



Brain Injuries Cause More Deaths Than Any Other Sports Injury.

Alpharetta, GA, August 2004 - - - Over the past years, the rate of brain injuries in soccer has grown nearly twice as fast as the rate of growth of soccer players, according to the SGMA (Sporting Good Manufacturers Association) and CPSC (U.S. Consumer Product Safety Commission). Common head injuries in soccer include lacerations and concussion. Unlike injuries to the lower extremities, injuries to the head and neck have greater potential to be catastrophic.

Soccer is characterized as vigorous, high intensity, intermittent, ball and contact sport. Soccer balls kicked by highly skilled players can travel over 100 km/hour. Although these ball speeds are not reached during most recreational games. A direct blow from a soccer ball or a stray kick may result in fractures, bruising, or even death.

In soccer, concussions make up 2-3% of all injuries. This is the same rate as for American football! The American Academy of Pediatrics concluded that the contact that occurs while playing soccer is at the same level as during boxing, football, ice hockey, lacrosse, rodeo and wrestling and field hockey.

According to U.S CPSC, concussions in soccer are caused by 40% head to player contact, 10.3% head to ground, goal post, wall etc., 12.6% head to soccer ball and 37% not specified. According to Dr. Delaney et al at McGill University 2002 found that more than 60% of college-level soccer players reported symptoms of concussion during a single season.

Today, approximately 5 percent of youth soccer players in the U.S sustain brain injury as a result of head-to-head contact, falls, or being struck on the head by the ball. Heading the ball has not been proven to cause concussion, though the result of years of heading is unknown.

A study yet to be published from the Ann Arbor Institute for Preventative Sports Medicine reported by Ellen Creager of Knight Ridder Newspapers on March 4, 1999, reported that the researchers found that heading a soccer ball can cause symptoms of concussion, headaches and small but measurable verbal deficits among children. The more headers the child had, the greater the drop-off in his verbal score.

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Concussion - Just Part Of The Soccer Game?

Alpharetta, GA, August 2004 --- The most common brain injury in sports is a concussion. Head injuries are too often viewed as just "part of the game". While many head injuries are minor, some can be quite serious, with long-term consequences. Therefore, early detection through a thorough knowledge of the signs and symptoms and specific documentation of the injury is critical to the management of concussions and the monitoring of the natural history of the injury. The need to accurately diagnose the severity of head injuries is obvious, especially at the time of injury when the triage decision could be critical to the athlete's future.

Returning an injured athlete to competition when the brain needs time to recover is an obvious concern. One of the reasons for concern is the second impact syndrome. The cumulative effects of repeated injuries, even mild injuries, over time remains a serious concern to those involved in sports medicine.

Recommendations for concussion and return to play? In general, if an athlete has any symptoms of the field that are related to a concussion, the athlete should not be allowed to continue to play. Additionally, athletes with concussions should always be evaluated by a physician before return to athletic play. Parameters for return to activity in the asymptomatic athlete should be the same for all sports, regardless of the degree of contact or use of protective equipment such as helmets. Caution should always be exercised for making return to play decisions because the athlete's motivation as well as peer or coaching pressure may be significant factors.

When a concussion occurs, the athlete should be observed and evaluated for a minimum of 15 minutes. Only when the athlete is totally asymptomatic, passes memory and concentration tests, and has no symptoms after provocative testing, may the athlete be returned to play.

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The Use Of Protective Headgear In Soccer?

Atlanta, GA, July 2004 --- Playing soccer safely is part of the game. Are head injuries "just part of the game"? Some people believe that young players should wear protective headgear. The head protection can be provided in soccer without changing the game of soccer.

It is recommended to use protective head gear and lightweight balls in instructional leagues, when children are learning to head the ball and are most likely to bounce it off the vulnerable top or sides of the head rather than on the hard frontal area.

Dr. Lyle Micheli, Director of Sports Medicine at Children's Hospital in Boston has been quoted on NBC News as saying: "Children do not have the musculoskeletal maturity or coordination to handle a header like an adult would. Kids are not fully developed until they're about 14 years old. I recommend that no child under the age of 14 should head the ball."

"Most parents view soccer as a sport that kids don't get hurt in," says Janda, who co-authored the study with colleagues Cindy Bir and Angela Cheney. "They don't want to hear this. But our concern is that, just like football, damage from repetitive head impact events can be cumulative."

The use of protective headgear is left an option of the player and their parents. Should headgear be required as protective equipment in addition to shin guards and footwear?

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Should protective headgear be mandatory in youth soccer?		August 3, 2004
1) Yes, at all levels	42.9%	
2) No	40.7%	
3) Only in 8-and-under leagues	02.0%	
4) Only in 10-and-under leagues	02.8%	
5) Only in 14-and-under leagues	11.7%	

506 responses on this Survey.