

Youth Hockey Injuries

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Common Injuries

Because of the mechanics of the sport including skating upwards of 30 mph and hockey pucks flying near 100 mph, injuries seem to be synonymous with the nature of the sport. Injuries in hockey range from concussions to common musculoskeletal injuries to the acromioclavicular joint (AC joint),



clavicle, and medial collateral ligament (MCL) of the knee. Of these, the most common injuries to hockey players are concussions, followed by MCL injuries. The injury patterns are consistent with the hard collisions of the game- whether it's colliding with another player or boards.

Looking at the NHL or the AHL, one can see that injuries and collisions seem to be a concern, and that the concern might be translated to the youth level as well. To prevent concussion, USA Hockey has been using "Heads Up, Don't Duck" campaign to remind players and coaches alike to keep your head up during collisions with other players or the boards. This greatly reduces the strain put on the head and may prevent forces on the head that may increase the risk of getting a concussion. Other important preventative measures include ensuring proper helmet fitting, doing neck strengthening exercises, encouraging safe play to players. Another important aspect is to do baseline testing for concussion prior to play so that in the event of a concussion, the patient will have a prior non-concussed test to compare to for the continuing evaluation of symptoms and cognitive function. Knowing what to look for is critical for concussions so as to know when it is safe for a player to be pulled out of a game or when to return to play.

The

assets.ngin.com/attachments/document/0042/6419/USAH_Concussion_Poster.pdf

1

CONCUSSION

2

MCL INJURY

3

AC JOINT INJURY

typical course of concussion treatment is aimed at individualizing the treatment to the patient and to ensure that their environment at school, home and sports are conducive to

healing. This typically means no heart rate increasing activity for at least 2-3 weeks if symptoms are persisting. A light exertion rehabilitation protocol may be initiated after 3 weeks by your doctor on a case by case basis. This is crucial in



Parent Resources

<http://www.usahockey.com/safety>

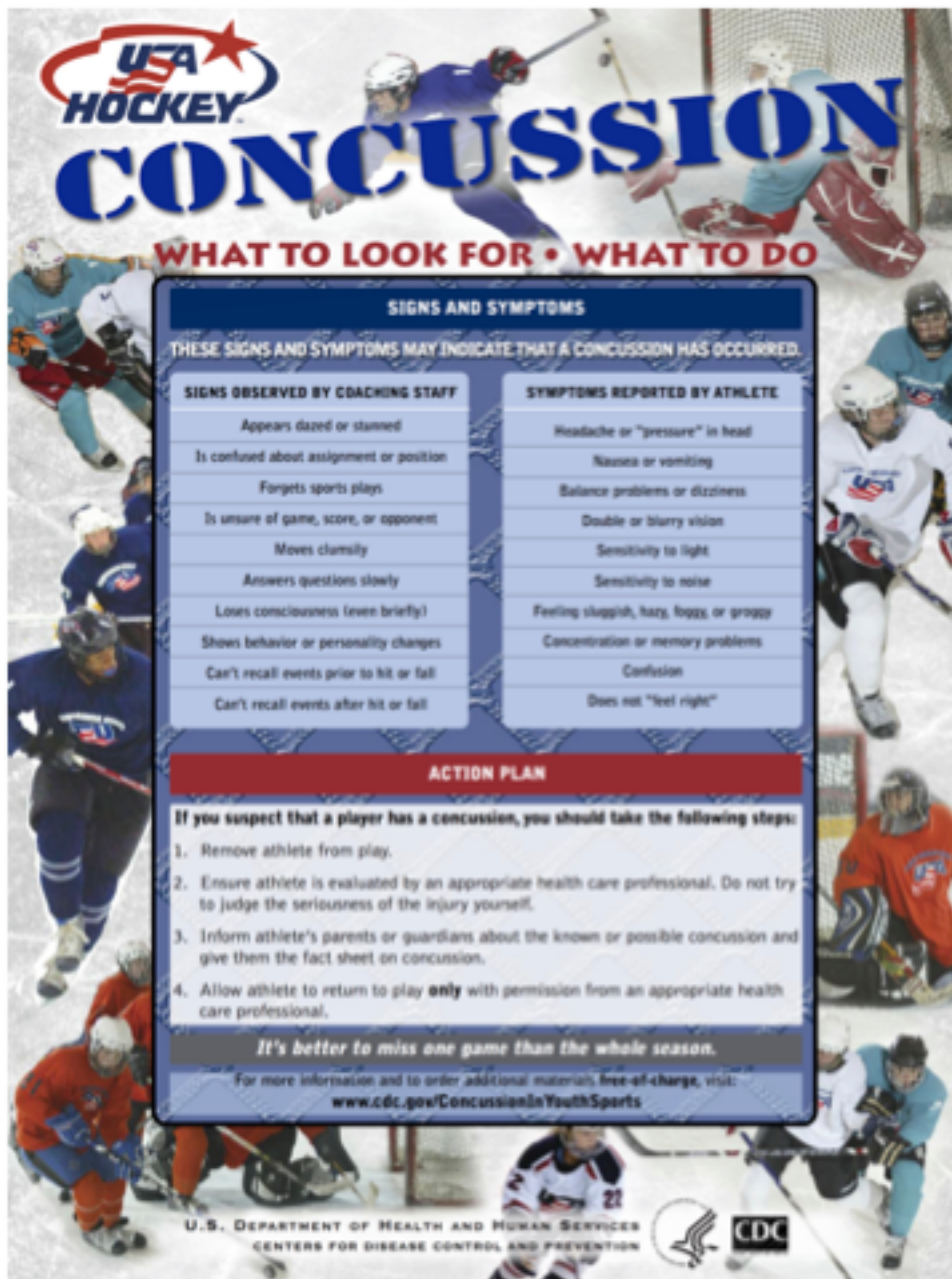
American Academy of Orthopaedic Surgeons

Injury Prevention
<http://orthoinfo.aaos.org/topic.cfm?topic=a00114>

CDC

Brain Injury Prevention

https://www.cdc.gov/headsup/basics/concussion_prevention.html



USA HOCKEY
CONCUSSION
WHAT TO LOOK FOR • WHAT TO DO

THESE SIGNS AND SYMPTOMS MAY INDICATE THAT A CONCUSSION HAS OCCURRED.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials, free-of-charge, visit:
www.cdc.gov/ConcussionInYouthSports

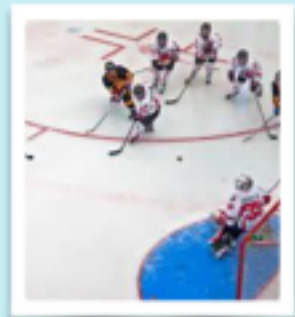
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR DISEASE CONTROL AND PREVENTION

the healing window of the concussion and the gradual return to play for safety of the individual. Also, ensuring symptoms causing triggers are avoided at home along with getting plenty of sleep and eating a healthy diet. Symptomatic treatment of headaches and nausea is also beneficial. Lastly, ensuring that the young athlete has needed accommodations at school so as to not endorse symptoms while at school to ensure proper healing of their injury and reintegration into school.

Prevention is key for the prevention of medial collateral ligament and AC joint injury as well. Because of the quick position changes on the ice, stress is put on the inside of the knee, and subsequently the MCL, putting it at risk of injury. MCL and AC joint injuries are both treated initially with imaging to ensure there is no fracture or other soft tissue injuries, followed by rest, ice, compression and elevation of the affected limb. Physical therapy for a proper rehabilitation program is critical for optimal outcomes and bracing is sometime utilized. Further workup including and MRI may be needed as well as surgery if the injury is bad enough.

Injuries are unavoidable and are inherent in any game and sport.

But with proper coaching, teaching, and evaluation of injuries when they do happen, youth hockey in particular can be a sport that can provide many benefits to new young players.



CITATIONS:

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