

**Injury prevention: What can we do to teach our kids/ players about injury prevention?**

Answer: Be informed on common injuries and educate our players to take responsibility for their own physical, mental and social well-being and health.

**How do we do this?**

Answer: By teaching kids to be physically literate

**What is physical literacy?**

Physical literacy is defined as individuals who move with competence and confidence in a wide variety of physical activities in multiple environments that benefit the healthy development of the whole person (Physical and Health Education Canada, 2016). Physically literate individuals:

* Consistently develop the motivation and ability to understand, communicate, apply, and analyze different forms of movement.
* They are able to demonstrate a variety of movements confidently, competently, creatively and strategically across a wide range of health-related physical activities.
* These skills enable individuals to make healthy, active choices that are both beneficial to and respectful of their whole self, others, and their environment.

**5 most common soccer injuries**

**What is a muscle strain?** Commonly referred to as a ‘pulled muscle’, what happens is that the nice smooth layered or striated muscle fibers get torn or broken apart. What this happens scar tissue starts to form and often you can feel a small lump where the tear is, and it is quite tender to touch. Most likely, the area will also bruise.

**Ankle sprains** are very common in soccer due to the quick, multi-directional movements required to execute ball control skills. When we sprain an ankle or any other ligament in the body, the fibers get torn and the degree depends on how much of or how many of those fibers are torn. After sustaining a sprain, the ligament will never be as strong as it was prior to injury.

**Knee injuries including ligament tears (ACL, LCL, MCL), meniscus tears and cartilage injuries** are all very common in soccer as a result of the planting and pivoting movements as well as the frequent contact between players. ACL, MCL, and LCL tears are similar to an ankle sprain except just a different location in the body. The pathology is the same. A meniscal tear involves damaging the cushion in the knee used for shock absorption.

**Biomechanical faults** contribute to a significant number of soccer injuries. These are related to alignment issues, growth factors, muscle imbalances, and poor sporting technique. Often these injuries creep up over time, or are chronic in nature. For example, if yourself or a child has chronic knee pain that didn’t start after a specific incident, injury or a diagnosed health condition, it could be biomechanical. Growth plays a significant role in children’s injuries as their bodies are constantly changing. For example, quad injuries from running during soccer are common after a major growth spurt because the muscles are forced to stretch over a longer bone.

**How do we prevent these injuries from happening?**

1. **Proper warm up:**
   1. Functional drills: running forward (fast & slow) side shuffling, backwards running, karaoke, grapevine, walking lunges, squats (or leap frog for the younger kids)
   2. Minimum time: 10 minutes which allows the muscle tissue to sufficiently warm up.
   3. Play games, engage the kids, have FUN!
   4. NO STATIC STRETCHING before a game (use dynamic stretching)!
2. **Adequate cool down:** ensure your team has a proper static stretching post-game routine that includes all the major muscle groups. This should usually last been 10-15 minutes.
3. **Cross-training:** sport specific training is great, but having our kids engaged and playing a few different sports at once, is beneficial for their development and muscle building, control and stability. If a muscle gets used to being used in only a few ways, it often forgets that it can do other things too, making us more likely to get injured. For example, if we look at running. When you take a closer look at the mechanics of running, it is a linear activity, we often only run forwards or backwards, not side to side. So while it’s great for working on our quads, hamstrings and glute max, it often leaves other muscles such as our hip abductors weak (the muscles on the side of the legs). When this happens, it opens us up to injuries.
4. **Education for players, coaches and parents:** we need be informed about how to teach our players what to do when they experience an injury. For example, for a muscle strain, do we try to walk it off, continue playing or rest and ice? Are braces the most effective way of treating or preventing injuries such as ankle sprains, knee strains and sprains or chronic knee pain? When is it appropriate to use a brace as opposed to when they can cause the surrounding musculature to atrophy and become weaker, making the joint inherently worse?
5. **Seek out professional advice when needed.** Having a consultation with a medical professional before the season starts is a good way to evaluate a player’s weaknesses and prevent the injury from happening in the first place.
6. **When injured: Seek out treatment and advice ASAP.** The first 48 hours post injury are critical to healing, therefore don’t delay seeking treatment.

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