

COMMON SOCCER INJURIES

Lateral Ankle Sprain (Outside of the Foot)

This is the most common form of an ankle sprain. It results from the over-stretching of ligaments on the outside of the ankle, typically from a rapid inward movement of the ankle joint. Symptoms include pain, swelling, bruising, tenderness and warmth to the touch, on the outside of the ankle joint.

Treatment

- Rest, ice, compression, and elevation (RICE) for 24 to 72 hours after injury.
- Stretch calf musculature in order to restore full range of motion.
- Strengthen once swelling and pain is reduced.

Prevention

- Wear shoes specific to your sport.
- Perform strengthening exercises during the pre- and off-seasons.
- Use tape or bracing for added stability.
- Avoid running on uneven surfaces.

Achilles Tendonitis

The Achilles tendon is the fibrous structure that attaches the calf muscle to the heel of your foot. It allows the calf muscle to pull your heel off the ground and push forward while walking, jogging, or running. Achilles tendonitis is a condition of irritation and inflammation of that tendon that generates from overuse. The overuse causes inflammation that leads to pain and swelling. Common symptoms include a dull ache of pain in the back of the leg, just below the calf muscle, with pain that increases after activity. This injury is more common in the older player. For a younger player you must rule out a stress fracture of the heel, calcaneal apophysitis, or Sever's Disease.

Treatment

- Rest with ice
- Ibuprofen
- Orthotics to control abnormal foot motion
- Calf stretching with both a straight knee and bent knee. The bent knee stretch will target the Achilles.

Prevention

- Properly stretch and strengthen the muscles around the ankle.
- Match the shoes to the activity: running shoes for running, basketball shoes for basketball.
- Newer soccer shoes can be flimsy in the arch. It is recommended to avoid these shoes that can easily fold in half.
- Shoes with a firm plastic arch are great.

Sever's Disease (Calcaneal Apophysitis)

Is a condition that affects growing adolescents, usually between the ages of 9 to 14 years old. Adolescents who have Sever's disease experience pain in one or both of their heels when walking. It occurs just before the closing of the heel bone growth plate. At this time in the child's development, the Achilles tendon is pulling on the heel bone with a significant amount of force; this causes increasing tension on the heel bone. The result is inflammation where the Achilles tendon attaches to the heel. Sever's disease usually occurs when a child starts a new sport. Symptoms usually resolve with rest. To prevent the problem from recurring perform stretches that relax the Achilles tendon.

Anterior Cruciate Ligament (ACL) Injuries

The anterior cruciate ligament, or ACL, is one of four major knee ligaments. The ACL is critical to knee stability, and people who injure their ACL often complain of symptoms of their knee giving-out from under them. An ACL tear is often a sports-related injury and about 80% of sports-related ACL tears are "non-contact" injuries, with most ACL tears occurring when pivoting or landing from a jump.

Symptoms of a torn ACL include an audible "pop" at the moment of injury, and the slippage of the knee out of its joint, accompanied by severe swelling and painful movement. Common signs of this injury will be the athlete on the ground grabbing their knee and not being able to lift their leg. Before moving the athlete, a possible fracture must be ruled out. Complete diagnosis and treatment will be outlined by your physician.

ACL Injury Prevention Program

Illinois Bone & Joint's ACL prevention program utilizes a combination of state of the art testing that is hard to find anywhere else. A combination of functional testing, strength testing, [Proprio 5000 evaluation](#), and Sportsmetrics™ comprises our rigorous testing regimen.

Sportsmetrics™ is the first ACL injury prevention program scientifically proven to decrease serious knee ligament injuries in female athletes. Starting with testing to identify the baseline jumping/landing knee position, the program incorporates a warm-up, flexibility training, plyometrics, strength training, and agility work. It is best used for offseason or pre-season training due to the time commitment.

IBJ's staff has conducted testing for a number of the Chicagoland area Colleges, High Schools, and club soccer teams. Please contact us for more information regarding team or individual testing and analysis.

Osgood-Schlatter Disease (Adolescents)

Osgood-Schlatter disease is an overuse injury that occurs in the front of the knee growing adolescents. This disease is caused by inflammation of the tendon below the kneecap (patellar tendon) where it attaches to the tibial tuberosity on the shinbone (tibia), a result of the constant pulling of the patellar tendon on the area below the knee where the tendon attaches.

Young adolescents who participate in sports such as soccer, volleyball, basketball, and distance running are at risk for Osgood-Schlatter. Symptoms include pain and tenderness below the knee, along with swelling around the knee. Sometimes the inflamed tendon may pull (avulse) a tiny piece of the bone away from the tibia. Your physician will determine this through xray.

Treatment

The goal of treatment is to control knee pain and limit activities that could aggravate the condition. Treatment includes:

- Rest and ice
- Ibuprofen
- Elastic wrap or a neoprene sleeve around the knee
- Restrict activity
- Stretching and flexibility exercises for the thigh and leg muscles

Patellar Tendonitis (Adults)

Patellar tendonitis is an injury that affects the tendon connecting the kneecap (patella) to the shinbone. The patellar tendon, along with the quadriceps muscle and tendon, allows the knee to be straightened out, and provides strength for this motion. Patellar tendonitis is a common overuse injury that occurs when repeated stress is placed on the patellar tendon. The stress results in tiny tears in the tendon, which the body attempts to repair. But as the tears in the tendon become more numerous, the body can't keep up, causing the inflammation in the tendon to worsen.

When overuse is the cause of patellar tendonitis, patients are usually active participants in jumping types of sports, such as basketball or volleyball. Patellar tendonitis also may be seen with sports such as running and soccer. Patellar tendonitis usually causes pain directly over the patellar tendon.

Treatment

- Rest and Ice
- Cross-friction massage across the tendon
- Ibuprofen
- Stretching of the quadriceps, hamstrings, IT band, and calf muscles
- Knee bracing or Cho-Pat Straps
- Wear proper shoes/cleats
- Newer soccer shoes can be flimsy in the arch. It is recommended to avoid these shoes that can easily fold in half.
- Shoes with a firm plastic arch are great.
- **AVOID HEAVY RESISTED KNEE EXTENSION.**

IT Band Syndrome

The iliotibial band (IT) is a strong, thick band of fibrous tissue that runs along the outside of the leg. The IT band starts at the hip and runs along the outer thigh and attaches on the outside edge of the shin bone (tibia) just below the knee joint. The band works with the quadriceps (thigh muscles) to provide stability to the outside of the knee joint during movement.

Iliotibial band syndrome (ITBS) is caused by inflammation of the IT band and bursa between the lateral femoral condyle and IT band. During flexion and extension of the knee, the IT band rubs over the femoral condyle (thigh bone), which leads to irritation. When the IT band is inflamed, the band does not glide easily, and pain associated with movement is the result. Symptoms of ITBS include pain or aching on the outer side of the knee. This usually occurs early in the soccer season because of increasing activity too rapidly or moving into the demands of the season from a previously sedentary lifestyle.

Treatment

- Rest, ice, compression, elevation (RICE)
- Ibuprofen
- Temporary reduction of training
- Stretching the IT band (Foam Roller)
- Strengthening gluteus medius

Prevention

- Proper cardio conditioning
- Stretching the IT band (Foam Roller) after running or practice
- Strengthening hip abductors and external rotators
- Gradual introduction of activity warm-up and stretching prior to exercise
- Wearing appropriate shoes for activity
- Too much running around a track shortening the running stride

Head Injuries

PLEASE REFER TO OUR HEAD INJURY CHECKLIST

Diagnosis and Treatment

Approximately 10 percent of all athletes involved in contact sports, such as football, hockey, and soccer suffer a concussion each season; some estimates are as high as 19 percent. Because many mild concussions go undiagnosed and unreported, it is

difficult to estimate precisely the rate of concussion in any sport. Symptoms are not always definite, and knowing when it is safe for an athlete to return to play is not always clear. The recognition and management of concussion in athletes can be difficult for a number of reasons:

- Athletes who have experienced a concussion can display a wide variety of symptoms. Although the classic symptoms of loss of consciousness, confusion, memory loss, and/or balance problems may be present in some athletes with mild concussion, there may or may not be obvious signs that a concussion has occurred.
- Post-concussion symptoms can be quite subtle and may go unnoticed by the athlete, athletic trainers, or coaches.
- Players may be reluctant to report concussive symptoms for fear that they will be removed from the game, and this may jeopardize their status on the team, or their athletic careers.

Recovery and safe return-to-play

It is crucial to allow enough healing and recovery time following a concussion to prevent further damage. Research suggests that the effects of repeated concussion are cumulative over time.

Most athletes who experience an initial concussion can recover completely as long as they do not return to contact sports too soon. Following a concussion, there is a period of change in brain function that may last anywhere from 24 hours to 10 days. During this time, the brain may be vulnerable to more severe or permanent injury. If the athlete sustains a second concussion during this time period, the risk of permanent brain injury increases. **A PHYSICIAN EVALUATION IS HIGHLY RECOMMENDED.**