Cheerleading

Cheerleading is often thought of as a sport only for high school and college athletes. However, it is becoming more popular among younger athletes as well.

Cheerleading shares many of the same types of injuries seen in other jumping sports. However, the risk of injury can be reduced. The following is information from the American Academy of Pediatrics about how to prevent cheerleading injuries. Also included is an overview of common cheerleading injuries.

Injury prevention and safety tips

- **Equipment.** The American Association of Cheerleading Coaches & Administrators (AACCA) recommends using mats or a soft, even surface when learning new skills as well as during competition.
- **Fitness.** Athletes should maintain a good fitness level during the season and off-season. Preseason training should allow time for general conditioning and sport-specific conditioning. Also important are proper warm-up and cool-down exercises.
- **Coaches.** It is important for coaches to be experienced and familiar with the rules. Cheerleaders are less likely to be injured if their coach has completed a coaching class such as from the AACCA Safety Course; has more than 1 year of coaching experience; and has a college degree. All coaches should be familiar with the National Federation of High Schools guidelines, which include restrictions on basket tosses, pyramid heights, and twisting/flipping stunts.
- **Spotters.** All cheerleaders should be trained to spot properly. Spotters assist or catch the top person in a partner stunt or pyramid. Proper supervision and spotting should be available at all times.
- **Emergency plan.** Teams should develop and practice an emergency plan so that team members know their roles in emergency situations. The plan would include first aid and emergency contact instructions. All members of the team should receive a written copy each season. Parents also should be familiar with the plan and review it with their children.

Common injuries

Ankle sprains

Ankle sprains are the most common cheerleading injury and usually happen when the cheerleader lands on the outside of the foot, twisting the ankle inward. Injuries to the bone are more common than injuries to the ligament, especially in younger athletes.

Treatment begins with rest, ice, compression, and elevation (RICE). Athletes should see a doctor as soon as possible if they cannot walk on the injured ankle or have severe pain, especially in the bony parts of the foot or ankle. X-rays are often needed.

Knee injuries

Knee injuries commonly occur when a cheerleader lands awkwardly from a jump. An anterior cruciate ligament tear is usually associated with sudden knee pain and giving way from a twisting, knock-kneed, or hyperextension injury.

Treatment begins with RICE. Athletes should see a doctor as soon as possible if they cannot walk on the injured knee. Knee fractures may not heal if the knee is not treated properly. Athletes should also see a doctor if the knee is swollen, a pop is felt at the time of injury, or the knee feels loose or like it will give way.

Cheerleaders can also get overuse knee injuries, such as patellar tendonitis or Osgood-Schlatter disease, which are common in sports that require a lot of jumping. They usually cause pain just below the kneecap. These injuries can be treated with rest, ice, taping or bracing, stretching, strengthening, and/or physical therapy.

Wrist injuries

Wrist injuries usually happen when a cheerleader falls onto an outstretched hand. Both bone and ligament injuries in the wrist can occur with a fall.

Treatment begins with RICE. Athletes should see a doctor if their wrists are swollen or painful the next day. X-rays are often needed.

Low-back pain

Spondylolysis, a stress fracture in the spine, is a common injury in athletes who do a lot of jumping, tumbling, and back-bending activities. Symptoms include low-back pain that feels worse with back extension activities, like back

walkovers or back handsprings. Cheerleaders with low-back pain for longer than 2 weeks should see a doctor. X-rays are usually normal at first so other tests are often needed to diagnose spondylolysis.

Athletes with spondylolysis must rest from back extension activities for several weeks, and usually months. Physical therapy to strengthen the back and abdominal muscles will also help athletes recover. Back braces are unnecessary in most cases.

Head injuries

Concussions in cheerleading usually occur when a cheerleader's head hits the ground after a severe fall. A concussion is any injury to the brain that disrupts normal brain function on a temporary or permanent basis.

The signs and symptoms of a concussion range from subtle to obvious and usually happen right after the injury but may take hours to days to show up. Athletes who have had concussions may report feeling normal before their brain has fully recovery. With most concussions, the player is *not* knocked out or unconscious.

Prematurely returning to play after a concussion can lead to another concussion or even death. An athlete with a history of concussion may be more susceptible to another injury than an athlete with no history of concussion.

All concussions are serious, and all athletes with suspected concussions should not return to play until they see a doctor.

Catastrophic injuries

Catastrophic injuries can occur if a cheerleader falls from the top of a pyramid, lift, or basket toss. Head injuries, like concussions or skull fractures, and spine injuries, like fractures or paralysis, may occur after a severe fall. If a severe fall occurs, the athlete should not be moved and the emergency plan should be started right away. No athlete with a concussion or spine injury should return to sports unless it's cleared in writing by a doctor.

Remember

Cheerleading injuries can be prevented with proper supervision, spotting, and compliance with the rules and safety guidelines in place for cheerleading.

Notes

American Academy of Pediatrics

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