## **Chapter 1: THE CONCEPT OF SPORTS INJURY**

✤ \_\_\_\_\_\_(Slide 2).

increase in female sports participation.

 Historically females have been discouraged from sports participation because it was believed they were not tough enough to play sports. Negative stereotypes still persist within some sports organizations.

(Slide 3). Overall, females are at no greater risk for

injury than males.

Injuries involving the *anterior cruciate ligament* (ACL) of the knee occur more frequently in female high school athletes who participate in basketball and soccer than in males involved in the same sports. The same trend has been observed in college athletes. In a study of injuries among collegiate basketball players, the majority of ACL injuries were *noncontact*, that is, they did not result from a collision with another player or inanimate object. Noncontact ACL injuries are associated with sports that involve rapid directional changes or deceleration when running, or repeated jumping and landing.

- In a study of sports in one Honolulu school, Beachy et al. found that football yielded the highest injury rate for boys, while soccer was the highest for girls. In a study of high school athletic injuries, Grollman et al. found almost 3070 reportable injuries from ten sports (boys and girls) across 40 high schools in Pennsylvania during the 1994-95 school year. Tackle football had the highest percentage of injuries (\_\_\_\_%), followed by boys' basketball (\_\_\_\_%), and wrestling (\_\_\_\_%). Among girls, basketball participation resulted in the highest percentage of injuries (\_\_\_\_%). (Slide 4)
- In a study of emergency room admissions at 4 hospitals during a one-month period, 1275 young people ranging from 5 to 21 years of age were treated for over 1400 injuries. Of these injuries, 41% were attributed to sports participation. Sprains, contusions, and fractures were the most common injuries. Males sustained more injuries to the musculoskeletal system than females.
- In a two-year study of injuries sustained by children involved in a community sports program, soccer participation had the highest rate of injury, followed by baseball, football, and softball. More injuries occurred during games than practices, and \_\_\_\_\_\_ (Slide 5).

I. Definition of Sports Injury (Slide 6)

A. \_\_\_\_\_

1. Majority of current definitions use "\_\_\_\_\_" as the major determinant. For example, an injury results in the athlete being forced to discontinue play and/or practice for a predetermined length of time.

B. In 1982 the NCAA established the Injury Surveillance System (ISS) that established a common set of injury and risk definitions for tracking collegiate injuries. To qualify, an injury must meet the following criteria (Slide 7):

- 1.

   2.
- 3. \_\_\_\_\_

4. Time lost does not accurately reflect severity of injury. Severity of injury determinations may be made by a variety of people, including the athlete. Additionally, there is no standard length of time that must be lost to qualify as a specific level of injury severity.

C. Once identified, an injury can be further described in terms of type of tissue(s) involved, injury location, and time frame of injury (acute or chronic).

D. Accepted definitions of acute and chronic injury

1. Acute injury - \_\_\_\_\_ (Slide 8)

a. Acute injuries typically involve significant trauma followed immediately by pain, swelling, and loss of function.

b. Critical force is the \_\_\_\_\_

\_\_\_\_\_\_(Slide 8). Potential for critical force is clearly seen in tackle football. Forces generated in a tackle can exceed the critical force of the cervical spine.

2. Chronic injury is an \_\_\_\_\_

\_\_\_\_\_(Slide 9)

a. Chronic injuries develop over time and are often associated with repetitive, cyclic activities, such as running. Such injuries are commonly called \_\_\_\_\_\_ (Slide 9) Common sites include \_\_\_\_\_\_ (Slide 9).

b. Overuse injuries occur when workload exceeds the ability of the musculotendinous tissues to recover, causing a progressive breakdown of tissue, leading to failure.

c. Chronic injuries are often associated with **eccentric contraction**, a type of contraction identified as a causative factor in tendon injury. These can be related to repeated overhead movements of the arms, such as those that occur in tennis.

d. Overuse injuries may be caused by intrinsic factors:

; or extrinsic factors: \_\_\_\_\_\_

\_\_\_\_\_ (Slide 11). Majority of soft tissue injuries involve bruises, sprains, and strains.

2. Skeletal tissues include \_\_\_\_\_\_ (Slide 11).

F. Catastrophic injury

 1. Catastrophic injuries \_\_\_\_\_\_(Slide 12)

and are potentially life threatening or permanent.

a. In the context of school/college sports, a catastrophic injury has been defined as "sport injury that resulted in a brain or spinal cord injury or skull or spinal fracture."

2. A catastrophic injury can occur as either a \_\_\_\_\_ result of participation such as spinal fracture that occurs when a football player is tackled or an \_\_\_\_\_ (Slide 12) result of participation such as heat stroke that a runner develops during a cross-country event.

3. In the 2004 season, high school–level football participation resulted in the highest number of catastrophic injuries. Wrestling, ice hockey, baseball, and track (specifically pole vaulting) are also high-risk sports for catastrophic injury.

II. Injury Classifications. In 1968, the Committee on the Medical Aspects of Sports of the American Medical Association published *Standard Nomenclature of Athletic Injuries (SNAI)*, a text that provided standardized terminology associated with sports injuries that affect connective tissue.

A. Sprains are \_\_\_\_\_\_ (Slide 13) with three levels of severity

1. First-degree sprains are \_\_\_\_\_

2. Second-degree sprains involve \_\_\_\_\_

3. Third-degree sprains involve \_\_\_\_\_

## B. Strains are \_\_\_\_\_(Slide 14)

(which is tissue between tendon and muscle)

1. First-degree strains are

2. Second-degree strains involve

3. Third-degree strains involve a \_\_\_\_\_\_. Damage may occur in a variety of locations in the region and may include avulsion fracture of bone.

C. Contusions (bruises) are the most common sports injury and \_\_\_\_\_ (Slide 15). Contusions can occur in any sport, but contact sports are

more likely to blame for these injuries, which can be life threatening when a vital organ is damaged.

1. Contusions are associated (Slide 15).

2. If not properly treated, contusions can result in (Slide 15), the development of bonelike formations in muscle tissue.

D. Fractures are \_\_\_\_\_\_ (Slide 16). Refer to Figure 1.8 on page 8 for illustrations of types of fractures.

1. In a \_\_\_\_\_, the bone ends do not break through the skin.

2. In an \_\_\_\_\_, the bone ends break through the skin. Infection and serious bleeding can result.

3. First aid is essential to prevent shock, blood loss, and permanent damage.

4. Symptoms include swelling, deformity, pain and tenderness, loss of use, grating sensation. Suspect a fracture when severe forces cause an injury.

5. \_\_\_\_\_\_ is a break or crack in bone that develops over a relatively long time. a. Stress fractures are associated with pain and tenderness, an absence of trauma, history of repetitive activity, and symptoms that developed over a period of days, weeks, or months.

b. Stress fractures are difficult to diagnose, in part, because in the early phase they may not be seen on a standard X-ray.

6. \_\_\_\_\_\_ involve the epiphyseal growth plate. There are five types of these fractures; fractures are typed according to severity. Refer to Figure 1.10 on page 10.

E. Dislocations are defined as \_\_\_\_\_ (Slide 17)

There are two types: **subluxation** ( ) and **luxation** ( ). Dislocations are a severe type of sprain.

1. Dislocations should not be reduced (put back in place) in the field by non-medical personnel, such as coaches. (Slide 17).

III. Injury Recognition.

Coach's Role: \_\_\_\_\_\_(Slide 18)

The school or agency sponsoring the sports program should hire an athletic trainer who is certified by the Board of Certification (BOC).

IV. Epidemiology of Sports Injury.

A. Scientific studies of sports injury are recent phenomenon. The majority of early studies were caseseries studies, i.e., conducted by medical personnel at hospitals or clinics.

1. There are problems with data collected by case-series research because usually only athletes with severe injuries go to hospital or clinic and it is difficult to identify the cause(s) of the injury.

B. The epidemiological approach to research is better. **Epidemiology** is the \_\_\_\_\_

(Slide 19)

1. Sports injury epidemiology involves \_\_\_\_\_

(Slide 20); hypotheses are then developed to test for statistical relationships between risk factors and injury.

a. Risk factors may be inherent to the sport, i.e., collisions in tackle football or ice hockey; equipment such as a faulty football helmet; physical attributes of the athlete, i.e., muscle imbalances, obesity, or congenital conditions.

2. The primary goal of organizations involved in sports injury research is to identify risk factors for injuries and to develop and implement strategies to reduce the risk(s).

V. Classification of Sports. Sports can be classified according to comparative risk of injury based on criteria such as the amount of physical contact between participants and relative intensity of the activity.

A. The American Academy of Pediatrics has classified popular sports into three main categories based on the likelihood of collisions between participants. The three categories are

(Slide 21)

VI. Extent of the Injury Problem: Some Examples.

- A. Tackle Football. According to recent research funded by the National Athletic Trainers' Association, 34% of players were injured.
  - a. \_\_\_\_\_(Slide 22). b.
  - c. Of all injuries, 2.4% required surgery, and of those, 59.4% involved the knee.
  - d. Contusions, strains, sprains, and fractures are common injuries.
  - e. Offensive players \_\_\_\_\_\_ (Slide 23).
  - f. Older players have a higher risk of injury than younger ones
  - g. \_\_\_\_\_
  - h. Coaching personnel at the youth football level must be trained in first aid and CPR, and, whenever possible, a BOC-certified athletic trainer should be on hand for both practices and games.

B. Basketball. In the United States, almost one million high school students (boys/girls combined) participated in basketball programs during 2004 school year. Participants have a high risk for lower extremity \_\_\_\_\_ (Slide 24), followed by hip/thigh/leg injuries. injuries; \_\_\_\_

1. For reasons that are unclear, female players suffer more knee injuries than males, and their injuries are more likely to require surgery. 2. \_\_\_\_\_

(Slide 24).

C. Baseball and Softball. In 2004, over \_\_\_\_\_ (Slide 25) high-school boys participated in baseball programs. Recent injury data show that nearly 12% sustained injuries,

(Slide 25). Of these injuries, 50% were strains or sprains.

1. Less than 2% of reported injuries are to the head; safety equipment for catchers and batters has been effective in protecting players.

2. Little League Elbow: \_\_\_\_\_\_ (Slide 26). Two large studies conducted in the late 1970s found no relationship between Little League elbow (elbow

damage) and pitching. However, Micheli and Fehlandt (1992) found baseball to be associated with the highest occurrence of elbow injury in a population of 445 children.

a. In softball, sidearm pitching is associated with a greater risk of elbow problems than overhand pitching. Injuries to softball players are similar to those in baseball players.

D. Wrestling. Over \_\_\_\_\_ (Slide 27) youth participated in high school wrestling programs during the 2004 season. \_\_\_\_\_

\_\_\_\_\_ (Slide 27). Approximately 27% of participants sustained injuries during the competitive season. 1. \_\_\_\_\_\_ (Slide 28). Over 50% of

these injuries are strains or sprains. Other injuries \_\_\_\_\_\_(Slide 28). Wearing protective gear and cleaning facilities and mat surfaces reduced the incidence of these problems.

E. Volleyball. During the 2004 season, nearly \_\_\_\_\_ (Slide 29) high school girls participated in volleyball. According to a NATA study (1995-97), 14.9% of players sustained injuries, 51.5% of which were sprains. \_\_\_\_\_ (Slide 29).

F. Soccer. In the United States, \_\_\_\_\_ (Slide 30) million soccer participants are under the age of 18. During the 2002 season, almost 340,000 boys and 300,000 girls participated in high school soccer programs.

1. \_\_\_\_\_ (Slide 31); injuries to lower extremities,

specifically knee, ankle, and shin, occur most often. The majority of these injuries are not severe. 2. \_\_\_\_\_\_, accounting for about 60% of injuries.

3. The knee and ankle joints are the most commonly injured areas.

4. Female youth players are more likely to suffer ACL injuries than their male counterparts.Females suffer from a higher rate of knee injuries and ACL injuries than male athletes.5. Heading may result in head injury but research has shown

6. A number of deaths and severe injuries related \_\_\_\_\_\_

For the period of 1979-1994 at least 21 deaths were reported as well as an additional 120 nonfatal injuries. The majority of fatalities and injuries occurred when goals tipped over and struck victims.