

Young Athlete Program: Hockey Injuries

UPMC Sports Medicine's Young Athlete Program brings together a team of sports medicine experts that provide individualized attention for injury prevention and management for young athletes.

The goal of the Young Athlete Program is not only to treat athletes when injuries occur, but to focus on prevention and performance training to help them reach their full potential.

Our team of experts use cutting-edge, science-based techniques to help speed recovery, and quickly and safely prepare the athlete to return to competition. Physical therapists, physicians, athletic trainers, sports performance coaches, and other experts focus on prevention, nutrition, conditioning, and sport-specific training, tailored to an athlete's age and level of competition.

Common Hockey Injuries

Speed, skill, slapshots, slashing. These are just a few words to describe a sport that ranks third in overall injuries in young athletes. Hockey injuries can range from sprains and strains to concussions with symptoms that affect performance on and off the ice. Parents and coaches need to understand the importance of safety, sports-specific training, and injury management in efforts to keep athletes out of the injury "penalty box."

Common hockey injuries include:

- Knee sprains
- Muscle strains
- AC joint (shoulder)
- Shoulder dislocation
- Concussion

Concussion

Hockey is a high-speed contact sport, and head injuries are common among players. Even though a collision may leave an athlete thinking they are still able to skate, it doesn't mean they have not suffered a concussion. It is important to make sure staff, coaches, parents, and athletes understand the symptoms of a concussion, which may include mental fogginess and a headache. All suspected concussions should be medically evaluated.



Other Contact Injuries

Beyond concussion, contact injuries can occur to the shoulder, elbow, and wrist. Typically, hockey players suffer a shoulder separation or broken collarbone due to contact with players, boards, or the ice. Elbow injuries also occur when protecting the puck. Tissues that protect the elbow joint can be repeatedly bumped and, without intervention, can affect how athletes protect themselves and how they pass the puck. Fractures are common in the wrist due to slips and falls on the ice or ramming into the boards.

Overuse Injuries

Injuries occur as the body adapts to repeated and prolonged trunk flexion with wide hip motions as muscles become weak and/or tight. The back usually suffers muscle or joint strain due to checking and hyperextension, and the mechanics of skating put significant stress on the hip joints and surrounding muscles. Most common injuries to the hips are groin or hip flexor strains due to explosive contractions and inflexibility. Padding can protect areas where players are susceptible to direct impact, but in some cases, hockey players still may experience hip pointers or bursitis. Due to the mechanics of hockey, the knee is also vulnerable to ligament sprains as athletes push off the inside of the skate blade.



What causes these hockey injuries?

- Wearing inappropriate equipment for the position or wearing ill-fitting equipment
- · Not following rules and regulations
- Violent behavior
- · Pre-existing injuries
- · Poor warm up before games
- Poor sport-specific conditioning
- · Poor lower extremity flexibility
- · Poor core strength

Injury Treatment and Prevention

Because one out of every four injuries in hockey involves the head, it is crucial for the young athlete to understand that face masks need to be worn for protection. The athlete also should wear position-specific equipment.

A preseason physical and/or screening can identify flexibility, strength, and agility deficits that, with proper exercise, can greatly reduce the likelihood of injuries.

Hockey Training and Conditioning Exercises

There are several conditioning exercises that players can perform in order to ensure they remain conditioned and ready for play. These include:

Off-ice balancing drills

- Stand on one foot with eyes closed
- Single leg squats, hopping from one leg to the other

Medicine ball twists/toss

Stand sideways, rotate the trunk, and throw the ball.
Twisting and throwing the ball builds up torso strength

Aerobic exercise

 At least 30 minutes of aerobic exercises three to four times a week builds up heart and lung capacity. Aerobic exercises include running, bicycle riding, elliptical, and stair climbers.

Box jumps

 Jump laterally over boxes to improve balance and build up explosive leg strength.

Screening Young Athletes

Our team of sports rehabilitation experts provide injury prevention screenings to young athletes. These screenings can help uncover existing injuries and areas of weakness, and can help prolong participation in sports.

These 45-minute screenings include:

- Flexibility
- Strength
- · Functional movement assessment

The results of the screening will help determine if a young athlete needs to consult with a physician, participate in physical therapy, or consider sport-specific performance training. UPMC Sports Medicine has the expertise and comprehensive services to support young athletes.

Contact the Young Athlete Program

Regardless of age or sport, the Young Athlete Program has the expertise, technology, and services to make a difference for your athlete. For more information or to make an appointment, call 1-855-93-SPORT (77678) or visit UPMCSportsMedicine.com.



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