SOCCER INJURIES AND HOW TO TREAT THEM

Whenever a player is injured, be certain to inform the parents or guardians of the injury, even if it seems minor and the athlete is able to continue with the practice or game**.**

PREVENTING DISEASE TRANSMISSION

Place an effective barrier between you and the victim's blood when you give first aid. Examples of such barriers are: the victim's hand, a piece of plastic, clean folded cloth, rubber or latex gloves.

Wash your hands thoroughly with soap and water immediately after providing care.

HEAT CRAMPS

- Have athlete rest in a cool place
- Give cool water
- Stretch and massage muscle affected

HEAT EXHAUSTION

Player's skin will appear pale and clammy, perspiration is profuse, may experience nausea, weakness, dizziness, headache, cramps.

- Have athlete lie down in a cool place with feet elevated 8 to 12 inches
- Give cool water
- Loosen tight clothing
- Remove clothing soaked with perspiration
- Apply cool wet cloths (such as towels) or ice packs (wrapped) to the skin.
- Call 911 of player refuses water, vomits or if level of consciousness changes

Preventing heat emergencies

- Avoid being outdoors during the hottest part of the day, if possible
- Change the activity level according to the temperature.
- Take frequent breaks.
- Drink large amounts of fluid.
- Wear light-coloured clothing, if possible

ANKLE INJURIES

An injury to an ankle can take the form of a sprain or a break and may have different degrees of severity. Sprains are stretched or torn tendons, ligaments, and blood vessels around joints.

FIRST AID

- Always assume the injury could be severe.
- Immobilize the player (avoid any movement that causes pain)
- Begin the ICE routine (Ice, Compression, Elevation – elevation helps
- slow the flow of blood, thus reducing swelling).
- Ask the player to see a physician before returning to practice

DON'T:

- Remove athlete's shoe and sock until ice is available.
- Have the player try to "walk it off"

KNEE INJURIES

The knee is the most complicated joint in the body, as well as the joint most frequently injured.

It requires a specialist to treat knee injuries properly. Your job is to limit further injury and to get the player to hospital.

FIRST AID

- Help the player off the field.
- Apply ice to the injured area.
- Elevate the leg without moving the knee, if possible.
- Take the player to the hospital immediately.

KNEE INJURIES CONTINUED

DON'T:

- Move the knee to examine the injury.
- Allow the player to get up and "walk it off"
- Allow the player to move freely.
- Allow the athlete to continue participating until he/she has seen a trained medical professional

DISLOCATIONS

Dislocations and broken bones (fractures) are treated similarly. A dislocation is a displacement of a bone end from the joint. Dislocated joints will have pain, swelling, irregularity, or deformity over the injured area.

FIRST AID

- Leave dislocated joint in the position found.
- Immobilize joint in the exact position it was in at the time of injury,
- Apply ice and elevate to minimize swelling.
- Have the player see a doctor immediately.

DON'T:

- Attempt to relocate a dislocation or correct any deformity near a joint (movement may cause further injury)
- Assume the injury is minor
- Assume there is no broken bone.

BLISTERS

Blisters typically appear as a raised bubble of skin with fluid beneath; the fluid may be clear or bloody. The blister may be torn with new skin exposed. Generally painful.

FIRST AID

- Apply ice to the area
- Place doughnut shaped plaster over the outside edges of the blister and tape to prevent further friction
- If the blister is torn, cover with a protective dressing.

DON'T:

- Treat a blister lightly; infection can result, causing serious problems
- Puncture a blister.

PREVENTATIVE STEPS

Properly fitting shoes and socks are essential
Wear two pairs of socks if friction is extremely bad.

NOSE BLEEDS

A bloody nose is a common occurrence following a blow to the face, or in association with high blood pressure, infection, strenuous activity or dry nasal passages. Although usually more annoying than serious, any bloody nose resulting from an injury to the face should be considered as a potential fracture. If you suspect a head, neck, or back injury, do not try to control a nosebleed; instead, keep the player from moving and stabilize the head and neck.

FIRST AID

- Place the player in a sitting position, leaning slightly forward.
- Apply direct pressure by having the player pinch the nostrils with the fingers.
- Take athlete to the doctor if bleeding persists.

DON'T:

- Allow the player to blow his/her nose for several hours.
- Stick anything up the nose to stop the bleeding.
- Lean head backwards (player may choke on blood running down the throat).

BLEEDING

Minor cuts, scratches and grazes

- Cover any cuts on your own hands and put on disposable gloves.
- Clean the cut, if dirty, under running water. Pat dry with a sterile dressing or clean lint-free material. If possible, raise affected area above the heart.
- Cover the cut temporarily while you clean the surrounding skin with soap and water and pat the surrounding skin dry. Cover the cut completely with a sterile dressing or plaster.

Severe bleeding

- Put on disposable gloves.
- Apply direct pressure to the wound with a pad (e.g. a clean cloth) or fingers until a sterile dressing is available.
- Raise and support the injured limb. Take particular care if you suspect a bone has been broken.
- Lay the casualty down to treat for shock.
- Bandage the pad or dressing firmly to control bleeding, but not so tightly that it stops the circulation to fingers or toes. If bleeding seeps through first bandage, cover with a second bandage. If bleeding continues to seep through bandage, remove it and reapply.
- Treat for shock.
- Dial 911 for an ambulance.

Remember: Protect yourself from infection by wearing disposable gloves and covering any wounds on your hands. If blood comes through the dressing DO NOT remove it – bandage another over the original. If blood seeps through BOTH dressings, remove them both and replace with a fresh dressing, applying pressure over the site of bleeding.

Objects in wounds

Where possible, swab or wash small objects out of the wound with clean water. If there is a large object embedded:

- Leave it in place.
- Apply firm pressure on either side of the object.
- Raise and support the wounded limb or part.
- Lay the casualty down to treat for shock.
- Gently cover the wound and object with a sterile dressing.
- Build up padding around the object until the padding is higher than the object, then bandage over the object without pressing on it.
- Depending on the severity of the bleeding, dial 911 for an ambulance or take the casualty to hospital.

HEAD AND NECK INJURIES

These injuries can be the most devastating of all injuries. Permanent paralysis may result from any neck injury, so these injuries **must** be handled with extreme care.

SIGNS & SYMPTOMS:

- Headache, dizziness
- Unconsciousness (immediate or delayed)
- Unequal pupils
- Tingling sensation or numbness in arms and/or legs
- Inability to move fingers, toes, or extremities
- Difficulty breathing
- Athlete not alert

FIRST AID

Make sure the athlete is able to breathe.

- Call for paramedic or other help immediately
- Keep the player still (stabilize head and neck as you found them).
- Maintain body temperature.
- Call parents or guardian immediately.
- Pass all important information on to doctors

DON'T:

- Move the athlete
- Leave the player unattended.
- Overstep the limits of your knowledge.

BROKEN BONES

- Give lots of comfort and reassurance and persuade them to stay still.
- Do not move the casualty unless you have to.
- Steady and support the injured limb with your hands to stop any movement.
- If there is bleeding, press a clean pad over the wound to control the flow of blood. Then bandage on and around the wound.
- If you suspect a broken leg, put padding between the knees and ankles. Form a splint (to immobilize the leg further) by gently, but firmly, bandaging the good leg to the bad one at the knees and ankles, then above and below the injury. If it is an arm that is broken, improvise a sling to support the arm close to the body.
- Dial 911 for an ambulance.
- If it does not distress the casualty too much, raise and support the injured limb.
- Do not give the casualty anything to eat or drink in case an operation is necessary.
- Watch out for signs of shock.
- If the casualty becomes unconscious, follow the Resuscitation Sequence – DRABC.

DRABC

Danger: Are you or the casualty in any danger? If you have not already done so, make the situation safe and then assess the casualty.

Response: If the casualty appears unconscious, check this by shouting:

"Can you hear me?', '*Open your eyes*' and gently shaking their shoulders.

If there is a **response**:

- If there is no further danger, leave the casualty in the position found and summon help if needed.
- Treat any condition found and monitor vital signs - level of response, pulse and breathing.
- Continue monitoring the casualty either until help arrives or he recovers.

If there is **no response**:

- Shout for **help.**
- If possible, leave the casualty in the position found and open the airway.
- If this is not possible, turn the casualty onto their back and open the airway.

Airway: Open the airway by placing one hand on the casualty's forehead and gently tilting the head back, then lift the chin using 2 fingers only. This will move the casualty's tongue away from the back of the mouth.

Breathing

- Look, listen and feel for **no more** than 10 seconds to see if the casualty is breathing normally.
- Look to see if the chest is rising and falling. Listen for breathing.
- Feel for breath against your cheek.

*If the casualty is **breathing normally** , place them in the recovery position.*

- Check for other life-threatening conditions such as severe bleeding and treat as necessary.

*If the casualty is **not breathing normally** or if you have any doubt whether breathing is normal, send someone to call 911 for an ambulance immediately and begin CPR.*

Agonal breathing

This is common in the first few minutes after a sudden cardiac arrest. It usually takes the form of sudden irregular gasps for breath. It should not be mistaken for normal breathing and if it is present chest compressions and rescue breaths (together called cardio-pulmonary resuscitation or CPR) should be started without hesitation.