result, they can eat more without gaining weight.

For more information about a healthy weight loss program, contact the National Wrestling Coaches' Association Internet Weight Classification Program (www.nwcaonline.com or 717/653-8009). Consulting a sports nutritionist also may be helpful.

Warning: *The use of rubber suits, steam baths or saunas, prolonged fasting, fluid restriction, vomiting, drugs, laxatives, diuretics, diet pills, stimulants, ergogenic aids, and supplements for weight loss should be prohibited at all ages.*

Skin conditions

The National Federation of State High School Associates 2006–2007 Rule Book states that “if the participant is suspected of having a communicable skin disease, the coach must provide written documentation from a doctor that the condition is not communicable and that the athlete's participation would not be harmful to any opponent.” It does not list specific skin conditions. However, herpes gladiatorum, methicillin-resistant *Staphylococcus aureus*, and chickenpox all may cause severe disease, and infected wrestlers should be disqualified.

Common injuries

Head/face injuries

Nosebleeds occur frequently in wrestling. The bleeding may be stopped by putting pressure on the nose, placing a plug in the nose, or using a pro-coagulant (a medicine that helps the blood clot) into the bleeding area of the nose.

Cuts or scrapes usually occur on the face and often require suturing or glue. Sutures should remain in longer for wrestlers than for non-wrestlers, because of repeated injuries in the same location.

Concussion. Wrestlers with a concussion should not wrestle any more that day. They can return to wrestling only after they are symptom-free and have seen a doctor.

Cauliflower ear is the result of recurrent friction to the ear. It is best prevented with the use of properly fitted headgear with ear protectors during practice and competition. Cauliflower ears should be treated early (within 24 hours) by draining the ear and using compression dressings. They tend to reoccur with further trauma to the ear. Most athletes who have wrestled for many years without proper headgear have them.

Shoulder injuries

Acromioclavicular (AC) separation or clavicle fracture occurs when the wrestler falls on or is thrown directly onto the shoulder on the mat. Treatment of both is rest to allow healing; usually 3 to 4 weeks for AC sprains and 2 to 3 months for clavicle fractures.

Anterior shoulder dislocation is the result of forced abduction and rotation (pulled up and away from the body) of the arm and should be relocated as quickly as possible by the athlete or an athletic trainer or doctor.

Elbow injuries

Elbow dislocation is caused by a fall on an outstretched arm and hand. It should be relocated by an experienced athletic trainer or doctor as soon as possible.

Olecranon bursitis (irritation of the fluid-filled sac that protects the bone) is caused by repeated trauma to the point of the elbow. Swelling of the point of the elbow is the main symptom. It should be treated with rest, ice, compression, and an elbow pad. If that does not work, it may need to be drained and/or injected with medicine.

Knee injuries

Prepatellar bursitis is the result of a fall on a bent knee or from repeated kneeling. The main symptom is significant swelling on the front of the knee. It can be treated with rest, ice, compression, and a knee pad. It may also need to be drained and/or injected with medicine to reduce the swelling.

Patella dislocation is when the kneecap comes out of place, causing instant disability and swelling. Treatment is reduction (putting the kneecap back in place) followed by physical therapy to strengthen the thigh and hip. A patella stabilizing brace may also be needed.

Medial collateral ligament sprain is caused by a direct blow to the outside of the knee. Treatment is usually brace support and physical therapy.

Anterior cruciate ligament tears usually occur from a strong twisting or hyperextension of the knee. A pop is usually heard or felt, and significant swelling occurs within 24 hours. Referral to an orthopedic doctor is required.

Meniscal tears are the result of a twisting injury while weight bearing or squatting. Symptoms may include painful popping or locking, and swelling in the knee. These can be initially managed with rest, ice, compression, and elevation, but most will eventually require surgery.

Back pain

Muscle strains are common causes of back pain. The pain is usually located in the lower back, but if it radiates to the buttock or down the leg it should be evaluated immediately. Once the cause of the pain is identified, rest, bracing, and/or physical therapy may be needed.

Remember

Wrestling injuries can be prevented with proper supervision and compliance with the rules and safety guidelines in place for wrestling.

NOTES

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