

My Child is Injured, What Should I Do?

Most adolescents will at some time receive an injury during sport participation because of the inherent physical risks associated with sport. In most cases, the injury will be mild and require only a small amount of care and treatment. However, some youth will receive injuries requiring more medical attention. More often than not, parents should follow the R.I.C.E method on the effected area. The R.I.C.E. method is the most basic method of care for injuries.

Rest- The child should rest until he/she feels comfortable resuming activity, unless it is a concussion, which requires different treatment.

Ice- Ice injured areas for 20 minutes at a time, waiting 10 minutes between ice treatments. Make sure that there is a barrier, such as a cloth, between the ice and skin.

Compression- Wrap the injured area from the outermost body parts toward the inner body parts, so that swelling is forced toward the body's core to reduce inflammation. For example, when wrapping an ankle with a compression wrap, one would begin at the mid-foot and continue until reaching above the ankle. Check the area every 30-60 minutes for comfort.

Elevation- Elevate the injured area to a level above the heart to reduce inflammation.

The R.I.C.E. method should be applied to the injured area a minimum of 3 times per day until swelling and discomfort are eliminated.

The R.I.C.E. Method is appropriate for the following injuries:

- Joint Sprains (ankle, wrist, shoulder, elbow, knee, neck and fingers)
- Muscle Strains (Pulls)
- Bruises
- Broken Bones (prior to cast)
- Overuse injuries (general joint and/or muscle inflammation)

Many injuries require further medical attention. For instance, if a child breaks his/her arm, parents should immediately employ the R.I.C.E. method while taking the child to the doctor. It may be beneficial to consult a physician who specializes in sports medicine. However, if a child has simply twisted an ankle (a light sprain), a few nights of the R.I.C.E. method may be all the treatment needed to aid in injury recovery. Parents should seek the advice of the coach and site administrator, as well as their own physician, for all of the injuries listed above.

Children often have difficulty describing and understanding their injury. Therefore, provide the child with descriptive words to choose from to describe the injury. For example, the adjectives "stinging pain" and "pulsing pain" can aid the child in describing his/her pain. Often the best indicator of injury severity may be the method that the child was injured. Ask someone who witnessed how the child became injured to describe how it occurred. If there is a question as to



your child's health or injury status, err on the side of caution and do not force your child to play if he/she is ill or injured.

The injuries listed below can be the most severe and extreme caution should be used when these injuries occur.

Neck and Spine Injuries

- In the event that a player may have sustained a neck, spine, or head injury (other than a concussion), **DO NOT MOVE** the player until trained medical professionals arrives. Call an ambulance or wait for an on-site certified athletic trainer. Do not remove helmets or other equipment that might move the child's head or neck position. Do not place ice on the neck or touch the neck area.

Concussion Guidelines

The National Athletic Trainers' Association, NATA has issued a new position statement regarding the management of sport-related concussions. To view this information please visit:

<http://www.nata.org/publicinformation/files/concussion.pdf>.

Lastly, if your child sustains an injury and is unable to play, involve them in other aspects regarding the team, such as assisting the coach. They should still be included in team activities and attend all practices unless practice time conflicts with injury rehabilitation.

