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Injuries can ruin your game

No athlete ever participates in a sport with the idea of being hurt. But injuries can be part of a game.

Another high-school and junior sports season is just around the corner. Practice for many begins this week.

Upwards of 100 coaches and trainers were concerned enough about the prevention and care of athletic injuries to attend a five-hour seminar last week at St. Mary's of Redford High School.

Physicians, physical therapists, dentists and nutritionists associated with the Center for Sports Medicine at Henry Ford Hospital provided the instruction.

Dr. Edwin Guise Jr., formerly team physician of the Detroit Lions and currently chairman of orthopedic surgery at Ford Hospital, summed up the purpose of the seminar.

"Our job is not only to take care of injured athletes, but hopefully to prevent injuries," he said.

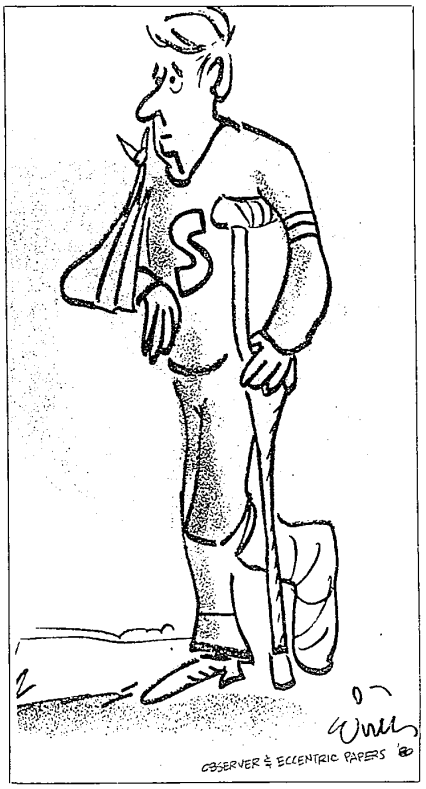
Specific topics such as Emergency Field Care Do's and Don'ts, Medical Emergencies, Heat Illness in Fall Sports, and Nutrition: Myths and Realities were discussed.

It should be emphasized that general guidelines for the prevention and care of injuries are just that — general guidelines. Depending on the severity of hurts, professional help should be sought.

Medical opinion does vary. Your personal physician who is familiar with your own case history should be consulted with specific questions about specific circumstances.

While the main focus of the seminar was organized, competitive sports, many of the principles can be applied to those participating in recreational athletics and even to everyday emergencies.

— DOUG FUNKE



Be prepared for emergencies

Fifty to 86 percent of the 1.5 million football players in the country this year will likely sustain an injury to keep them out of a game some point during the season.

That percentage was reported in a 1978 Journal of Pediatrics and cited again in the July-August 1980 edition of the American Journal of Sports Medicine.

Granted, not all of the bumps and bruises will be serious. However, if a serious injury does occur, will the athlete be attended to in a beneficial rather than detrimental manner?

Dr. Raimonds Zvirbulis, an orthopedic surgeon at Ford Hospital, says that advance preparations could make a difference in an emergency.

First-aid supplies and a stretcher should always be close by. Emergency telephone numbers AND change to make telephone calls should be in the first-aid kit. Know where telephones are located.

Specific responsibilities should be given to specific people.

That is, one person should phone for an ambulance, if necessary, another contact the family of the injured player, another assist with first aid, another accompany the injured player to the hospital or doctor's office, and another take care of the personal effects of the injured player.

Calm but quick care is essential.

"Eliminate the most serious injury first," said Zvirbulis.

The Center for Athletic Medicine cites the following seven immediate threats to life:

- Airway obstruction.
- Resperatory failure.
- Cardiac arrest.
- Heat illness.
- Head injury.
- Cervical spine injury.
- Hemorrhagic shock.

Coaches and trainers should observe the injured player as they are running onto the field to assist.

"Check for breathing and pulse, check for level of consciousness, (eye) pupil size, coordination and memory," said Zvirbulis.

"Head and neck injuries are the leading cause of football deaths," said Zvirbulis. The most serious non-fatal injuries are also associated with the head and neck.

Thirty-six football players died of neck injuries in 1968. Through the teaching of safer blocking and tackling techniques and helmet research, the death rate has dropped to less than 10 a year.

Still, accidents can and DO happen.

"With a serious neck injury, do not remove the helmet," said Zvirbulis. "Remove the facemask instead."

A screwdriver, pliers and wrench should also be placed in the first-aid box for that purpose.

Do not move or allow to be moved a player suspected of having a cervical spine injury.

There is one exception.

"If a player is unconscious and not breathing and laying on his stomach, turn him over and administer cardiopulmonary resuscitation," Zvirbulis advises.

When turning over an unconscious player, use the log-rolling technique. That is, four people should turn the the athlete over as a unit, with one keeping the head and neck as still as possible.

Get immediate medical assistance.

Beat the heat with water, rest

Some football coaches make a big mistake. Often, when the weather gets extremely hot and muggy, coaches will allow players to practice in T-shirts and shorts instead of full equipment. However, they insist that players continue to wear their helmets.

"Seventy percent of body heat is lost through the head," said Rose Snyder, a certified athletic trainer and a staff member at Ford's Center for Athletic Medicine.

"The helmet is the hottest piece of equipment you have," she continued. "If anything goes, the helmet goes."

High school girls' basketball players are also prone to heat illness problems during preseason practice. Gymnasiums can get stifling hot in August.

Weekend athlete — runners, tennis players softball players and swimmers — could also be engangered by heat-related illnesses on especially hot days.

"Exercise creates heat and combines with the elements putting additional stress on the body," said Snyder. "Heat illnesses are definitely preventable. There is no reason why an athlete should suffer them on the field or on the court."

First, the problems and how to recognize them. Treatment suggestions follow.

• Heat cramps. "This is probably the most common problem," said Snyder. "The chief muscles concerned are the front of the thigh and calves." Causes of heat cramps are dehydration and salt loss with excessive sweating.

TREATMENT: Massage the muscle that is affected, follow-up with stretching exercises and replace body fluids (water).

• Heat syncope (fainting). At the end of a sustained period of activity — long distance running or a 2½-hour workout — person feels pale, weak and tired. Fainting results.

TREATMENT: Do not pick up the athlete and force him or her to walk. That could be dangerous, Snyder said. "Let him lay there, elevate the feet, give him cool towels and let him recover."

Make sure the individual is breathing and has a pulse. Administer fluids (water) only if conscious.

• Heat exhaustion. "This can be potentially dangerous," said Snyder. "Symptoms are very profuse sweating, skin may be very pale — clammy — and may even be cool to the touch.

"The athlete may be dizzy, nauseous and have a rapid but weak pulse," Snyder continued. "The body is essentially in a state of dehydration."

TREATMENT: "Remove the individual to a cool area," said Snyder. "Remove all excess clothing. Replenish fluids (cold water). Let them drink as much as they can handle. They'll know when to stop."

Snyder added that heat exhaustion victims should probably see a physician.

• Heat stroke. "This is an emergency situation. You have no time to waste," said Snyder.

Heat stroke is the complete breakdown of a body's cooling system. "Essentially, the body cooks itself from the inside out," said Snyder.

Symptoms include cherry-red skin which may be hot to the touch, delerium and lapsing in and out of consciousness.

TREATMENT: "The most important thing to remember is to cool the body as soon as possible," said Snyder. "Use a cold hose or a cold bath — anything. Put ice packs under the head, under the arms and in the groin area.

"Call ahead to the hospital and when calling the ambulance tell them that the victim is suffering from heat stroke," Snyder said.

Precautions can be taken so that the opportunities for heat illness are minimized.

Common-sense approaches such as avoiding long periods of sustained activity during the hottest part of the day (11 a.m. to 3 p.m.) and having periodic rest breaks are a good start.

"Coaches ought to have fluids available AND encourage athletes to drink," Snyder said.

"Salt loss is best compensated by liberally salting food at meals, not by taking a handful of salt tablets before and after practice," she added. "You need a minimum amount of eight ounces of water per salt tablet."

Snyder also suggested that athletes be weighed both before and after daily workouts so that any sudden weight loss will be noticed and watched. A team manager could be charged with that project.

Nutrition has a place in sports

Everyone, athletes, included, should live with good nutritional habits rather than jumping to dietary extremes.

"Nutrition is a process, a continuum. It just doesn't happen once and it's over," said Linda Buck, a registered dietician and a staff member at Ford Hospital Fairlane Center.

A calorie is a unit of energy. Athletes in training, needing more energy than the average person, will require more calories.

The average teenage male needs 2,500-3,000 calories per day, the female 1,400-3,000 calories for proper growth and maintenance of health, Buck said. The male athlete-in-training requires 3,000-6,000 calories, the female athletes-in-training 2,500-4,000.

Foods can be broken down into dairy products, which provide calcium and protein; meat products, which provide protein, niacin and iron; fruits and vegetables, which provide vitamins A and C; and grains, which primarily provide carbohydrates.

Protein, which is part of every cell in the body, supports growth and maintenance of tissues and muscles. Carbohydrates serve as an energy source for protein.

"Vitamins are catalysts — they do not stay in the total reaction," Buck said.

The American Dietetic Association issued a statement on nutrition and physical fitness in the May 1980 issue of the Journal of the American Dietetic Association.

The recommendations include:

• ". . . that the athlete meet increased caloric and nutrient needs by increasing the number of selections from the calories-plus-nutrients foods."

The ADA further suggested that could be done with the grain (carbohydrates) and fruit-vegetable groups.

• ". . . that athletes maintain a hydrated state by consuming fluids before, during and after exercise."

• ". . . that a high carbohydrate intake prior to competition can be beneficial to some athletes engaging in endurance events."

No athlete participates in a sport with the idea of being hurt. Injuries, however, can be a part of any game. (Staff photo by Art Emanuele)