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Stop pushing young athletes to injury

By *Ronald Zernicke* - published in www.freep.com

Suddenly, ACL tears, concussions, and multiple surgeries are the norm for kids as young as 12, yet our epidemic of youth sports injuries gets little or no attention.

These injuries are preventable and simply should not happen.

I see this as both a moral and an economic issue. Each year, U.S. emergency rooms treat more than 4.3 million sports-related injuries on youngsters. Many of these injuries require multiple surgeries and excruciating recoveries. These injuries can have life-long effects on mobility—and decreased mobility worsens a host of medical conditions in older adults, including diabetes, obesity, and osteoporosis.

This costs taxpayers billions. Consider that more than 200,000 new cases of knee anterior cruciate ligament (ACL) injuries occur annually, costing \$1 billion a year. Evidence suggests that early onset arthritis will likely develop 5 to 15 years after an ACL injury.

This public health threat will worsen unless we force immediate changes in our athletic training system.

The good news is research shows that those changes work: simple neuromuscular training programs drastically reduce youth injuries, and an ounce of prevention goes a long way. Proper coaching, training programs, hydration, officiating, equipment, medical coverage at sporting events, and preseason physical exams reduce injuries exponentially. Educational, behavioral, environmental, and enforcement/legislative interventions have been developed, and something as easy as the right shoe for different playing surfaces can prevent serious injury.

There is no one person or entity to blame for the epidemic of disabling injuries in youngsters—the system itself needs fixing and the sources of the problems are numerous and complex.

Young athletes feel pressure from parents, peers, coaches, TV ads and themselves. We need to encourage athletes to dream, but our first obligation is to protect from damage the 30 million kids who participate in organized sports.

An incredible 30 to 50% of youth sports injuries are caused by overuse—kids are simply worked too hard. Little League set limits on the number of pitches young players may throw, and the sky has not fallen on baseball. All youth leagues should set sensible limits on practice times.

Related to overuse is improper use of the body. Running, jumping, throwing, and landing, if done with poor form, take an enormous toll on young bodies. But again, research shows that simple prevention and training programs work. One neuromuscular training program in Finland designed to decrease the number of lower extremity injuries in females saw a 66% reduction in the risk of injury for participants. Young women are two to five times likelier to tear an ACL than boys in the same sport.

Finally, children are more vulnerable to permanent damage than adults. A high school athlete's recovery time from concussion is longer than a college athlete's, and high school athletes are three times likelier to sustain a second concussion. If we remain on our current course, musculoskeletal disabilities in youngsters will increase dramatically over the next 20 years.

If we want our children to bring home ribbons instead of broken ribs, the long-term scientific research must continue. But the grass roots prevention must start at home and on the school and neighborhood courts, fields and arenas from which our youngsters are being carted away — not on the shoulders of teammates, but on stretchers.

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