



Trainer and Injury
Information Package
Parent Information

Season 2022

Compiled by Head Trainer

As a member of the Trainer Management Team, I would like to welcome all players and families to WSJFC. Our aim is to create an inclusive and safe environment with the appropriate support for teams and players. The Trainers role in the club is an important one as they will be there to assist your child with injuries and help manage pre-existing injury/illness.

We want to highlight the importance of you as parents being involved with this. For those kids with pre-existing illness or injury the team needs you to assist. Just notifying the club is not enough. You need to engage the Coach, Team Manager and Trainer in the ongoing management of the issues and ensure they have all the right information and equipment to assist them. i.e. EpiPen's, inhaler etc

To ensure the safety of your children, the club will require the Trainer or designated parent to be present at trainings to assist with injuries. If you are rostered by the Manager for this role or offer to perform the role, please ensure you are there or arrange someone else. Remember the coach has to continue training up to 24 kids whilst your child's injury is being attended to.

What you need to know about what the club will do in case of an injury.

- The trainer will attend to the player on the field. (No parents are allowed on the ground) The trainer will assess the injury and whether the player can continue or needs to come off.
- If you are present, you will be updated.
- If you are not present and the child is removed from play you will be notified at the earliest opportunity.
- If your child is assessed by the trainer as requiring an ambulance and you are not present 000 will be called without your consent. WSJFC will not be liable any costs incurred.
- At the completion of the game the trainer will liaise with you about the injury.
- Before training or playing again the player's injury will be assessed.

There are many great resources out there to assist you in managing Injuries and we encourage you to familiarise yourself with them. These include;

Sports Medicine Australia – sma.org.au

Elastoplast App for iPhone and android.

If your child has an injury that requires ongoing strapping please ensure that you have that done prior to the game or supply your own tape for the trainer to assist if they possess the knowledge relating to the specific Injury.

Jason Stone from Wantirna Osteo located on Stud Road, Wantirna provides a free assessment of more serious injuries (that occurred during football) on a Monday night at the clinic generally after 7pm. Please contact the clinic to make an appointment. Ph 9800 0388.

Sportsmed Biologic are leaders in Concussion recognition, recording, reporting and treating. They are located near Box Hill Hospital at 116-118 Thames St, Box Hill 1300 858 860. You will end up approx. \$300 out of pocket.

Vermont Urgent Care are a specialised Fracture management clinic and have x-rays on site. If you chose not to go to a hospital these guys can and will help. They remain open on Sundays until approx 4pm. If they do not answer on 9874 3344 contact the Specialist Doctor directly on 0412 007 170.

Knox Private Hospital is closest to our fields and offers a discount to children as members of the EFNL.

Attached is the WSJFC Concussion Policy and a direct excerpt from the AFL website (aflcommunityclub.com.au) specific to Soft Tissue Injuries and management.

CONCUSSION POLICY AND RECOGNITION TOOL

If a player receives a bump to the head and the trainer is called on to assess the player and you have concerns the player may be concussed please refer to the recognition tool below. The following will apply to any WSJFC player;

A player with suspected concussion must be withdrawn from playing or training until fully evaluated by a medical practitioner and cleared to play.

Any player with concussion or suspected concussion should be assessed by a qualified medical practitioner on the day of the incident.

Any player who has a suspected concussion will be excluded from any type of physical activity, training or a match until evaluated by a medical practitioner. If the player is not evaluated by a medical practitioner however, they had a suspected concussion the player will be required to follow the attached 12 day return to play guidelines (from the date of concussion or suspected concussion) and therefore miss one match.

Coaching Staff and Trainers will not be swayed by the opinions of players and or parents suggesting a premature return to play. Decisions regarding return to play after a concussive injury (a disturbance of brain function) should only be made by a medical practitioner.

Our overriding responsibility to all of our players under our care is to their long-term health and wellbeing. It is our duty of care to always act in the best interests of all our players as is the case with any injury.

If as a trainer you are having issues with any coaches, players or family please speak a member of the Trainer Management Team.

Quick reference taken from the Concussion tool.

Refer to the observable signs- Lying

motionless or slow to get up

Disorientated, confused or a blank look on their face

Their balance or stance is effected

They have a facial injury or head trauma.

Use this easy memory assessment to assist - Where

are we playing footy today?

Which half is it now?

Which team scored the last point or goal of this game?

What team did you play last week?

Did we win the last game?

IF IN DOUBT, SIT IT OUT.

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults

Supported by 

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Severe or increasing headache
- Deteriorating conscious state
- Double vision
- Seizure or convulsion
- Vomiting
- Weakness or tingling/ burning in arms or legs
- Loss of consciousness
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Slow to get up after a direct or indirect hit to the head
- Blank or vacant look
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- Blurred vision
- More emotional
- Difficulty concentrating
- "Pressure in head"
- Sensitivity to light
- More irritable
- Difficulty remembering
- Balance problems
- Sensitivity to noise
- Sadness
- Feeling slowed down
- Nausea or vomiting
- Fatigue or low energy
- Nervous or anxious
- Neck Pain
- Feeling like "in a fog"
- Drowsiness
- "Don't feel right"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "What team did you play last week/game?"
- "Which half is it now?"
- "Did your team win the last game?"
- "Who scored last in this game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion In Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Concussion Management – current guidelines

Table 1. Guideline for **minimum** return to play following concussion

Step	Rest	Recovery	Graded loading – individual program			Graded loading - full team training					Return to play	
Components	Rest	Symptom-limited activity	Light aerobic exercise	Moderate aerobic exercise	Sport-specific exercise	Non-contact training	Recovery	Limited contact training	Recovery	Full contact	Recovery	Return to play
Goal		Daily activities that do not provoke symptoms	Light aerobic exercise (e.g. walking/jog/cycling at slow to medium pace) No resistance training	Moderate aerobic exercise (i.e. increased heart rate) No resistance training	Increased intensity and duration of activity Add sports specific drills (e.g. goal kick, stationary handball, etc) Commence light resistance training	Return to full team training sessions – <u>non-contact only</u>	Can participate in other components of the training program (e.g. weights)	Full team training – but able to participate in drills with incidental contact (including tackling)	Can participate in other components of the training program (e.g. weights)	Full team training	Can participate in other components of the training program (e.g. weights) as well as a light skills session (known as a "captain's run")	
Duration	24-48 hours	Minimum 24 hours	Minimum 24 hours	Minimum 24 hours	Minimum 24 hours	At least 1 day between sessions to monitor for recurrence of symptoms		At least 1 day between sessions to monitor for recurrence of symptoms		At least 1 day between sessions to monitor for recurrence of symptoms		
Requirements to move to next stage		24 hours completely free of concussion related symptoms and medical clearance to enter graded loading program	Remain completely free of any concussion-related symptoms	Remain completely free of any concussion-related symptoms	Remain completely free of any concussion-related symptoms and medical clearance to commence full team training	Remain completely free of any concussion-related symptoms – and player confident to participate in training		Remain completely free of any concussion-related symptoms – and player confident		Remain completely free of any concussion-related symptoms – player confident to participate in training – and medical clearance for unrestricted return to play		

Soft Tissue Injuries

Soft tissue injury is a term used in relation to body structure damage. This includes muscle, tendon, ligament and surface tissue—including skin, fat and bursae. These tissues can be injured by either extrinsic or intrinsic trauma.

Extrinsic trauma

Extrinsic trauma refers to contact made with a sharp or blunt object that causes damage either open or closed to the tissue. This could be by contact with an opponent, or other sporting equipment involved in the game such as a stick, racquet, ball or goal post etc.

Intrinsic trauma

Intrinsic trauma is damage caused to the tissue from within by over-stretching, over-contracting or uncontrolled internal stress. Repetitive overuse is also a cause of intrinsic tissue damage.

Common extrinsic trauma injuries to muscle are usually known as corksies, which usually occur in the thigh in football, but this can also happen in the biceps and the calf. The external force causes macro and micro break down in the tissue with a leaking of fluids into the surrounding areas.

Common intrinsic trauma injuries are muscle strains and the most common in football is hamstring tear. Calf and thigh strains are also common. The breakdown of the tissue causes leakage of fluids into surrounding tissues as well as the localized breakdown of muscle fibres.

Ligament damage

Ligament damage can be extrinsic (being struck) or intrinsic (twisting injury), causing similar local damage along with fluid leakage into the area.

Repetitive strain

Repetitive strain causes local inflammation and fluid accumulation in tendons—the most common site being the Achilles tendon.

RICER still stands as the gold standard for management of soft tissue injuries:

Rest—not complete rest, but active rest. This can be achieved by keeping the muscle switched on with mini contractions or tightening which prevents it from shutting down, resulting in the ability to contract the muscle.

Ice—(or cold pack) around the injured part to close down the vessels that have dilated or been damaged in the trauma. This should be repeated for 15-20 minutes every two to three hours for the first 24-36 hours.

Compression—compress the area above and below and over the injured tissue to constrict flow of fluids out of vessels that are damaged. This needs to be firm, but not enough to become a ligature that cuts off blood supply to the rest of the limb.

Elevation—of the injured part at a level that is comfortable, but reduces the effect of gravity draining fluids to more distal tissues.

Referral—arrange to see a qualified health professional (doctor or physiotherapist) immediately. This will determine the extent of your injury and provide advice on the treatment and rehabilitation required.

Managing Basic Injuries

Treating injuries: heat v ice

Ice is used in the first 72 hours for any new injury from muscle strains to direct contact - "corks". Ice works in tandem with other components of the RICER regime. Initially the application is every two hours for 20 minutes and then eased off to two to three times a day.

Heat is best used to pre-warm muscles prior to exercises using a heat pack or heat rubs. It can be used during activity to ease stiffness and tightness but be aware not to apply heat to new injuries.

When to return to sport after a muscle injury

A simple assessment protocol to predict how many weeks will be missed with a muscle injury is:

1. Ran from the playing field with some restriction and pain **Grade I** muscle injury - miss 1-2 weeks
2. Limped from the playing field but could not run **Grade II** muscle injury - miss 2-4 weeks
3. Assisted from the field, needed support **Grade III** muscle injury -miss 4-6 weeks

This is only a guideline and return to sport should be assessed with specific functional and muscle testing.

The benefits of core stability

In recent years research has shown that specific exercises to strengthen the pelvic, lower back and lower abdominal muscles together to gain a coupling effect is very beneficial for preventing injuries and improving an athlete's performance. Sit ups, Roman Chair - trunk extension, and swimming were historical exercises that were prescribed to strengthen the abdominals and lower back.

However with a new understanding on the need to have the "internal corset" effect, the approach to exercise prescription has changed markedly. Specific mat, fit-ball and Pilates-type exercises used in isolation or with other exercises to improve core strength are now mandatory in athlete preparation.

Does muscle turn into fat?

This is one of those old wives tales which has proved to be incorrect. Someone who is healthy and fit, with good muscle mass, who then stops training, will find in time that the muscle size is reduced.

This is a separate process to fat accumulation. What often happens is that people maintain the same eating habits but reduce their activity levels. This is the main reason that muscle mass decreases in size, and the extra kilograms of fat around the waist, the legs and the butt then become more pronounced.

Shin splints

Shin splints are a condition where an individual complains of pain along the inside border of the larger lower leg bone - the tibia. The main cause is the tractioning effect of the muscles that attach to the bone. This can be due to a sudden increase in training loads, poor supporting shoes or pronated (flat) feet.

You can often feel a very tender and painful lump in the area which makes running very difficult. Advice and assistance in settling down your symptoms and safely returning you to playing can be obtained from your club or local physiotherapist.

Soft Tissue Rehabilitation

Rehabilitation following soft tissue injury involves the management of the athlete from the time of injury to return to sport. Soft tissue injuries vary in type (e.g. tendon, muscle, ligament, muscle contusion etc) and severity; however, a generalised program of staged rehabilitation is relevant for all injuries. The length of the program will vary depending on the severity of injury but all stages will still need to be addressed.

The stages of rehabilitation from injury to return to sport are:

1. Unloading Phase (Tissue Recovery/Regeneration)
2. Restoration of Normal Physiology (Early)
3. Restoration of Normal Physiology (Late)
4. Functional Training (Sport Specific Demands)

If we briefly consider each of these stages and the rehabilitation aspects it helps us to more effectively guide our management.

1. Unloading Phase (Tissue Recovery/Regeneration)

This commences immediately following trauma and involves protecting the injured structure from excessive loads likely to impact on normal tissue healing. Total rest is not necessary, rather protection at an appropriate level is required.

The length of time for protection is dependent on the severity of trauma involved. Utilisation of RICER principle (Rest, Compression, Elevation and Referral) is vital in the early stages with emphasis on compression. Compression at all times immediately following injury is arguably the most important of the RICER principles. Thus keep compression on even when undertaking other aspect of RICER management.

2. Restoration of Normal Physiology (Early)

This involves the introduction of increasing loads/demands on the tissue after suitable time for tissue recovery has been allowed. Loads need to be kept at an appropriate level for timeframe of tissue healing. This involves both stretching and strengthening aimed at tissue involved without causing excessive pain or any post exercise swelling/prolonged soreness.

Additional techniques (home and clinic based) may be incorporated to assist in tissue healing or movement restoration (e.g. massage, mobilisation, electrotherapy etc.). The intensity of massage needs to be kept at a suitable level for the tissue healing time (i.e. not too strong as may cause further tissue damage/bleeding!).

3. Restoration of Normal Physiology (Late)

Continuation of loading of tissues to full strength/stretching loads. Loading through this phase will begin to mimic normal daily and sporting loads. Loading is progressed through from slower to faster rates of application and from short to longer duration.

Should have normal tissue strength at the end of this stage in preparation for the final stage.

4. Functional Training (Sport Specific Demands)

Final stage of rehabilitation to be completed before full return to sporting activity. This stage is vital to ensure athlete has suitable 'dynamic joint stability' via appropriate activation of muscle to prevent recurrence or new injuries. Utilisation of dynamic balance/loading activities is important during this stage. Techniques such as plyometrics and agility training are very useful in mimicking sport specific demands. Frequently final stage rehabilitation is poorly directed, leaving the athlete vulnerable to injury on return to competitive environment.

For successful return to sport all stages of rehabilitation need to be addressed! Recurrence of injuries do occur, even if we follow all stages. However, failure to adequately rehabilitate players, especially the final sport specific stage, significantly increases re-injury rates!