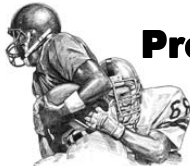




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Preventing Injury in Football Players

Aaron K. Perkins, DPT, OCS, CSCS

At Richmond / Ashland Physical therapy, we see numerous shoulder injuries in our high school and college athletes. One of the more common diagnoses seen is shoulder instability, which is a condition often seen in football players. During the fall we see many football players who miss time due to their shoulder instability. A longitudinal study of surgeries performed on football players found that surgery to increase the stability of the shoulder was one of the 5 most prevalent procedures done on football players. (Brophy RH, Med Sci Sports Exerc, 2007)

Traumatic dislocations occurring in the football player can occur when using improper form during tackling. Players, who reach their arm out to the side to tackle the ball carrier, as opposed to using their body and both arms to wrap up the ball carrier, are at great risk for suffering shoulder dislocations. By "arm tackling" the arm gets pushed into horizontal abduction, forcing the humeral head to dislocate anteriorly. Proper tackling technique should always be emphasized to prevent the obvious potential for a head or neck injury, but to also prevent potential shoulder injuries as well. Proper tackling technique, using the body and both arms, should be instructed early on at the youth level, and continue each year even with the high school level player.

It is quite common, during our initial history taking to have the athlete report to us a previous dislocation earlier in their playing career. Research has reported that there is a 92% recurrence rate of dislocation in athletes between the ages of 14-17. (Postacchini, F, J Shoulder Elbow Surg, 2007) It has also been demonstrated that high recurrence is associated with males, adolescents, and traumatic episodes. Some instability issues may be related to genetic factors causing inherent hypermobility of the glenohumeral joint. These athletes, who are more lax to start, are at greater risk for dislocation when playing contact sports such as football.

Depending on the severity of these injuries, conservative physical therapy may be the first line of defense in treating this condition. Physical therapy treatments are designed to reduce inflammation/pain, restore motion, and improve dynamic stability through strengthening and proprioceptive training. Also, most importantly, educating the athlete as to what activities could compromise the stability of the shoulder will reduce the risk of recurrence. While participating in football sometimes bracing is considered to help support the glenohumeral joint by preventing motion into provocative positions. If the conservative approach fails, surgery is the only option to repair any damage that may have occurred to the labrum and/or capsule.

It is important for parents and student athletes to inform their school athletic trainer and/or strength and conditioning specialist that they have had a previous problem with their shoulder. By having this information an appropriate plan of action can be taken to prevent further risk of injury. Referral to a physician and physical therapist may be necessary for more comprehensive care if it's affecting their ability to function. Student athletes with ligamentous laxity and a history of shoulder dislocations may be able to play football at high level. However, most importantly emphasis should be placed on proper tackling technique, and an appropriate plan formed by the sports medicine team should be in place to reduce the risk of further injury.

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Early morning and evening appointments available at our two convenient locations.

Functional Treatment of Ankle Sprains

Kimberly Link, DPT

With football season in full swing and basketball season just around the corner, it is time for us to prepare ourselves for the onslaught of ankle sprains. Ankle injuries account for up to 25% of all sports injuries and are more prevalent in basketball, soccer, tennis, and cross country running.

Typical treatment for an acute ankle sprain includes RICE and immobilization. Recent research compared immobilization versus functional treatment for acute lateral ankle ligament injuries in adults. Functional treatment was defined as using a brace or taping along with coordination exercises. Findings indicated that functional treatment allowed for a quicker return to work and sports, as well as a greater initial decrease in swelling. The functional treatment group also had an overall increase in patient satisfaction. (Kerkhoffs GMMJ, Rowe BH, et al. Cochrane Database of Systematic Reviews 2002.)

As with all patients, our goal is to provide evidence based treatment programs when treating patients with ankle sprains. This study supports the use of coordination and proprioceptive exercise training programs used in our physical therapy clinics. Along with other modalities, these training programs have allowed for quicker return to activities and greater patient satisfaction.

Initially, ankle sprains may appear to be a minor injury. However, as we have all seen this injury can be quite disabling and the symptoms can linger for several months. Early and appropriate treatment programs are going to be most beneficial, allowing for easier and quicker return to activity and prevent re-injury.