

Football

Football is a fast-paced, aggressive, contact team sport that is very popular among America's youth. Football programs exist for players as young as 6 years all the way through high school, college, and professional.

Injuries are common because of the large number of athletes participating. However, the risk of injuries can be reduced. The following is information from the American Academy of Pediatrics (AAP) about how to prevent football injuries. Also included is an overview of common football injuries.

Injury prevention and safety tips

- **Supervision.** Athletes should be supervised and have easy access to drinking water and have body weights measured before and after practice to gauge water loss.
- **Equipment.** Safety gear should fit properly and be well maintained.
 - **Shoes.** Football shoes should be appropriate for the surface (turf versus cleats). Laces should be tied securely.
 - **Pants.** Football pants should fit properly so that the knee pads cover the knee cap, hip pads cover the hip bones, the tailbone pad covers the tailbone, and thigh pads cover a good share of the thigh. Pads should not be removed from the pants.
 - **Pads.** Shoulder pads should be sized by chest measurement. They must be large enough to extend $\frac{3}{4}$ to 1 inch beyond the acromioclavicular joint. Athletes should have adequate range of motion, and the pads should not ride up into the neck opening when raising the arms.
 - **Helmets.** The helmet should be fitted so that the eyebrows are 1 to 1½ inches below the helmet's front rim. The back of the helmet should cover the back of the head, and the athlete's ear openings should be in the center of the helmet ear openings. Jaw pads should be snug against the athlete's jaw. The chin strap should be centered over the chin and tightened to prevent movement of the helmet on the head. The helmet padding and chin strap should be tight enough to prevent any rotation of the helmet on the head. Face masks should be attached to the helmets. Additional protection can be provided by a clear Plexiglas shield.
 - **Mouth guards** can help prevent oral or facial injuries but not concussions.
- **Environment.** A safe playing field is level and cleared of debris, equipment, and other obstacles. Field goal posts should be padded.

- **Emergency plan.** Teams should develop and practice an emergency plan so that team members know their roles in emergency situations. The plan would include first aid and emergency contact information. All members of the team should receive a written copy each season. Parents also should be familiar with the plan and review it with their children.

Common injuries

Ankle injuries

Ankle sprains are some of the most common injuries in football. They can prevent athletes from being able to play. Ankle sprains often happen when an athlete gets blocked or tackled with the foot firmly in place, causing the ankle to roll in (invert). An ankle sprain is more likely to happen if an athlete had a previous sprain, especially a recent one.

Treatment begins with rest, ice, compression, and elevation (RICE). Athletes should see a doctor as soon as possible if they cannot walk on the injured ankle or have severe pain. X-rays may be needed.

Regular icing (20 minutes) helps with pain and swelling. Weight bearing and exercises to regain range of motion, strength, and balance are key factors to getting back to sports. Tape and ankle braces can prevent or reduce the frequency of ankle sprains and enable an athlete to return to activity more quickly.

Finger injuries

Finger injuries occur when the finger is struck by the ball or an opponent's hand or body. The "jammed finger" is often overlooked because of the myth that nothing needs to be done, even if it is broken. If fractures that involve a joint or tendon are not properly treated, permanent damage can occur.

Any injury that is associated with a dislocation, deformity, inability to straighten or bend the finger, or significant pain should be examined by a doctor. X-rays may be needed. Buddy tape may be all that is needed to return to sports; however, this cannot be assumed without an exam and x-ray. Swelling often persists for weeks to months after a finger joint sprain. Ice, nonsteroidal anti-inflammatory drugs, and range of motion exercises are important for treatment.

Knee injuries

Knee injuries commonly occur from cutting, pivoting, landing from a jump, or contact with another athlete. If the athlete feels a pop or shift in the knee, then it's most likely a ligament injury.

Treatment begins with RICE. Athletes should see a doctor as soon as possible if they cannot walk on the injured knee. Athletes should also see a doctor if the knee is swollen, a pop is felt at the time of injury, or the knee feels loose or like it will give way.

Medial collateral ligament sprains can be treated in a hinged brace and allowed to return to play. Athletes who return to play with a torn anterior cruciate ligament (ACL) risk further joint damage. Athletes with an ACL tear should not return to their sport until the ligament has been reconstructed and they have been cleared by the surgeon.

Shoulder injuries

Shoulder injuries can occur from diving for a ball or from blocking or tackling.

Athletes usually feel their shoulder pop out of place when it is dislocated. Most of the time the shoulder goes back into the joint on its own; this is called a *subluxation* (partial dislocation). If the athlete requires help to get it back in, it is called a *dislocation*. Risk of dislocation recurrence is high for youth participating in football. Shoulder strengthening exercises, stabilization braces and, in many cases, surgery may be recommended to prevent recurrence.

Pain from repetitive use is common in football, usually due to weak muscles of the back and trunk. Often rehabilitation exercises and rest from excessive blocking or tackling drills are all that is necessary to treat this type of pain.

Eye injuries

Eye injuries commonly occur in football usually due to a finger poking through the face mask. Any injury that affects vision or is associated with swelling or blood inside the eye should be evaluated by an ophthalmologist. The AAP recommends that children involved in organized sports wear appropriate protective eyewear.

Low back pain

Spondylolysis, stress fractures of the bones in the lower spine, is due to overuse from high-impact and repetitive arching of the back. Symptoms include low back pain that feels worse with back extension activities. Treatment of spondylolysis includes rest and physical therapy to improve flexibility and low back and core (trunk) strength, and possibly a back brace. Athletes are advised to limit repetitive

arching of the spine (blocking and weight lifting) and high-impact activities (running and jumping). Athletes with low back pain for longer than 2 weeks should see a doctor. X-rays are usually normal so other tests are often needed to diagnose spondylolysis. Successful treatment requires early recognition of the problem and timely treatment.

Head injuries

Concussions occur if the head or neck hits the ground, equipment, or another athlete. A concussion is any injury to the brain that disrupts normal brain function on a temporary or permanent basis.

The signs and symptoms of a concussion range from subtle to obvious and usually happen right after the injury but may take hours to days to show up. Athletes who have had concussions may report feeling normal before their brain has fully recovered. With most concussions, the player is not knocked out or unconscious.

Prematurely returning to play after a concussion can lead to another concussion or even death. An athlete with a history of concussion is more susceptible to another injury than an athlete with no history of concussion. If a concussion has occurred, it is again important to make sure the helmet was fitted properly. If the concussion occurred due to the player leading with the head to make a tackle, he should be strongly discouraged from continuing that practice.

All concussions are serious, and all athletes with suspected concussions should not return to play until they see a doctor.

Remember

Football injuries can be prevented when fair play is encouraged and the rules of the game are enforced. Also, athletes should use the appropriate equipment and safety guidelines should always be followed.

NOTES

The information contained in this publication should not be used as a substitute for the medical care and advice of your health care professional. There may be variations in treatment that your health care professional may recommend based on individual facts and circumstances.

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