

Basketball safety

A parent's guide for keeping kids in the game.



Fifteen percent of basketball players ages five to 15 suffer injuries, mostly involving ankle and knee sprains.

Sprains occur when one or more ligaments in a joint are stretched beyond their limits. This guide provides information on common basketball injuries requiring treatment.

Ankle injuries

Ankle sprains occur most in basketball when landing from a rebound or jumping to make a basket. Treatment varies with the severity of the injury.

- Mild sprains require rest but not necessarily medical treatment (follow the PRICE treatment plan, printed on the back).
- Persistent swelling, pain, or any deformity should be seen by a physician.

Knee injuries

A common injury in basketball is an anterior cruciate ligament (ACL) sprain or tear, which occurs when the knee is twisted forcefully or hyper extended. This often occurs when landing from a jump, changing direction on the court, or when colliding with another player. Athletes often describe a pop at the time of injury, followed by a lot of swelling within a few hours after the injury.

Athletes should see their pediatrician or pediatric sports medicine physician if pain and/or swelling persist after PRICE treatment. In addition:

- In younger athletes, bone maturity helps to determine the treatment plan. Injury to an open growth plate requires special consideration by a pediatric orthopedic specialist.
- Training in proper jumping and landing technique may help to prevent this injury.

Knee pain that comes on slowly over time can indicate other problems, such as:

Patellofemoral pain syndrome (runner's knee) — pain in the front of the knee related to muscle and tissue stress around the knee cap; can be addressed with proper training in physical therapy.

Osteochondritis dissecans — a defect in the knee's cartilage that can become evident over time during repetitive activity such as jumping.

Osgood-Schlatter disease — stress-related inflammation in a growth center at the front of the knee.

Dehydration

Basketball players are at risk of dehydration if they don't get enough fluid to replace what is lost through the skin as sweat and through the lungs while breathing. It is important to drink plenty of fluids before, during, and after a workout or game. An athlete's performance can be impacted by even mild dehydration.

Athletes should take a water bottle to school and drink between classes and during breaks so that they are well hydrated before their workout. In addition:

- Water should be readily available when working out.
- Athletes should drink often — ideally every 15 to 30 minutes.
- Sports drinks are recommended for activities lasting longer than one hour.

Early signs of dehydration can be non-specific and include:

- Fatigue
- Apathy
- Decreased athletic performance
- Irritability
- Headache
- Nausea
- Thirst

Signs of advanced dehydration include:

- Dark urine
- Disorientation
- Dry lips and mouth
- Decrease in reaction time

Athletes with any of these signs should rest and drink water or sports drinks. If athletes don't improve, feel dizzy or faint, or have not had much urine output, they should be seen by a doctor. Seek emergency treatment if the athlete is disoriented, unable to drink, or has pale skin.



Basketball Safety

(cont.)



Asthma

Asthma is a condition that causes wheezing, coughing, shortness of breath, or chest tightness. Some athletes have a form of asthma that causes symptoms during or after physical activity called exercise-induced asthma. Sports requiring continuous activity, like basketball, can bring on asthma episodes in players.

Actions that may prevent or lessen exercise-induced asthma are:

- Warming up before a workout or game.
- Breathing through the nose, and not the mouth, to warm and humidify the air before it enters the airways.

Wheezing or coughing that begins between five to 20 minutes after beginning to run or play is a sign that asthma is **not** under control and more needs to be done to control symptoms.

Bumps, bruises, twists, and muscle strains

These can affect all areas of the body. Recommended treatment is the PRICE formula:

- P**rotect the area with a sling or crutches, if necessary.
- R**est the injured area.
- I**ce the injury for 20 minutes at a time. Do not apply the ice directly to the skin.
- C**ompress the injured area with a wrap. Do not pull tightly, as this can cut off circulation.
- E**levate the injured area above the heart.

Athletes should see a pediatrician or pediatric orthopedic specialist if any of these symptoms are present:

- Deformity
- Limping that lasts more than 48 hours.
- Soft tissue swelling that gets worse the next day despite ice and over-the-counter anti-inflammatory medication such as Motrin®.
- Effusion - mobile soft tissue swelling on both sides of a joint, often the knee or ankle.
- Pain that returns quickly with activity at the next session or is not gone after two weeks of forced rest.

Sports safety

Children ages five to 14 make up almost 40% of all sports injuries treated in hospital emergency rooms. Injuries in children are best handled by pediatric specialists trained in treating skeletally immature patients.

How to protect your child

- Schedule your child for an annual physical before playing sports.
- Monitor play and practice and encourage players to abide by the rules.
- Have a first aid kit handy and an emergency action plan in place. Appropriate shelter should also be close by in case of a storm with lightning.
- Keep sports fun! Remember to be positive and don't push kids to perform beyond their abilities.

Make sure your young athlete:

- Wears appropriate properly fitting safety gear, free of heavy wear and tear.
- Stays properly hydrated. Kids don't sweat as much as adults and need to drink plenty of fluids before, during, and after activity.
- Does warm-up and cool-down exercises before and after practices and games.
- Gets proper rest and avoids overdoing it. Baseball, basketball, running, gymnastics, and swimming are sports that cause the most overuse injuries in kids.

SSM Health Cardinal Glennon SportsCare

SSM Health Cardinal Glennon SportsCare is the premier pediatric sports medicine provider in St. Louis and St. Charles. We provide exclusive, direct access to comprehensive medical care for young athletes.

Specialists your child has access to include adolescent medicine physicians, cardiologists, emergency medicine physicians, neurologists, nutritionists, orthopedists, pediatric psychologists, physical therapists, pulmonologists, radiologists, and rehabilitation specialists. We also keep kids in the game through educational programs and supports for parents, coaches and athletes that focus on injury prevention, proper technique and overall athletic health.

For more information about SSM Health Cardinal Glennon SportsCare or to find a specialist for your athlete, call or text us **24/7 at 314-577-5640**.

Expert care for young athletes by SSM Health Cardinal Glennon Children's Hospital providers, **24 hours a day in the ER at:** SSM Health Cardinal Glennon Children's Hospital, DePaul Hospital, St. Clare Hospital, St. Joseph Hospital-St. Charles, St. Joseph Hospital-Lake St. Louis, Anderson Hospital, and HSHS St. Elizabeth Hospital.

During the COVID-19 pandemic, SSM Health ministries implemented enhanced safety measures, which are evaluated periodically based on COVID-19 transmission numbers. To ensure your protection and that of others, we continue to require face masks upon entry along with ministry-specific screening processes.