Soccer

Soccer (known as football outside the United States) is one of the most popular team sports in the world. Soccer also can be a way to encourage children to be physically active while they learn about teamwork and sportsmanship.

With the growing popularity of soccer comes a greater number of injuries. However, the risk of injury can be reduced. This publication was written by the American Academy of Pediatrics to provide information about how to prevent soccer injuries. It includes a list of common soccer injuries.

Safety tips

The following are ways to help prevent soccer injuries:

- **Equipment.** Players should use the right equipment.
  - **Protective mouth guards**
  - **Protective eyewear.** Glasses or goggles should be made with polycarbonate or a similar material. The material should conform to the standards of the American Society for Testing and Materials (ASTM).
  - **Shoes.** Cleats should provide sufficient heel/arch support and grip.
  - **Balls.** Soccer balls should be water-resistant, the right size based on age, and properly inflated.
- **Preseason training.** There is growing evidence that preseason conditioning and balance training may reduce the risk of anterior cruciate ligament (ACL) injury.
- **Fair play.** Violent behavior and aggressive play increase the risk of injury and should be strongly discouraged. Parents and coaches should encourage good sportsmanship and fair play.
- **Field conditions.** Uneven playing surfaces can increase risk of injury, especially in outdoor soccer. The field should be checked for holes or irregularities. Goal posts should be secured to the ground at all times even when not in use. Follow installation guidelines from the manufacturers and Consumer Product Safety Commission.
- **Heading technique.** The risk of a head injury is comparable to other contact/collision sports, though evidence does not support repeated heading as a risk for short- or long-term cognitive issues. However, to reduce the risk of injury from heading the soccer ball, players should be taught proper heading technique at the appropriate age and with an appropriate-sized ball.

  Excessive heading drills should be discouraged until more is known about the effects on the brain. Also, no recommendations regarding the use of helmets or cushioned pads to reduce head injury in soccer can be made at this time. More research and established safety standards and regulations are needed.

Common injuries

Soccer injuries in general occur when players collide with each other or when players collide with the ground, ball, or goalpost. They also may result from nonbody contact, such as from running, twisting/turning, shooting, and landing. The most common types of injuries in youth soccer are sprains and strains, followed by contusions (bruises). Most injuries are minor, requiring basic first aid or a maximum of 1 week's rest from playing soccer.

Ankle and knee injuries

Most ankle and knee injuries do not result from contact with another player. Ankle injuries are more common in male players and knee injuries are more common in female players.

ACL injuries are relatively common knee injuries. Most of these injuries happen not from coming in contact with another player, but from sudden stops and pivots. ACL injury risk-reduction programs are recommended for female adolescents.

Heel pain

Irritation of the growth plate of the heel bone (Sever's disease) is common in youth soccer. This can be treated with calf stretching, activity modification (avoid extra running), heel cups or arch supports, ice, and anti-inflammatory medicine.

Head injuries

Concussions are common in soccer. They usually occur when a player's head collides with another player's head, shoulder, or arm, or the ground. Females tend to have a slightly higher concussion risk than males.

Concussions temporarily affect brain function, although loss of consciousness or blackout may or may not happen. All concussions are serious and need to be evaluated by a doctor before players can return to play. The signs and symptoms of a concussion range from mild to severe and usually happen right after the injury, but may take hours to days to show up. With most concussions, the player is not knocked out or unconscious.

Mouth, face, and teeth injuries

Soccer is one of the leading causes of mouth, facial, and dental injuries in sports (second only to basketball). Use of protective mouth guards may help reduce the number of injuries.

Eye injuries

Eye injuries are rare, but when they occur they are often severe, resulting in damage to the eye globe or blowout fractures of the eye socket. Protective eyewear is recommended for all soccer players.

Remember

Soccer injuries can be prevented when fair play is encouraged and the rules of the game are enforced. Also make sure you have the right equipment and play safely.

Notes

American Academy of Pediatrics

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