Save yourself a trip to the Emergency Room for sprains, strains, and fractures. Visit us at:

Vanderbilt After-Hours Clinic @ Vanderbilt Bone & Joint
206 Bedford Way.
No appointment necessary.
Monday - Thursday, 5 p.m. - 8 p.m.
Saturday, 8 a.m. - 10 a.m. during football season only

Treating Sports Related Injuries

Disclosure

This is not a source of medical advice. The information is designed to support, not replace, the relationship which exists between you and your existing physician or health care provider. Please contact your physician or healthcare provider for specific medical advice and/or treatment recommendations.

Typically, muscle strains and ligament sprains are not considered medical emergencies. Your school’s athletic trainer will assess the severity of the injury and treat the injury accordingly. Generally, these injuries are treated utilizing the RICE principle.

**Rest:** Avoid any unnecessary activity. If your athlete is unable to stand or a fracture is suspected obtain crutches or another assistive device such as a sling.

**Ice:** Apply an ice bag or a cold pack to the affected area for approximately 15-20-minutes and reapply every hour. If using a frozen chemical gel pack, be sure to use a barrier between the skin and the cold pack (i.e. a damp cloth). **Heat should be avoided for the first 72-hours of the healing process.**

**Compression:** Lightly wrap the injured area with a compression bandage starting with the area furthest away from the body and working your toward center. The compression wrap should be left on at all times during the first 72-hours with the exception of icing and bathing. It should be loosened if uncomfortable or swelling increases in the fingers and toes.

**Elevation:** The injured body part should be raised above the level of the heart to allow swelling to drain from the affected area. Simply propping a foot up onto a chair is not sufficient to achieve this function. For the leg, the athlete should lie down and prop their foot (not the knee) with a pillow. This method is most effective when accompanied by ice and compression.

*Encourage your child to notify their Athletic Trainer and/or Coach of injury and be sure to seek appropriate medical care.*
CONCUSSION

What is a concussion?

A concussion, also known as a closed head injury or “getting your bell rung”, is an injury to the brain usually caused by a blow to the head. It can result in a loss of consciousness, or being “knocked out,” however this is not necessary in order to have had a concussion. In fact, most concussions do not involve loss of consciousness.

What are the signs and symptoms of a concussion?

- Headache
- “Pressure in head”
- Neck pain
- Nausea or vomiting
- Dizziness
- Blurred Vision
- Balance problems
- Sensitivity to light and/or noise
- Feeling slowed down
- Feeling like “in a fog”
- “Don’t feel right”
- Difficulty concentrating and/or remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- Trouble falling asleep
- More emotional
- Irritability
- Sadness
- Nervous or anxious

What things should I watch out for?

Most people do well after a concussion. Teens often will feel tired and just want to sleep. However, you should monitor your child’s behavior and seek treatment from the Emergency Department for the following concerning changes:

- Athlete is difficult to wake up or sleepy all the time
- Athlete is not fully awake or has severe confusion
- Athlete has a severe headache
- Athlete has numbness/tingling or weakness in arms or legs
- Worsening symptoms
- Athlete has changes in vision

What should I do after my child has sustained a head injury?

1. Remove the athlete from play.
2. Do not let athletes persuade you that they're "just fine" after having sustained a bump or blow to the head.
3. Ensure that the athlete is evaluated by a health care professional experienced in evaluating concussions.
4. Keep the athlete out of play until a health care professional clears for participate.
5. It is recommended athletes playing collision sports do a baseline ImPACT test prior to the start of the season. In the event an athlete sustains an injury during the following two years of their baseline test, the athlete will repeat the test and the post-injury scores will be compared to baseline scores. If an athlete has already sustained an injury without getting baseline tested, the ImPACT testing can still be given and the scores compared with normal age-matched athletes.

Call the Vanderbilt Sports Concussion Center with any questions or visit the website.
(615) 875-VSCC or www.VanderbiltSportsConcussion.com
HEAT RELATED ILLNESS

What are the signs, symptoms and treatment for heat related illness?

Heat cramps:
Exercise associated muscle cramps that can be a result of dehydration. Treatment for heat-related cramps includes: stopping activity, gentle stretching, and immediate rehydration.

Heat Syncope:
Heat syncope is simply passing out when it is hot outside. The body temp is normal. This can be treated by removing the athlete from the heat, elevating your legs and liquids by mouth.

Heat Exhaustion:
Heat exhaustion is an emergency and results in the inability to continue physical activity due to elevated body temperature over 102F. Signs and symptoms include: muscle cramps, pale or red skin, headache and dizziness, hyperventilation, nausea and not acting right. Treatment includes: removing excess clothing; moving the athlete into the air conditioning; cooling with ice and/or fans; and rehydration with fluids. EMS should be contacted immediately.

Heat Stroke:
Heat stroke is an even more concerning situation. This occurs as a result of body temperature exceeding 104-degrees potentially causing organ system collapse. Signs and symptoms include: increase heart rate; decreased blood pressure; hyperventilation; Vomiting; collapse; coma; change in mental status; and possible death. The athlete should be rapidly cooled and EMS should be contacted immediately.

How can heat related illnesses be prevented?

Athletes should acclimatize themselves by increasing exposure to heat and increasing the intensity of their workouts over a 10-14 day period. They must also assure they are following appropriate hydration and nutritional guidelines. In preparation for activity athletes should ensure they are rested and wear breathable and moisture-wicking clothing.

Basic 1st Aid for Heat Illness- Cooling Procedures

1. Move the athlete to a shaded area or air condition room, if available.
2. Remove equipment and unnecessary and/or saturated clothing.
3. Lay athlete on his back with legs elevated.
4. Massage ice water soaked towels on athletes head, arms, and legs.
5. Ice packs to the neck, arm pits, and groin area.
6. Have athlete drink fluids if able.

* Cold water immersion is the fastest way to cool an athlete suffering from exertional heat illness. If you have access to facilities with pools/tubs, immerse an athlete and then call EMS.
HYDRATION GUIDELINES

To prevent dehydration, ensure your child is properly hydrated (non-caffeinated or high sugar beverages) and nourished prior to the start of activity.

<table>
<thead>
<tr>
<th>Tips to Prevent Dehydration</th>
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<tbody>
<tr>
<td>Drink 8 - 16 ounces of water one hour prior to exercise.</td>
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<tr>
<td>Continue drinking water or sports drinks every 15 - 20 minutes during exercise.</td>
</tr>
<tr>
<td>Replace lost fluids after exercise by drinking 12 - 16 ounces of water per pound of body weight lost.</td>
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Helpful Hints for Rehydrating:

- If you child weighs less than 90-lbs, he/she should consume 10 gulps of fluid (approx. 5oz) every 15-20 minutes during activity.

- If you child weighs more than 90-lbs, he/she should consume 20 gulps of fluid (approx. 10oz) every 15-20 minutes during activity.