



# INJURIES IN YOUTH FOOTBALL and CHEERLEADING

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# PARTICIPATION:

- FOOTBALL-over 12 million participants
  - injury rates increase with age, weight, and speed.
- Cheerleading-over 1 million participants
  - injury rates increase with height of throws and formations.

# INJURY PREVENTION

- Prior to the start of the season:
  - coaches CPR/FA trained
  - equipment is in proper condition
  - NOCSAE- national operating committee on standards for athletic equipment.
    - Have a stocked FA kit and be familiar with contents
    - physicals by participants-identify at risk players...height/weight/body maturity

# PREVENTION cont.

- EMERGENCY ACTION PLAN !!!!
- An Emergency Action Plan is a written plan that every program and facility should have in case of emergency.
- Emergency Action Plans should define the responsibilities of everyone who may be involved
- An Emergency Action Plan should include the layout of the building, equipment that can be used in an emergency, support personnel and staff responsibilities, communication methods, and follow-up methods.
- The coaching staff should practice the Emergency Action Plan so that everyone knows what to do in the event of an emergency

# PREVENTION cont.

- Beginning of season
  - walk fields/practice areas for potential hazards
  - proper equipment fitting
  - teaching of proper skills...head up/use of shoulder not head for tackling
  - warm up....cool down
  - acclimatization
  - hydration
  - environmental hazards
  - proper equipment
  - spotters (CL)

# INJURIES

- Contusion....bruise
  - trauma results in bleeding (black and blue)
  - If not treated properly will turn into a hematoma...hard lump forms
- Sprain-injury to a ligament...ankle most common.
- Strain-muscle injury..”pull” hamstring and quadriceps most common.
- Fractures: young=soft bones so bend....growth plate injuries.

# TREATMENT OF COMMON INJURIES:

- RICE METHOD
- R=REST
- I=ICE...ice bag for 15-20min. Off for an hour then on again 15-20 minutes. 5-6 times a day. Continue for 48-72 hours post injury then can switch to heat. If in doubt use ice !!!
- COMPRESSION...Ace wrap, compression stocking. Help control swelling.

# TREATMENT cont:

- ELEVATION...raise limb above heart.  
Help with swelling.
- IF ANY DOUBTS SEE HEALTHCARE PROFESSIONAL.



# CONCUSSION:

- PREVENTION
  - educate players and parents
  - safety comes first
  - dangers of playing with a concussion
  - prevent long term problems
- SIGNS AND SYMPTOMS
- WHAT TO DO
  - remove from play and no return

# CONCUSSION cont:

- have them evaluated by appropriate health care professional immediately

- call 911 if

- unconscious

- neck pain (don't move)

- seizure

- condition worsens

- unsure of what to do

# CONCUSSION cont:

- INFORM PARENTS/GUARDIANS OF POSSIBLE CONCUSSION.

- give concussion fact sheet

- must be seen by health care professional prior to return

- get documentation of visit/clearance

- monitor for repeat injury

- young brains take longer to heal

[www.usafootball.com](http://www.usafootball.com)

[www.nata.org](http://www.nata.org)

[www.ncaa.org](http://www.ncaa.org)

## MILD TRAUMATIC BRAIN INJURY INSTRUCTIONS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

You have just sustained a mild traumatic brain injury (concussion), which is a very serious injury and needs to be monitored. There are various signs and symptoms of a mild head injury that may show up immediately or several hours since initial injury.

HEADACHE

VOMITING

FATIGUE

ALTERED EMOTION/BEHAVIOR

NUMBNESS/TINGLING

FEELING IN A "FOG"

DIFFICULTY REMEMBERING

DELAYED VERBAL / MOTOR SKILLS

SLOWING OF PULSE

BLURRED VISION

CLEAR FLUID DRAINAGE FROM EAR/NOSE

AMNESIA (ANTEGRADE/RETROGRADE)

BLOOD/FLUID FROM THE EARS OR NOSE

VOMITING MORE THAN ONCE OR TWICE

NAUSEA

BALANCE PROBLEMS / DIZZINESS

SENSITIVITY TO LIGHT / NOISE

RINGING IN THE EARS

FEELING SLOWED DOWN

DIFFICULTY CONCENTRATING

CONFUSION / DISORIENTATION

SLURRED / INCOHERENT SPEECH

CONVULSIONS / TREMORS

SADNESS

BREATHING DIFFICULTY

CONTINUED DOUBLE VISION

WEAKNESS IN EITHER ARM OR LEG

UNCONTROLLABLE EYE MOVEMENTS

**Please remember to report back to the Athletic Training Room tomorrow morning at \_\_\_\_\_ for a follow up evaluation.** Please review the marked symptoms above. If these symptoms worsen, or if any of the additional symptoms appear report to the emergency room immediately.

Otherwise, follow the instructions below:

**It is OK to:**

- Use Acetaminophen (Tylenol) for headaches (**Do not take anything before your appointment**)
- Use ice pack for neck and head for comfort
  - To walk to and attend class
  - Go to sleep at a decent hour
  - Rest

**Emergency Phone Numbers**

Dept of Public Safety

337-6911

Athletic Trainer \_\_\_\_\_

**DO NOT:**

- Take aspirin/Ibuprofen (Advil/Motrin) for headaches
- Do any physical/strenuous activity
- Drink Alcohol/caffeinated beverages
- Stay up late
- watch tv, play video games, sit at a computer or listen to loud music for long period of time

# HEAT ILLNESS

- Much easier to prevent than treat
- Children have a decreased ability to keep themselves cool
- Proper medical coverage at practices/games
- Allow fluid replacement to maintain hydration
- Acclimate athletes over a two week period
- Weigh in athletes pre and post practice

# HEAT ILLNESS cont.

- Practice and rest in shaded areas
- Proper rest periods during and between practices
- Minimize equipment and clothing worn on hot/humid days
- Stress hydration throughout the day...many come to practice dehydrated
- [www.nata.org](http://www.nata.org)

# QUESTIONS:

- THANK YOU !!!!