Immediate Care for Athletic Injuries

Many injuries in sports involve bones, muscles, tendons, and joints/ligaments. To provide care for these injuries it is important to first rule out a possible bone fracture. If the athlete cannot provide movement at the joint around the location of pain because of pain/shifting/grinding/creaking, cannot bear weight, and/or you see an obvious deformity in the injured limb; splint the limb as best you can, ice the injury and seek medical attention via Emergency Department or Urgent Care for an x-ray.

Once an obvious fracture has been ruled out follow these basic treatment guidelines for initial care of acute injuries:

RICE

R – Rest: If it hurts to do certain movements stop doing them. Rest the injured area and refrain from stressful activities or movements that elicit painful responses.

I – Ice: There are a couple ways to ice, but icing is the best treatment for an acute injury for the first 48-72 hours after. For example: 20 min ice bag OR 15-20 min ice water soak OR 12-15 min ice massage with ice cube. Icing should be done a recommended 3-4 times daily initially, or (if desired) can be done once an hour with 30-40 min to warm up between icing.

C – Compression: Compressing the limb or joint minimizes local swelling, provides extra stability to joints and can help minimize pain. Compression should not be done if a fracture is suspected in acute injuries, but otherwise compression can and should be done whenever the athlete is not icing the area.

E – Elevation: Elevate the injured body part. Ideally the best is if you can raise the injured area above the level of the heart. However, elevating the injured area so that it is not the lowest body part is acceptable (ex- ankle propped up to waist height or slightly higher). Elevate the body part in combination with icing.

When walking causes a limp that is moderate to severe, the athlete might benefit by using crutches (if you have them) to help let the injury heal. Weight bearing should always be done to tolerance or to your physician’s recommendation. If it is an injured arm or shoulder, a sling can be used to help rest the upper extremity if moderate to severe pain is felt hanging at rest.

If it is not an emergency, seek out secondary care from a professional (preferably orthopedic or sports medicine). Athletic Trainers work exclusively with sports injuries and can evaluate the injury, determine the best course of action, and can facilitate a referral if further higher level care is needed (referral to a physician or upper level provider). When in doubt make an appointment to see your PCP or an orthopedic physician for all bone/muscle/joint injuries. University Sports Medicine physicians can often see injuries that day or the following day. Make sure you explain to the scheduler that your son is an in season McQuaid athlete and you should be seen in a timely manner. Open communication between athletes, parents, and athletic trainer is appreciated. Don’t hesitate to call or seek me out.

Greg Beier MEd, ATC – Athletic Trainer: University Sports Rehabilitation (585) 341-9150
University Sports Medicine Physician Appointments – (585) 275-7379
Sports Injury Hotline – (585) 258-0055

GBeier 11/2010