

THE PHYSIO
MOVEMENT
TPM

TO
SPORT

A GUIDE
SAFER

***Fitness, injury prevention, injury management
& improved performance***



**COACHES, MANAGERS, PARENTS and
SPORTS PEOPLE**

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OUR AIM is to guide you through the latest information on injury prevention in sport as well as acute management if an injury does occur. Note that this reference is to be used as a guide only. When in doubt, always seek advice from our team at The Physio Movement.

PART 1: Injury Prevention

Pre season After a period of inactivity it is important to progress gradually back to full soccer. Structured training sessions as part of pre season preparation are vital to maximise strength and fitness and

prevent injuries. Many injuries are caused due to fatigue and lack of fitness. These injuries can include overuse injuries such as tendinopathies as players go from an off season of inactivity to intense competitive sport or acute injuries such as ACL tears as fatigue causes sloppy leg control and alignment as the game progresses. It is important that pre season training includes not only sport specific training, but also strength and fitness drills to prepare adequately for soccer season.

Pre season physical examination is available at The Physio Movement for anyone who would like targeted exercises to address the individual weaknesses in their bodies and assist in injury prevention. This is available at half price (\$40) for members of Helensburgh Soccer club.

Warm up: FIFA exercises for injury prevention

A training session should consist of 4 components: Warm up, fitness/strength, sport specific training, cool down.

FIFA has released an injury prevention warm up regime that has been designed for players over 14 years of age to replace their usual warm up; The FIFA 11+. This program consists of 15 exercises grouped into 3 sections that should be performed prior to training Sections 1 and 2 should be performed prior to match games. There are a mix of core stability, plyometrics and balance. For the exercises to be performed correctly, attention must be paid to alignment, posture, body control and soft landings. Players that performed the FIFA 11+ regularly (at least 2x per week) had 37% fewer training injuries and 29% fewer match injuries. Severe injuries were reduced by almost 50%.

A thorough guideline to this program is available on the internet. If you have any issues finding this resource, contact Lara at hello@thephysiopilatesmovement.com.au for an emailed copy of the booklet.

Taping and bracing:

Taping and bracing can be beneficial in injury management and should be applied by trained personnel. Note: Taping can cause skin reactions, so it is important to trial tape.

PART 2: Injury Management

Note: This is to be used as a guide only- it is not intended to be used as a treatment reference. If in doubt, contact The Physio Movement on 4294 3173 for advice.

Musculoskeletal injury:

Acute injuries such as lower limb sprains (eg ankle sprain) and strains (eg groin pulls and quad tears) are the most common injury in soccer. ACL tears, meniscus tears and knee cartilage tears are also common.

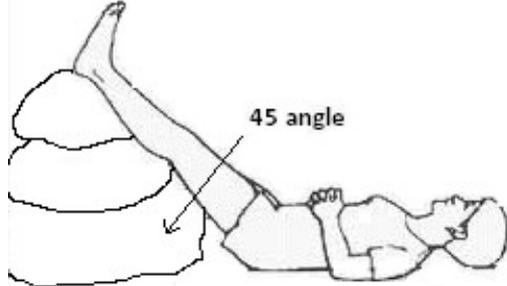
If an acute musculoskeletal injury occurs, follow the **RICER** and **NO HARM** principles.

Rest: Relative rest from painful movements that can cause further damage to the injury,

Ice: 10 minutes on, 10 minutes off for the first 48 hours. This is very important as it minimises swelling in the area which can prolong recovery.

Compression: with a firm bandage to minimise swelling. Ensure it is firm but not so tight that it blocks venous return

Elevation: elevate above heart until swelling subsides



Referral: to The Physio Movement or your GP

Things to avoid: **NO**

Heat: can cause swelling, and bruising

Alcohol: causes increased capillary bleeding

Running: can cause further injury

Massage: can cause disruption to the repair process

Can I continue play?

Some simple tests can be used to screen whether you are fit for play:

- Is there any immediate swelling?
- Are you able to walk?
- Slow jog: does this increase your pain? Increase pace and repeat
- Change of direction: does this feel unstable?
- Single leg 3x hop: can you get an even distance with your injured compared to uninjured leg?
- Stretches: Does stretching the injured muscle increase your pain?

If any of these functional tests reproduce your symptoms, you should see a physiotherapist for further assessment prior to return to play. Absence of pain and swelling does not indicate a full recovery, during the recovery process, muscles weaken and become less flexible, joints stiffen and co-ordination and balance decreases. A complete restoration of these losses is needed for a safe and permanent return to sport.

Repetitive/Overuse injuries:

Overuse injuries are also common when a player goes from a more sedentary lifestyle into soccer season without appropriate conditioning and preparation. These include tendinopathies such as achilles

tendonitis (pain in the back of the ankle) and stress fractures (eg shin splints). This is caused by a sudden increase in training volume, poor training equipment (eg shoes) or poor biomechanics that puts too much stress on the affected structure.

Many injuries are a consequence of biomechanical imbalances and/or poor technique, therefore pre season screening is useful to provide targeted exercises.

Concussion: Concussion is a traumatic brain injury resulting in a disturbance of brain function. Symptoms include headache, dizziness, memory loss or balance disturbance. Loss of consciousness occurs in only 15% of concussions. A concussion most commonly occurs by a direct blow to the head. Athletes with a history of 2 or more concussions within the past year are at a greater risk of further brain injury and a slower recovery.

How to recognise a concussion:

- Dazed, blank or vacant look
- Unsteady of feet/balance problems
- Confused
- Seizures
- More emotional/irrational than usual
- Headache

What to ask:

- What venue are we at today?
- Which half is it now?
- What team did we play last week?
- Did we win our last game?

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY. They should not be left alone for the first 24 hours, should not consume alcohol, should not drive a motor vehicle. Player should be sent to hospital for further examination if they complain of severe neck pain, have deteriorating consciousness, have increasing confusion, repeated vomiting, increasing headache, unusual behaviour change, double vision, seizure, weakness or tingling in arms or legs.

Contact: 4294 3173

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Our Location:
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