

Flag football safety

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



Flag football is not a contact sport, so the risk of injury is lower than in traditional football. However, knee and ankle injuries are still common. This reference guide provides information on how to care for some of the injuries that you may see in flag football.

Knee injuries

A common injury in flag football is an anterior cruciate ligament (ACL) sprain or tear, which occurs when the knee is twisted forcefully or hyperextended. 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 persists after **PRICE** treatment (printed on pg. 2). 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.
- Core strengthening and training in proper cutting, 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.

Ankle injuries

The most common injury in sports is a **lateral ankle sprain**, which occurs in flag football by rolling the ankle over the outside of the foot. A lateral ankle sprain causes damage to the ligaments just below the bone on the outside of the ankle. In some cases a “pop” is felt or heard by the athlete. Treatment varies with the severity of the injury.

- Mild sprains require rest but not necessarily medical treatment (follow the **PRICE** treatment plan, printed on pg. 2).
- Persistent swelling, pain, or any deformity should be seen by a physician.

Head injuries

A concussion is a brain injury usually caused by a sudden jolt or a blow to the head or neck that disrupts normal brain function. An athlete does not need to be knocked out or have memory loss to have suffered a concussion. In fact, most athletes who suffer a sports-related concussion **DO NOT** lose consciousness.

You may observe that an athlete with a concussion:

- Appears dazed or stunned
- Moves clumsily
- Is confused
- Answers questions slowly
- Has behavior or personality changes
- Exhibits unsteadiness
- Loses consciousness

An athlete with a concussion may have:

- Headache
- Concentration or memory problems
- Nausea
- Double or fuzzy vision
- Balance problems or dizziness
- Feelings of being “in a fog”
- Sensitivity to light or noise
- Confusion

An athlete with signs of a concussion should be removed from play immediately and not allowed to return until evaluated by a doctor. Do not leave an athlete alone after a concussion.



Flag football safety (cont.)

Call for immediate medical help if your child displays:

- A headache that gets worse, lasts for a long time, or is severe
- Confusion, extreme sleepiness, or trouble waking up
- Vomiting (more than once)
- Seizures (arms and legs jerk uncontrollably)
- Trouble walking or talking
- Weak or numb arms or legs
- Any other sudden change in thinking or behavior

Most athletes with a concussion will recover completely within a few weeks of the initial injury. Returning to play before completely recovering puts the athlete at risk for a more serious injury, long-term damage, and even death.

Dehydration

Flag football 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 to replace sugar and salt as well as water.

Early signs of dehydration can be non-specific and include fatigue, nausea, decreased athletic performance, headache, apathy, irritability, and thirst. Signs of advanced dehydration include dark urine, decrease in reaction time, dry lips and mouth, and disorientation.

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.

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.