Injuries in all sports including Soccer are a common part of everyday practice and games. When injuries do happen, and there is no medical personal available, the Coach is placed in a unique position of having to treat these injuries and care for the injured athlete.

The first thing is that every coach should have in place is an **acute injury plan** as well as an **emergency response protocol for all practice and event facilities**. This should be planned, written down and discussed with any assistant coaches as well as the parents.

Acute injury plans should follow this sample protocol:
Acute injury (triage)
If an Athletic trainer / EMS is present – the Coach can summon for the athletic trainer or EMS personnel, they will make the first assessment of the injury and determine if a physician will be needed for evaluation. Treatment of the injury can be made at this time if minor. Only licensed, certified personnel (Athletic Trainer, or Physician) should make return to play decisions for more serious injuries particularly those involving a concussion.

If medical personnel are not present – The Coach will make the initial assessment of the injury, first rule: is to do no further harm. If the injury appears to be serious, I.e.: fracture, bleeding, dislocation, concussion etc. Do not attempt to move the athlete, immediately call 911 and keep the athlete stable and comfortable until they arrive. If the injury is less serious or minor, help move the athlete out of the area of play where you can safely asses and treat the injury. You can designate specific assistant coaches and or parents that will be key in the involvement of injury care and helping to manage the injured player.

***As part of your Coaches Acute injury plan you should also have an Emergency Response Protocol for your staff and team. This should be shared with all parents on your team as well as any opposing coaches, and should be done for all practice and event facilities.**
As the coach, you should be prepared for all emergency situations should they arise, following the protocol below will help in the planning and activation of any emergency situations should they arise.

EMERGENCY RESPONSE PROTOCOL
WHENEVER POSSIBLE KNOW THE LOCATION OF ALL AEDs DURING GAMES AND PRACTICES, IN RELATIONSHIP TO THE FEILD AND PLAYERS:

**Coaches, or assistant Coaches will meet with visiting coaches during pre- game to go over home team protocols listed below:*
1. List locations for All AED's that may be present in the playing field area or park.
2. List the nearest location of any medical personnel that may be present for the practice or game, this may be an athletic trainer, Doctor or EMS / Ambulance.

3.Discuss who will do what in an emergency, who will call 911, who will attend to the player, who will go meet the Ambulance.

AS PART OF THE EMERGENCY RESPONSE PROTOCOL HAVE THE PRE-PLANNED ADDRESSES AND DRICETIONS TO THE LOCATION OF ALL YOUR PRACTICE FIELDS AND GAME SITES.

1. When contacting 911, plan to know your exact location, address or any cross streets that will help the EMS respond faster, know the location of your field ether by number or location in the park.
2. Designate an assistant coach, and or parent to go to a central location or front entrance to the field / park to meet the ambulance and EMS this will help direct them faster to your specific location.

MOST DIRECT ROUTE FROM PLAYING FEILD TO AMBULANCE:

*If an emergency arises the Coaches should be aware of the most direct route for the paramedics to arrive and to get the injured player to the Ambulance:

(below is an example)

"Once the EMS is activated, the paramedics will respond from the tunnel under Sections 122-101, across from the home bench, to the field. When the patient is ready to be transported to the ambulance, they will be taken from the field directly through the home team tunnel, located between Sections 118-119, out to the parking lot where the ambulance is parked for all home games".

THE MOST EFFICIENT PROCEDURE TO ACTIVATE EMS FOR GAMES OR PRACTICES:

1. If there is medical staff present for the game or practice: The Athletic Trainer will notify both the attending Physician as well as the EMS immediately in the event of a cardiac issue or any other serious medical event.
2. If there are no medical staff present for the practice or game: The Coach will notify the designated assistant coach or parent to call 911, and activate EMS, if no one else is present the coach should immediately call 911 to activate the EMS system.

THE FOUR ESSENTIAL ELEMENTS OF A RESPONSE TO CARDIAC EMERGENCIES:

(i) Early Recognition of the Emergency and Activation of EMS;
(ii) Immediate Provision of CPR;
(iii) Operation of an AED within Three Minutes of Collapse;
(iv) Follow-up Care by a Healthcare Provider.

Heat Illness is another medical emergency that coaches need to be aware of:

Heat Illness consist of the following:

Dehydration Children get dehydrated if they do not replace body fluids lost by sweating. Being even a little dehydrated can make a child feel bad and play less effectively. Dehydration also puts children at risk for more dangerous heat illnesses.

Heat cramps are a mild heat illness that can be easily treated. These intense muscle spasms usually develop after a child has been exercising for a while and has lost large amounts of fluid and salt from

sweating. Children who sweat a lot or have a high concentration of salt in their sweat may be more likely to get heat cramps. Heat cramps can largely be avoided by being adequately conditioned, getting used to the heat and humidity slowly, and being sure a child eats and drinks properly.

Heat exhaustion is a moderate heat illness that occurs when a child continues to be physically active even after he or she starts suffering from ill effects of the heat, like dehydration. The child's body struggles to keep up with the demands, leading to heat exhaustion.

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising in the heat. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

Tips for Coaches

◆ Be aware of temperature and humidity levels. Change practice length, practice time, intensity and equipment use as the levels rise.

◆ It should be easy for children to drink fluids during practice, and you should remind them to drink regularly. Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise and a child must have access to fluid at any time during practice or events..

◆ Every athletic organization should have an emergency action plan for obtaining emergency medical services if needed.

◆ Always have contact information for parents available.

Concussions are an Emergency medical condition that Coaches need to be aware of:

A concussion is defined as a "trauma-induced alteration in mental status that may or may not involve loss of consciousness." This can be caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth.

• Concussion signs and symptoms can appear immediately or not be noticed until days or even weeks after the injury.

• Get checked out: Only a health care professional (Physician) experienced with concussion management can tell if a concussion has occurred and when it is OK to return to play.

• Get plenty of rest: Immediately after the concussion is sustained, rest is recommended. This includes keeping a regular sleep routine and avoiding activities that require a lot of concentration.

• Give time to recover: It's important to allot time to heal. Another concussion sustained while the brain is healing can result in long-term problems or even death in rare cases.

• Take it slow at first: After the physician gives the OK to return to activity, an athlete shouldn't jump in all at once. The athletic trainer will work with the athlete to develop a safe plan for progressively returning to play.

• Address concerns: If there are concerns, don't hesitate to bring them up with a health care provider (athletic trainer, physician, etc.).

KNOWING THE RED FLAGS OF CONCUSSION • WORSENING HEADACHE • SEIZURES • LOOKS LESS ALERT • BALANCE PROBLEMS• DIZZINESS • CAN'T BE AWAKENED • REPEATED VOMITING • SLURRED SPEECH • CAN'T RECOGNIZE PEOPLE OR PLACES • INCREASING CONFUSION OR IRRITABILITY• LOSS OF CONSCIOUSNESS • WEAKNESS OR NUMBNESS IN ARMS OR LEGS

• UNUSUAL BEHAVIORAL CHANGE • BOTHERED BY LIGHT OR NOISE, SLOW REACTION TIME, SLEEP PROBLEMS

As part of your coach's Acute injury plan, recognition of injuries is essential, and knowing some of the more common Soccer injuries and their symptoms can help with their recognition.

Injuries to the lower extremities are the most common in soccer. These injuries may be traumatic, such as a kick to the leg or a twist to the knee, or result from overuse of a muscle, tendon, or bone.

COMMON SOCCER INJURIES:

Lower Extremity Injuries:

Sprains and strains are the most common lower extremity injuries. The severity of these injuries varies. Cartilage tears and anterior cruciate ligament (ACL) sprains in the knee are some of the more common injuries that may require surgery. Other injuries include fractures and contusions from direct blows to the body.

Overuse Lower Extremity Injuries:

Shin splints (soreness in the calf), patellar tendinitis (pain in the knee), and Achilles tendinitis (pain in the back of the ankle) are some of the more common soccer overuse conditions. Soccer players are also prone to groin pulls and thigh and calf muscle strains.

Stress fractures occur when the bone becomes weak from overuse. It is often difficult to distinguish stress fractures from soft tissue injury. If pain develops in any part of your lower extremity and does not clearly improve after a few days of rest, a physician should be consulted to determine whether a stress fracture is present.

Upper Extremity Injuries:

Injuries to the upper extremities usually occur from falling on an outstretched arm or from player-to-player contact. These conditions include wrist sprains, wrist fractures, and shoulder dislocations.

Head, Neck, and Face Injuries:

Injuries to the head, neck, and face include cuts and bruises, fractures, neck sprains, and concussions. A concussion is any alteration in an athlete's mental state due to head trauma and should always be evaluated by a physician. Not all those who experience a concussion lose consciousness.

HOW CAN SOCCER INJURIES BE TREATED?

Participation should be stopped immediately until any injury is evaluated and treated properly. Most injuries are minor and can be treated by a short period of rest, ice, and elevation. If a trained health care professional such as a sports medicine physician or athletic trainer is available to evaluate an injury, often a decision can be made to allow an athlete to continue playing immediately. The athlete should return to play only when clearance is granted by a health care professional.

Overuse injuries can be treated with a short period of rest, which means that the athlete can continue to perform or practice some activities with modifications. In many cases, pushing through pain can be harmful, especially for stress fractures, knee ligament injuries, and any injury to the head or neck. Contact your doctor for proper diagnosis and treatment of any injury that does not improve after a few days of rest.
You should return to play only when clearance is granted by a health care professional.
The Fusionetics system can help with comparing their pre-activity scores, and where an athlete was prior to injury, with their post injury scores, and where they are in relation to their ability to perform when they are ready to return to play.

Basic treatment for minor Athletic injuries.

With any injury always use caution, and exercise extreme care. Do not hesitate to refer the athlete to a Doctor, or the attending first-aid personnel. When treating your basic athletic injury: Sprains, any "stretching" of a ligament (i.e.; ankle) Strains, any "stretching or tearing" of a muscle or tendon (i.e.; hamstring) Contusions, a bruise
Use the basic principle of **R.I.C.E.**

R – Rest, have the athlete sit out, and rest the injured area.

I - Ice, place an ice bag, on or around the injured area.

C – Compression, wrap the injured area with an ace bandage to reduce any swelling, both during the treatment with ice and after.

E – Elevation, elevate the injured area. While resting, icing, and compressing the injury, the athlete should be lying or sitting down so you can raise the injured site above the heart to help reduce swelling.

The R.I.C.E. concept should be applied immediately after an injury for 15 –20 minutes, and should be repeated every couple hours for the first 48 hours after the injury. As the athlete begins to feel better, you can begin to reduce the treatments. Remember to keep the injured area wrapped or compression when not treating.

* Do not attempt to treat any injury that you do not feel comfortable with, always refer the athlete to see a Doctor, just to be safe.

If an injury is significant relay on the doctor, Athletic trainer and Physical Therapist for the treatment, care, rehabilitation and return to play protocol for your athlete.