

Common 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 999 if 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.

Immobilise 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

DON'T:

- **Move the knee to examine the injury.**
- **Allow the player to get up and “walk it off”.**
- **Allow the knee 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.

Bleeding

In most cases, placing direct pressure over the wound can control bleeding. To reduce risk of infection, whenever possible wear latex gloves and wash hands before (and after) treating an open wound.

FIRST AID

Apply DIRECT PRESSURE to the wound with a clean compress (use clothing if a clean compress is not available).

If possible, elevate the wound above the level of the heart. Do not elevate if you suspect a fracture or movement causes pain.

Keep the player lying down.

If bleeding is sufficient to soak through the compress, apply additional layers directly over the others.

Stay with the patient at all times. Watch for signs of shock or fainting.

Call for emergency help if bleeding is severe or persistent.

DON'T:

- **Remove old compresses; this may cause more bleeding.**
- **Let dirt get into the wound.**
- **Panic. Call for help if you are unsure.**

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 the athlete to the doctor if bleeding persists.

DON'T:

- **Allow the player to blow her/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).**

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 (stabilise 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

Fractures come in a variety of forms and may occur any place in the body where there is a bone.

Remember, you are not a trained medical professional qualified to handle these many different situations. Your job is to recognise the injury (or possible injury) and to limit further injury.

SIGNS & SYMPTOMS:

May have heard a pop or snap, or received a direct blow to the area.

A closed fracture will have pain, swelling, irregularity, or deformity over the injured area. An open fracture will have bone protruding.

FIRST AID:

Leave fractured bone in the position found.

Cover an open fracture wound with a large clean dressing; control bleeding.

Apply ice to a closed fracture (not to an open fracture).

Call 999 for an ambulance.

DON'T:

- **Attempt to straighten injured limb or push back protruding bones.**
- **Allow player to move the injured area.**
- **Allow dirt into any injured area with protruding bones.**