

# Chapter 9

## Care and Rehabilitation of Common Ice Hockey Injuries

### OBJECTIVES

- Understand common ice hockey injuries
- Identify common treatment of common injuries
- Outline rehabilitation tips

### COMMON INJURIES

The following section lists **fourteen injuries that may occur in ice hockey**. The information about each injury provides (1) definition, (2) common symptoms, (3) immediate on-ice treatment and (4) guidelines for returning to action.

1. back or neck injury
2. blisters
3. bruise
4. dental injury
5. dislocation
6. fracture
7. head injury - conscious
8. head injury - unconscious
9. lacerations
10. loss of wind
11. nose bleed
12. skate bite
13. sprain
14. strain

### 1. BACK OR NECK INJURY

#### Definition

- any injury to the back or neck area which causes the player to become immobile or unconscious

#### Symptoms

- pain and tenderness over the spine
- numbness
- weakness or heaviness in limbs
- tingling feeling in extremities

#### Care

- make sure player is breathing
- call for medical assistance

#### Return to Action

- dependent upon severity of the injury, a bruise may mean no practice for 2-3 days; a fracture may mean the player could never play again
- permission of a physician

## 2. **BLISTERS**

### **Definition**

- localized collection of fluid in the outer portion of the skin

### **Symptoms**

- redness
- inflammation
- oozing of fluid
- discomfort

### **Care**

- clean the site with disinfectant
- use a sterile needle and puncture the blister at the edge; force the fluid out
- put disinfectant on the area
- cover the area with a band-aid
- alter the cause of the problem when possible (i.e., proper size and/or shape of the skates)

### **Return to Action**

- immediately, unless pain is severe

## 3. **BRUISE**

### **Definition**

- a bruising of the skin caused by a direct blow

### **Symptoms**

- tenderness around the injury
- swelling
- localized pain

### **Care**

- Rest, Ice, Compression and Elevation (R.I.C.E.) for first 3 days
- contrast treatments for days 4-8
- restricted activity, protective padding

### **Return to Action**

- when there is complete absence of pain and full range of motion

## 4. **DENTAL INJURY**

### **Definition**

- any injury to mouth or teeth

### **Symptoms**

- pain
- bleeding
- loss of tooth (partial or total)

### **Care**

- clear the airway where necessary
- stop the bleeding with direct pressure, (make sure excess blood does not clog airway)
- save any teeth that were knocked free; store them in moist, sterile cloth. They may be reinserted in some cases.
- transport to hospital

### **Return to Action**

- when pain is gone - usually within 2-3 days
- permission of a dentist

## 5. **DISLOCATION**

### **Definition**

- loss of normal anatomical alignment

### **Symptoms**

- complaints of joint slipping in and out (subluxation)
- joint out of line
- pain at the joint

### **Care**

- mild
  - treat as a sprain (R.I.C.E.)
  - obtain medical care
- severe
  - immobilize before moving
  - needs to be treated by a physician
  - obtain medical care (do not attempt to put joint back into place)
  - R.I.C.E.

### **Return to Action**

- subluxation: go by pain level, range of motion and strength; if no pain, has full range of motion and strength returned to 95% of same joint on opposite side of body, player may return to action
- severe: surgery may be necessary, six weeks is usually the minimum recovery time; full range of motion must be present, full strength must be present; doctor's permission is required to resume practice

## **6. FRACTURE**

### **Definition**

- a crack or complete break in a bone. A simple fracture is a broken bone, but with unbroken skin. A compound fracture is a broken bone and broken skin.

### **Symptoms**

- pain at fracture site
- tenderness, swelling
- deformity or unnatural position
- loss of function in injured area
- open wound, bleeding (compound)
- a simple fracture may not be evident immediately. If localized pain persists, obtain medical assistance

### **Return to Action**

- full range of motion is present
- strength must be returned to pre-injury levels throughout the entire range of motion of adjoining joints
- permission of a physician

## **7. HEAD INJURY - CONSCIOUS**

### **Definition**

- any injury which causes the player to be unable to respond in a coherent fashion to known facts (names, date, etc.)

### **Symptoms**

- dizziness
- pupils unequal in size and/or non-responsive to light and dark
- disoriented
- unsure of name, date, or activity
- unsteady movement of eyeballs when trying to follow a finger moving in front of eyes
- same symptoms as noted for back or neck injury may be present

### **Care**

- if above symptoms are present, player may be moved carefully when dizziness disappears. Players with head injuries should be removed from further practice or competition that day and should be carefully observed.
- obtain medical assistance

### **Return to Action**

- permission of a physician

## 8. HEAD INJURY – UNCONSCIOUS

### Definition

- any injury in which the player is unable to respond to external stimuli by verbal or visual means

### Symptoms

- player is unconscious
- cuts or bruises to head area

### Care

- **any time a player is unconscious, assume an injury to the spinal cord or brain**
- remove the mouthpiece and clear the airway if necessary
- do not move the player
- call for medical assistance
- do not remove the helmet

### Return to Action

- permission of a physician

## 9. LACERATIONS

### Definition

- a tearing or cutting of the skin

### Symptoms

- bleeding
- swelling

### Care

- direct pressure to the wound for four to five minutes will usually stop bleeding
- clean the wound with disinfectant
- R.I.C.E.
- if stitches are required, send to a doctor within twenty-four hours.

### Return to Action

- as soon as pain is gone, if the wound can be protected from further injury

## 10. LOSS OF WIND

### Definition

- a forceful blow to mid-abdomen area which causes inability to breathe

### Symptoms

- rapid, shallow breathing
- gasping for breath

### Care

- make sure no other injuries exist
- place player on back
- get player to relax and breathe slowly

### Return to Action

- after five minutes of rest to regain composure and breathing has returned to normal rate

## 11. NOSE BLEED

### Definition

- bleeding from the nose

### Symptoms

- bleeding
- swelling
- pain
- deformity of nose

### Care

- calm the athlete down
- get athlete into a sitting position
- pinch the nostrils together with fingers while the victim breathes through the mouth
- if bleeding cannot be controlled, call for medical assistance

### Return to Action

- minor nosebleed - when bleeding has stopped for several minutes
- serious nosebleed - no more competition that day; doctor's permission if a fracture has occurred.

## 12. SKATE BITE

### Definition

- pain where the skate laces are tied

### Symptoms

- localized pain
- small, swollen area

### Care

- lace skates down one eyelet
- put foam rubber under tongue where laces are tied
- rest if pain continues

### Return to Action

- immediately

## 13. SPRAIN

### Definition

- a stretching or a partial or complete tear of the ligaments surrounding a joint

### Symptoms

- pain at the joint
- pain aggravated by motion at the joint
- tenderness and swelling
- looseness at the joint

### Care

- immobilize at time of injury if pain is severe; use hockey stick as a splint
- R.I.C.E.
- see physician
- extended rest
- surgery

### Return to Action

- pain and swelling are gone
- full range of motion reestablished
- strength and stability within 95% of the non-injured limb throughout range of motion
- light formal activity with no favoring of the injury
- moderate to full intensity formal activity with no favoring of the injury
- return to formal practice and competition

## 14. STRAIN

### Definition

- stretching or tearing of the muscle or tendons which attach the muscle to the bone. Commonly referred to as a “muscle pull”

### Symptoms

- localized pain brought on by stretching or contracting the muscle in question
- unequal strength between limbs

### Care

- R.I.C.E. for the first 3 days
- stretching to point of discomfort; no pain; start as soon as player is able
- contrast treatment for days 4-8

### Return to Action

- check flexibility - can players stretch as far as they could pre-injury?
- check strength between limbs; do both sides of the body appear equally strong?
- can athlete perform basic hockey tasks (i.e., skating, passing, shooting) without favoring the injury?
- mild strain - 1 to 2 days
- moderate - 4 to 6 days
- severe - 1 to 2 weeks or more

### Maintaining Appropriate Records

The immediate care you provide to an injured player is important to limit the extent of the injury and set the stage for appropriate rehabilitation and thus a quick recovery. It is not sufficient, however, to terminate your care with these two areas. Two additional brief but valuable tasks should be completed. The first of these is to **complete a personal injury report form** and the second is to **log the injury on your summary of season injuries**.

### Personal Injury Report Form

It is important for you to **maintain a record of the injuries that occur to your players**. This information may be helpful to guide delayed care or medical treatment and may be very important if any legal problems develop in connection with the injury.

## Summary of Season Injuries

A Summary of Season Injuries, lists each type of injury, with a space for you to record when that type of injury occurred. At the end of the season you should **total the incidences of each injury to see if there is a trend to the kind of injuries your team has suffered.** If a trend exists, evaluate your training methods in all areas of practices and games. Try to alter drills or circumstances that may be causing injuries. Perhaps your practice routine ignores or overemphasizes some area of stretching or conditioning. Decide on a course of action that may be implemented for next season and note the appropriate changes you wish to make on your season or practice plans.

## REHABILITATION

Decisions about the rehabilitation of injuries and re-entry into competition must be made according to a flexible set of guidelines; not hard and fast rules. Every individual on your team and each injury is unique. Therefore, rehabilitation techniques and re-entry criteria will differ for each injured player.

### General Procedures

Most minor injuries suffered by your players will not be treated by a physician. Therefore, you, the player, and the player's parents will determine when the player returns to action. Players, coaches and parents realize that missing practices will reduce the player's ability to help the team and that the loss of practice time will reduce the opportunity to perfect the skills of the game. **Pressure is often exerted on the coach to play injured players before they are fully recovered. However, chances of an injury recurring are greatly increased if a player returns too soon. The following five criteria should be met, in order, before allowing an injured player back into full competition. They are:**

1. **absence of pain.**
2. **full range of motion at the injured area.**
3. **normal size and power (strength throughout the range of motion) at the injured area.**
4. **normal speed and agility.**
5. **normal level of fitness.**

If a physician is not overseeing an injured player's rehabilitation, the task of rehabilitation will probably fall upon the coach. **Stretching activities, calisthenics and weight training exercises form the basis of a rehabilitation program.** Start with simple stretches. Presence of pain during movement is the key to determining if the activity is too stressful. The onset of pain means too much is being attempted too soon. When players can handle the stretching, then calisthenics and weight training can be added to the program.

### Absence of Pain

Most injuries are accompanied by pain, although the pain is not always evident immediately when the injury occurs. Usually, the pain disappears quickly if the injury is a bruise, a strain or a minor sprain. For more serious injuries such as dislocations, tears, or fractures, the pain may remain for days or weeks. When the pain is gone, the player can start the stretching portion of a rehabilitation program. **The main goal of a rehabilitation program is to re-establish range of motion, strength, power and muscular endurance at the point of injury.** As long as players remain free of pain, they should proceed with their program. If pain reoccurs they should eliminate pain-producing movements until they are pain-free again.

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**The chance of an injury recurring is greatly increased if a player returns to action too soon**

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### Full Range of Motion

Injuries generally reduce the range of motion around a joint. The more severe the injury, the greater the reduction in range of motion, particularly when the injured area has been immobilized. **As soon as they are able, injured players should start moving the injured area in a progressively normal way.** For example, if the player has strained a groin muscle, a fairly common injury early in the season, he/she should stretch the muscle as much as possible without causing pain. Initially, the movement may be slight if the injury was severe, but with stretching, the full range of motion will eventually return. **When the player can move the injured joint through its normal range, strengthening exercises should begin.**

## Strength and Size

**After a body part has been immobilized (cast, splint wrap or disuse), muscles become smaller and weaker than they were prior to the injury.** Just because a cast is removed and the injuries have “healed” does not mean that players are ready to practice or play at full speed. Loss of muscle mass means a loss of strength. Letting the player resume a normal practice schedule before strength has returned to pre-injury levels could lead to re-injury. Strengthening the injured area should be done very conservatively. If weights are used, start with light weights and perform the exercise through the entire range of motion. If the exercise causes pain, then lighter weights should be used. Your goal is to **have the players regain full strength through the entire range of motion before allowing them to return to competition.** To determine when full strength and size has been regained, compare the injured area to the non-injured area on the opposite side of the body. When both areas are of equal size and strength then the players may progress to the next phase of recovery.

## Normal Speed and Agility

If the lower parts of the body were injured, skating drills which incorporate progressively more intense changes of speed, and/or direction, stopping and accelerating will provide a good indication of the player’s recovery. If the upper part of the body was injured, passing and shooting drills should be attempted also. In your observation of injured players, **try to detect any favoring of the injury or inability to smoothly perform a skill at increasing intensities. When players can move at pre-injury speed and agility, they are almost ready to play.**

**The main goal of a rehabilitation program is to re-establish range of motion, strength, power and muscular endurance to the injured area**

## Level of Fitness

**Every extended layoff reduces the level of muscular fitness.** While recovering, the player may be able to exercise other body parts without

affecting the injured area. Someone with a sprained ankle may not be able to skate, but may be able to swim. Someone with a broken wrist may be able to jog or ride a bike. Encourage this type of activity, because it helps to maintain portions of their pre-injury levels of fitness. Players who have missed long periods of time due to an injury, should practice for several days after meeting the previous criteria, before being allowed to play in a game. Their cardiovascular system and the endurance of the injured musculature need time to adjust to the demands of the game. **The longer the layoff, the more conditioning work they will need.**

## SUMMARY

This chapter was an attempt to acquaint you with various injuries associated with hockey and how you should be prepared to deal with these injuries. If you have prepared your first aid kit, brought along the medical records and familiarized yourself with the different types of injuries, you should be able to handle whatever situation arises. Follow the steps that are outlined for you and remember – **you are not a doctor.** If you are in doubt about how to proceed, use the coins in your first aid kit and call for professional help. Do not make decisions about treatments if you are not qualified to make them.

Remember, react quickly and with confidence. Most injuries will be minor and the injured players will need only a little reassurance before they can be moved to the bench area. Injuries will always occur in ice hockey. Therefore, you must prepare yourself to deal with whatever happens in a calm, responsible manner.

When the pain is gone, and the range of motion, strength, agility and conditioning are back to normal, your player is ready to resume play. The entire process may take two days for a bruise to 12 weeks or more for a fracture. In either case, if you have followed the general guidelines of this chapter, you know you have acted in the best long-term interest of the player. Participation is important, but only if the participation is achieved with a healthy body. Resist the pressure and the temptation to rush players into a game before they are ready. Your patience will be rewarded in terms of the long term health and performance of your players.