

SOCCER-COACH-L **Coach's Guide to Injuries**

Compiled by Dave Teetz

Supplemental to the web pages at
<http://www.ucs.mun.ca/~dgraham/lotg/>

The following information is offered as an aid to assist youth soccer coaches in the management of injuries sustained during typical youth soccer activities. It is not intended to be used as medical advice, nor is it intended for use as all encompassing treatment. During the course of a practice or game, players do sustain injuries and knowing what to do can help reduce unwarranted time off.

This is meant to be a common sense guide to injuries. It is strongly recommended that coaches attend accredited first aid and CPR classes. Many of the basic questions regarding injuries will be addressed at these classes. Immediately seek professional medical advice if you are ever in doubt regarding an injury or potential injury.

It is advisable to receive a written notice from the player's physician upon return to play. Many parents and players will attempt to return without proper medical advice. For the protection of the player, as well as yourself, it is strongly advised that a medical release is received before allowing the player to return to the field. In a sue-happy world, this will aid in the prevention of unwanted litigation.

The most common treatment for any injury is R-I-C-E (rest, ice, compression, and elevation). Coaches should bring a cooler with ice; have plastic bags to hold the ice and some type of wrap to keep the bag in place. Do not place the ice directly on the skin. Use a towel or shirt as protection. Use caution if using an elastic wrap. People tend to wrap these too tightly, not allowing for impending swelling. This causes the wrap to become too tight. Use any material handy to elevate the limb.

Youth players are unique in that they will not try to "push" an injury to facilitate playing (most players,

not all). When a youngster is injured, he will typically refuse to play. Heed this refusal to prevent further injury. It does not mean that the player is wimpy or a coward.

When approaching an injured player, you should be able to ascertain the injured area from the player's actions. Ask the player EXACTLY where he is injured. Also ask what the circumstances were leading to the injury. This will permit you to understand the events leading to the injury. The player should not be permitted to use the affected limb.

Some universities and high schools have athletic departments that will teach coaches how to properly tape injuries. DO NOT attempt to tape an injury if you have not been trained. This could cause more damage than the good that is intended.

What to do when there is an injury!

There is no proper time for an injury. The referee may, or may not see the injury occur. So, how should the referee be notified that there is an injury?

Most youth referees will respond very quickly to the statement "Player Down!" This can come from the coach or a player. If the referee estimates that the injury is not severe, he may allow for advantage, and let play continue. He will stop the match when advantage is lost. However, referees are not typically medical professionals, so they may err in their interpretation of the injury. Do not forget the assistant referees. They too can aid in getting the attention of the referee.

Players should be instructed to go down to the ground when an injury occurs. Referees will tend to consider a downed player as more injured than one who remains up. Do not use a downed player as a tactic to sway the course of the game.

As a coach, if you see a player get injured, evaluate the situation. Take into consideration the severity of the injury, who is in possession of the ball, where the ball is on the field, and any other circumstance that

would call for the ref to not immediately stop play. These are immediate decisions that must be made.

Parents may sense urgency that no one else will feel. This will cause them to holler at and berate the referee. For this reason, it is important to understand the information in the preceding paragraph. Some parents may even feel obliged to dash onto the field to tend to their injured child, there is really nothing that the referee can do about this action. The ref will most likely immediately stop the match, glare at the parent, wait until the players is attended to, then issue a caution to the coach. Attempt to educate the parents about the Laws of the game and hopefully this situation will be avoided.

Some refs will demand that a player be removed. If a player is seriously injured, DO NOT move him. This will put the player at risk for greater injury.

There are certain things that can be done, in the act of good sporting behavior, which assist an injured player. For the most part, a serious injury will be 'known.' There is no explanation for this other than gut-feeling.

Youth coaches may instruct the ball carrier to kick the ball out of bounds. The player can simply kick the ball out and state "down player ref" and point towards the player. This actions can be taken for an injured player from either team. By kicking the ball out of bounds any advantage ruling will be negated, allowing the injured player to be evaluated. The appropriate response to such an action, is for the opposing team to return the ball to the team that intentionally kicked the ball out of play. Some referees will take into consideration the good sportsmanship of kicking the ball out of play. If the team does not return the favor, the ref may take a measure that returns possession back to the team that initially lost possession due to the injury.

Coaches should exercise some poise when approaching an injured player. Try walking to the player so that he does not get the impression that the injury is too severe. When to the player, talk to him first, ascertain the problem before unintentionally firmly grasp the injured site.

A drop ball is a common restart following an injury. There is nothing in the Laws stating that two players must take the drop. Some refs will restart allowing only one player. Or, the coach can decide to not have a player present for the drop ball. In essence, this easily returns possession of the ball to the team that forfeited possession.

Lacerations:

Protection against blood-borne pathogens is the concern with bleeding injuries. Simply stated, this is when one person contracts an illness from another when the first person's blood is introduced to the blood stream of another. For this reason, players must be removed from the field to attend to any bleeding wound. Coaches should have disposable latex gloves available.

Players that sustain a large wound should be sent immediately to an appropriate medical facility for treatment. They should not be permitted to return to play. Minor wounds may be covered and allowed to return play. The referee may require evaluation of the dressing before that player is permitted to return.

Any wound that will not stop bleeding needs prompt medical attention. To stop bleeding: Apply a dressing, if this dressing becomes saturated with blood add another dressing on top of the existing dressing. Hold pressure on the wound (gently pushing on the wound is sufficient). Elevate the affected area. NEVER use a tourniquet.

Head wounds tend to bleed a lot. Do not become concerned with this. Also, during wet weather blood will appear to be greater than it actually is.

Strains/sprains:

Strains affect muscles: Sprains affect joints. The most frequent injuries to soccer players tend to be those that affect the lower extremities. The "twisted" ankle is typically an inversion injury, where the foot is turned so the sole of that foot is facing the other foot (though twisting the other direction can occur). The player should not be told to "Walk it off." This will do nothing to aid in recovery. On field

treatment is ice, rest and elevation. The player must be the one to say when he is ready to return to play. The shoe should be left on when there is an ankle injury. This can assist in stabilizing a fracture and keep the swelling down.

Strains are the result of overexertion of a muscle. They are treated best with ice and rest.

Fractures/Dislocations:

Fractures can be either open or closed. A fracture with a related laceration is open. Stabilization of the injury is the key factor. Allowing the injury to move allows the bone fragments to do internal damage. Do not try to push an exposed bone back into the skin.

Dislocation of the knee and elbow should remain as they are found. Do not try to reduce any dislocation.

Players sustaining either of these injuries should be immediately sent to an appropriate medical facility.

Nose Bleeds:

These bleeds can cause panic, not only with the player, but with parents and bystanders. Treatment is simple; however, DO NOT allow the player to tilt his head back. For treatment, have the player lean forward, and using a towel or shirt, pinch the nose, using equal pressure on both sides. This pressure should be enough to either decrease the bleeding or stop it completely. In addition to the pressure, ice can also be applied. If the copious bleeding continues, seek medical attention.

Head Injuries:

DO NOT place an ammonia inhalant under the nose of any player who is unconscious. This could be more detrimental to the player by quick reactions to the inhalant. DO NOT place the ammonia inhalant in the nostril. This is a potent chemical that may cause burning.

Keep the player still; ascertain their level of consciousness. Ask the player his location, uniform number and name. Correct answers help to

determine the extent of injury. Incorrect answers or loss of consciousness warrants medical attention.

Headache, vomiting, blurred vision; confusion can all be symptoms of a head injury. In addition, unequal pupils are caused only by head injuries (except for the few in the general public who are born with unequal pupils).

Neck/Back Injuries:

Though muscular injuries are common, structural injuries can occur. ALWAYS assume the worst until proven otherwise. Player movement should be his decision. DO NOT allow ANYONE to force the player to move. If he does not want to move or can't move, get medical assistance IMMEDIATELY.

Environmental Illness/Injury:

Heat, cold, insects and bugs are an inherent hazard with any outdoor activity. Be prepared before the activity for these situations. Cramps are the first sign of heat illness. Keeping the players hydrated (before, during and after the game) will aid in the prevention of heat related illness. Proper clothing is important during cold activities. If it is cold and wet, resist the temptation to wear bulky underclothing. This underclothing will become saturated, resulting in increased cooling. Wearing short sleeves and shorts permits the skin to be dried. The game/practice clothing should be removed ASAP. This will facilitate rewarming. In severe cold, appropriate underclothing can be worn. Remember, underclothing that is visible must be the same primary color as the shorts and jersey, respectively.

Stings are common. Stingers should be removed with a credit card or drivers license. Ice should then be applied. If the player exhibits hives, difficulty breathing, complains his tongue is numb or swollen, throat feels like it is closing or loud wheezing, get help IMMEDIATELY.