

STOP youth sports injuries



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As the summer season heats up and thousands of children and teens celebrate vacations from school and trips to the pool, many others are spending their days missing out on trips and fun as they rehab from sports related injuries. In the US, more than 3.5 million children under the age of 14 receive treatment for sports related injuries and nearly half of those are overuse injuries,^{i,ii} oftentimes leading to “burn out” and the loss of desire to play at all.

Youth athletes are very different from adults, both in terms of susceptibility to certain injuries and recovery from them. We (physicians, parents, coaches) must take safety into account when dealing with youth sports leagues. When we look at causative factors for the trends cited above, specialization and overuse are leading the pack. In conjunction with the American Academy of Orthopaedic Surgeons, The National Athletic Trainers Association, and Safe Kids USA, the American Orthopaedic Society for Sports Medicine has founded STOP sports injuries. STOP stands for Sports Trauma and Overuse Protection. The goal is not to reduce sports participation, but rather to encourage safe participation. Sports are a fantastic way to maintain a healthy lifestyle, to improve mental and physical health, and to build camaraderie and self-esteem. Unfortunately, the immature body is not ready to handle the constant repetition and impact that comes with early specialization. In today’s world the best youth athletes are asked to play on school teams, club teams, travel teams and in the off-season. They then get invited to showcase events and “camps” to impress recruiters and scouts. This practice overstressed immature joints and muscles leading to pain. Proper mechanics and form get altered to reduce pain and even more serious injuries then can occur. Playing through pain is not a good thing for a child, rather it is a sign from the body that something is wrong. In the office, I routinely have to remind parents and coaches that professional athletes have injured reserves and disabled lists and often times miss games and practices. Oftentimes, rest or short periods of immobilization take care of the problem. Other times proper supervised physical therapy is needed to correct the muscle weakness or inflexibility that led to the problem. Surgery is usually a last resort, but the longer pain persists without treatment, the greater the risk that surgery will be needed. We must have an understanding that injuries take time to heal, and missing a few practices or games is better than missing an entire season (or career). Adults

must take responsibility and must stop placing undue pressure on children to participate despite pain or injuries.

Participation in youth sports drops dramatically after age 13. In fact 70 percent of children stop playing at that age and cite adults, coaches and parents are the top three reasons.ⁱⁱ According to the NCAA only 3 to 6% of high school football, basketball, baseball or soccer athletes play in college and only .03% to .44% play professionally.ⁱⁱⁱ Compare those numbers to the fact that 32.7% of US adults are overweight, 34.3% are obese, and 5.9% are extremely obese.^{iv} We must therefore encourage safe participation in youth sports so as to enable our young athletes to maintain a long-term active lifestyle.

Encourage your child to play multiple sports, to have fun, and to develop a lifelong love of fitness. Use proper equipment, follow the rules, and train the entire body, not just one part. Remember that pain is never normal. Limping, difficulty sleeping, swollen joints or muscles, and pain that persists despite rest require evaluation. For acute care contact your pediatrician, family physician or a sports medicine orthopaedic surgeon. Also be sure to visit <http://www.stopsportsinjuries.org/> for more information, sports specific tips and other resources.

ⁱ JS Powell, KD Barber Foss, 1999. Injury patterns in selected high school sports: a review of the 1995-1997 seasons. *J Athl Train.* 34: 277-84.

ⁱⁱ Safe Kids USA Campaign Web site. 2009

ⁱⁱⁱ Reider B . Am J Sports Med July 2010 38:1313-1315

^{iv} http://www.cdc.gov/nchs/data/hestat/overweight/overweight_adult.htm. Accessed July 4, 2010.