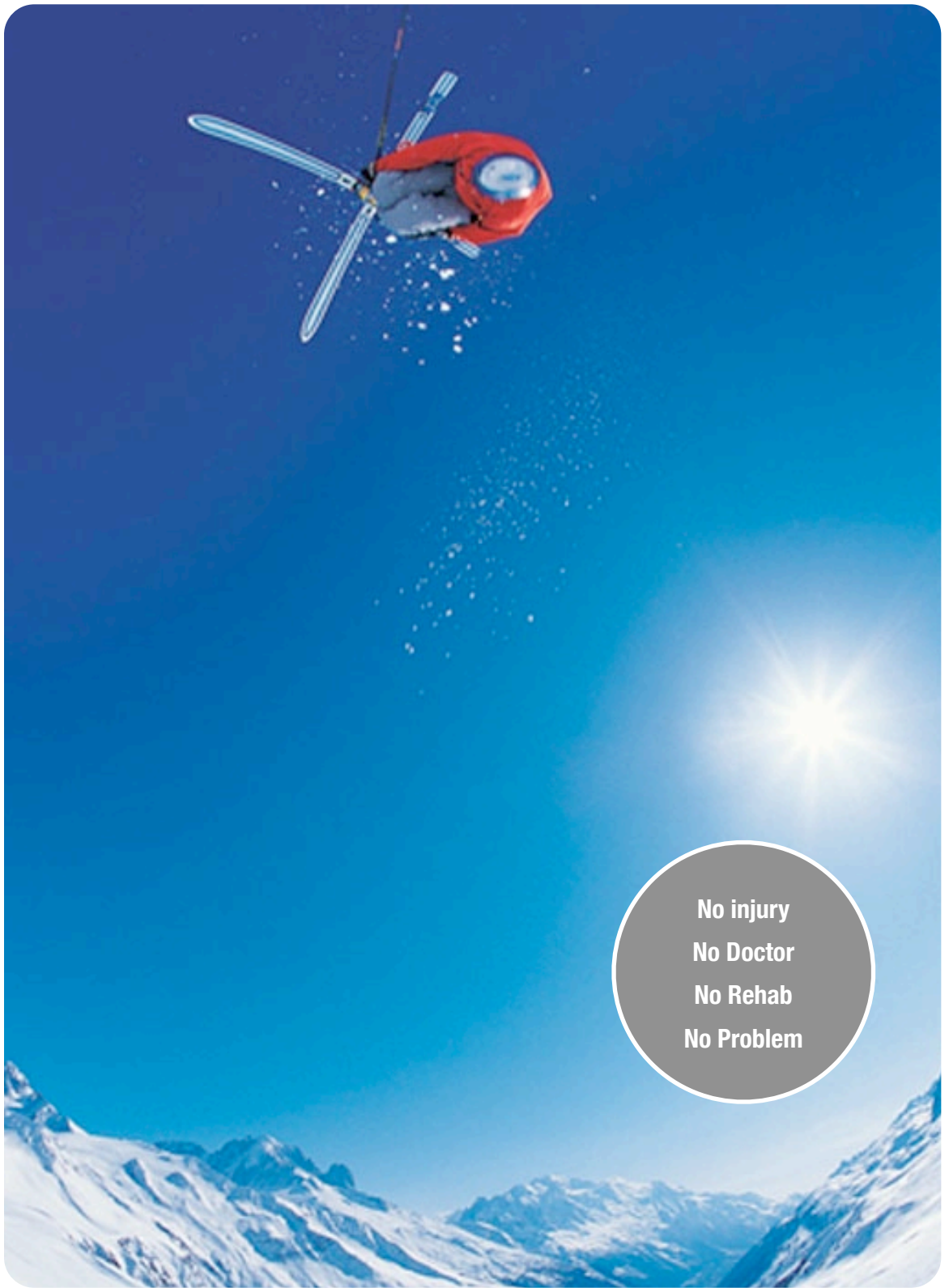


# PREHAB MAGAZINE

## SPORTS INJURY NEWS



No injury  
No Doctor  
No Rehab  
No Problem

Concussion! Unfair, arrogant, and irresponsible. Who is to blame? Red Flags and sound protocol Page 2	The benefits and importance of early management of an ankle sprain. page 3	How the NFL lockout can help the NBA reduce injuries on its players. page 4
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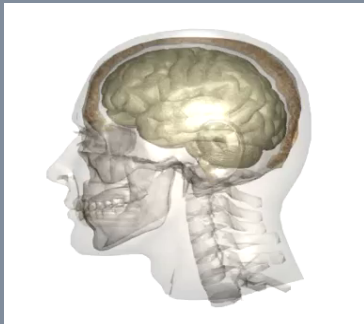
# CONCUSSIONS SIGNS/SYMPTOMS

## SIGNS (OBSERVED BY OTHERS):

- Athlete appears dazed or stunned
- Confusion (about assignment, plays, etc.)
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit

## SYMPTOMS (REPORTED BY THE ATHLETE)

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels "foggy"
- Problems concentrating



## YOUR DECISION

### PLAN OF ACTION ON THE FIELD

- Remove the athlete from play
- Ensure that the athlete is evaluated right away by an appropriate health care professional
- Inform the athlete's parents or guardians about the possible concussion and give them fact sheets and concussion education.

## MAPLE LEAFS' ARMSTRONG ONLY THE LATEST NHL PLAYER TO CONCEAL HIS CONCUSSION

by Alex Gomez, PT, DPT

**Concussion** is a common injury and is often a difficult condition to diagnose and treat. Recognizing and reporting it is the most important step in its management.

As reported in the Globe Sports last week, "It would be nice to say Colby Armstrong is an isolated example of a player who will put the desire to play ahead of his health, but all you can say is he is the latest example."

Concussion experts across the country such as Dr. Mark Lovell and his team at the University of Pittsburg are taking steps to increase awareness and detection of the ramping amount of concussions that go undiagnosed or as in the case of Colby Armstrong, unreported. The win at-all-cost attitude and the lack of understanding of the condition makes it even more complicated to deal with. Another, and maybe equally delicate issue is return to play decisions made most times based on just observation and player report of symptoms, but prehab is one way of staying ahead with prevention. In sports, we as health care providers, find ourselves inundated with overwhelming information about concussions but the lack of clear guidelines on how to approach concussions poses an even worse threat. Over the past years I have developed a simple guidelines that any individual dealing with athletes can follow:

1. Recognition of concussion - Please review the signs and symptoms, get familiar with the terminology and ensure you are comfortable assessing on the field under pressure. Been calmed and relaxed but alert helps the athlete feel confident and reduce any chance of panic. I recommend neuropsychological testing like the impact test post concussion but as a baseline it's a great tool.
2. Management and referral guidelines for all staff - Discuss with the team, or school physician a referral guideline, when, where, and who to contact in case of a possible concussion.

Calling 911 been the priority if LOC.

3. Procedures for the Injury Prevention Clinician (IPC) -The designated IPC whether is the Physical Therapist, or athletic trainer you should have written guidelines that the entity, school, team, club, etc. has agreed upon. It is very important to have a protocol. Knowing what is your role and following it is key to successful management. You need to know your responsibilities in the chain of command, who calls the parents, nurse, coordinator etc.
4. Guidelines and procedures for coaches - What is the coach's role. They should be specific. The coaches should be well trained and familiar with all the procedures and able to identify the signs and also able to execute to procedure plan/policy.
5. Follow-up care during the school day - Depending on the diagnosis, and severity of the case, there should be clear guidelines for post concussion academic accommodations at home and school. Post concussion treatment is as important as identifying it.
6. Return to play The biggest issue. Make sure there is plenty of communication with the physician and make sure the physician is trained and experienced dealing with concussions. After the player has been cleared by the medical doctor, make a return to practice preparation plan of action training starting from basic to more challenging activities for one or two weeks including test for reflexes, balance, agility, and concentration before you are comfortable returning them to full sports. Remember that preventing another concussion could mean you are saving their life and their future. Prehab them.

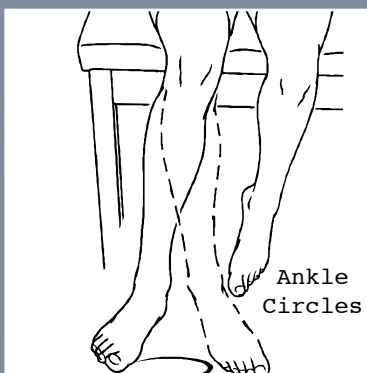
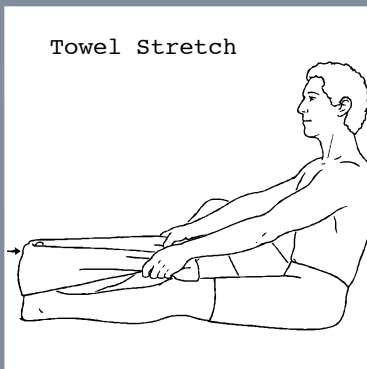
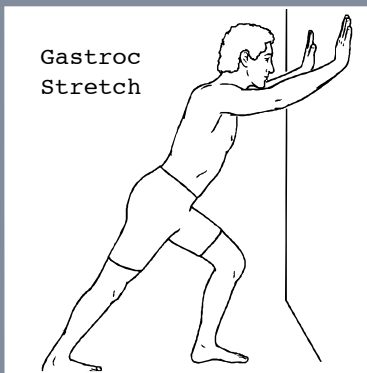
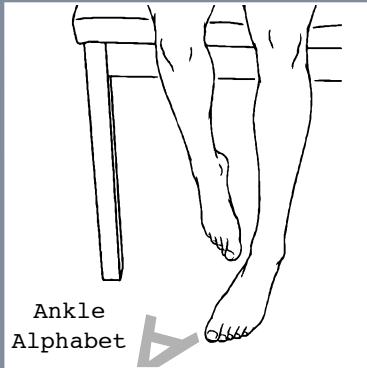
### \*REFERENCE ARTICLES:

J Athl Train. 2001 Jul-Sep; 36(3): 244-248.

For more information about this article, please visit:

<http://www.theglobeandmail.com/news/national/time-to-lead/concussion-awareness-spreading-in-high-school-football/article2170647/page3/>

# EXERCISES



## EARLY MANAGEMENT OF ANKLE SPRAINS

BY ERIC TRAUBER, PT, DPT

Ankle sprains can be a debilitating injury that may ultimately decrease functional mobility. Early management of the injury is essential to returning to an individual's prior level of function. The ankle joint is highly susceptible to musculoskeletal injuries, which 40 percent can lead to chronic problems (Wolfe MW., Uhl, TL., Mattacola, CG, & McClusky, L., 2001). The severity of the injury may dictate the athlete's return to play timeline. Appropriate treatments of ankle sprains and understanding injury prevention techniques are crucial in promoting functional independence and self-management.

The initial recommendation immediately following an ankle sprain would be to decrease swelling of the ankle. Minimizing swelling can be done through the use of cold therapy. The benefits of cold therapy can be maximized through the use of RICE (rest, ice, compress, and elevate) (Brigham & Womens Hospital, 2007). Cold packs should applied to the injury site for approximately 15-20 minutes at a time, applied every few hours within the first 48 hours, and should be applied until the swelling has diminished (Wolfe MW., Uhl, TL., Mattacola, CG, & McClusky, L., 2001). Decreasing the swelling will help relieve pain and increase movement of the ankle so the individual can take the next step toward recovery.

Performing range of motion exercises should be initiated to improve ankle movement as well as decreasing swelling (Wolfe MW., Uhl, TL., Mattacola, CG, & McClusky, L., 2001). There are many exercises that can be performed without specialized equipment and that are cost-effective (refer to *exercises* on left). The exercises should be performed within tolerance of the individual. However, the more frequent the exercises are performed the likelihood of full recovery is apparent. The range

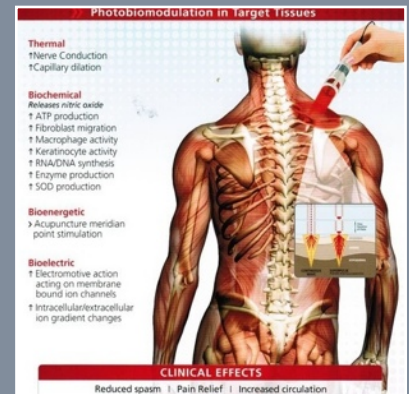
of motion exercises should be performed three to five times a day within the suggested parameters indicated in *exercises* (Wolfe MW., Uhl, TL., Mattacola, CG, & McClusky, L., 2001).

Integrating cold therapy and range of motion exercises are prudent methods for the initial steps in the rehabilitation of ankle sprains. Improving muscle strength and stability of the ankle joint will be the next progression for the plan of care that will be discussed in the next issue of *Prehab Magazine*.

### \*REFERENCE ARTICLES:

Brigham and Women's Hospital. (2007). Standard care: ankle sprain. *Department of Rehabilitation Services*, pg. 1-16.

Wolfe MW., Uhl, TL., Mattacola, CG, & McClusky, L., (2001). Management of ankle sprains. *American Family Physician*, 63, pg. 93-104.



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HEAL FASTER

LASER AT ESR



# HOW THE NBA CAN LEARN FROM THE NFL LOCKOUT

## - Word of Advice on Injury -

BY JAMES A. SAN PEDRO, PT

As fans eagerly await the start of the NBA season, the league and its players should take a cue from the injury ramifications suffered from the lockout fallout of the NFL. A national medical sports expert, who published an article in a medical journal, has encouraged the NBA to learn from analyzed information from the NFL lockout in terms of injury.

There have been multiple published reports citing an increased Achilles tendon injury in the NFL since the start of training camp. The fact that the injury has quadrupled in incidence from its annual average has medical experts questioning how this will affect the NBA players as the season is set to begin.

“What this tells us is the preseason preparation-the weeks and months

prior to the start of organized practice-are crucial for the health of these athletes,” said Dr. Timothy Hewett, PhD, Director of Research at The Ohio State University Medical Center’s Sports Medicine Department.

The problem with lockouts in general is that the players do not have access to their team’s trained sports medicine professionals (doctors, physical therapists, athletic trainers...) who can guide them to proper training and help prevent and treat injuries.

As far as the injury involved, the Achilles tendon has been the focus, since multiple players have fallen victim to this trauma at a very alarming rate.

The Achilles is a tendon that stretches over your heel and any injury to that part of the body is tremendously painful and extremely debilitating. It has been known to end the careers of Dan Marino (NFL) and Christian Laettner (NBA) both superstars in their respective sports. If the injury does require surgery, the recovery



INJURY PREVENTION is the best medicine

period can take up to 6-8 months.

In fact, “in the NFL, a third or more athletes who rupture their Achilles tendon never play again,” said Hewett. “And even those who do come back lose a full year of participation.”

The NBA lockout is over and the season is about to start. The reality is that the NBA had a longer lockout than the NFL and has more games compressed in a shortened season. In turn, that equals more stress to the athlete’s body. The league and its players should learn and take precaution from the injuries suffered in the NFL. They should take measures to protect the athletes against serious injury.

Stay tuned to our next issue to learn more about Achilles tendon injuries.



### \*REFERENCE ARTICLES:

Did the NFL lockout expose the Achilles Heel of Competitive Sports?, Journal of Orthopedic & Sports Physical Therapy, Volume 41, Number 10, October 2011, [www.ncbi.nlm.nih.gov/pubmed/21941038](http://www.ncbi.nlm.nih.gov/pubmed/21941038)

Ohio State University, Medical Center Media Forum, November 28, 2011, Dr. Timothy Hewett, PhD, [www.msmediacenter.tv/story.php?id=323&enter](http://www.msmediacenter.tv/story.php?id=323&enter)

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