Newsletter of AthletiCare™ Sports Medicine program at St. John's Hospital and St. Francis Hospital

December 2012

Preventing sports injuries in children and young athletes

By: Diane Hillard-Sembell, MD
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Medical Director, AthletiCare™

As a sports medicine orthopedist and mother of a teenage son involved in many sports, I am especially committed to youth sports safety and injury prevention. Our goal is to minimize the risk of injury while maximizing performance and promoting safe physical development.

Sports participation among children and adolescents is on the rise, with an estimated 20 million American youth participating in school or community organized sports. Unfortunately the number and severity of injuries has also increased.

Young athletes are not merely small adults. There are many structural and physiological differences that must be considered. Young athletes of the same age can differ greatly in size and physical maturity, as well as social development. Parents and coaches of pediatric athletes should try to group youngsters according to size and skill level, not chronological age, particularly during contact sports.

Because their bones, ligaments, muscles and tendons are still growing, children may be more susceptible to certain sports injuries. Growth plates — the area in the bone where growth occurs — are weaker than the nearby ligaments. Therefore, what is often a sprain in an adult can be a potentially serious growth plate injury in a young athlete. In addition, athletes with growing bones should not be subjected to intense weight training, but can do light weights of easy intensity. The safest rule is to use only the resistance of body weight such as pushups, pull-ups, abdominal curls, etc.

One factor in the surge in youth sports

injuries may be the trend toward "specialization." That is, many kids are now playing the same sport almost year-round even at a young age, instead of participating in a variety of activities.

This is a dangerous trend, not only from a physical standpoint and potential for overuse syndrome, but also it is a setup for a young athlete to lose interest in a sport that he or she could have later excelled in. Cross-training and playing a variety of sports is much healthier.

Coaches and parents should be aware of the risk for overuse injury, and avoid excessive practice sessions. Adequate rest days should be built into schedules. For example, youth baseball limits the number of games per week and the number of innings pitched to protect vulnerable immature elbows and shoulders. This does not mean the athlete is safe to go home and pitch every day with Dad or coach.

Whether an injury is acute or due to

overuse, a child who develops a symptom that persists or affects his or her athletic performance should be evaluated by a physician. A child should never be expected or allowed to "work through the pain." Prompt treatment can often prevent a minor injury from becoming worse.

In summary, youth sports should always be fun. A "win at all costs" attitude of coaches, parents, peers or professional athletes can lead to injury. The goals of sport should always be kept in mind: exercising and achieving physical fitness, acquiring sport-specific skills, learning teamwork, developing healthy competition and, most importantly, having fun.

AthletiCare offers free educational seminars on various topics on the third Wednesday of every month. Call (217) 744-PLAY (7529) or visit AthletiCare. com for upcoming seminar titles.





By: Jonathan Wiezorek, MS, ATC, PES

It's wrestling season in Illinois again. Ringworm is an ugly term that arises during this time of year, but not many people know exactly what it is or how to treat it.

First, ringworm is caused by a fungus, not a worm. The types of fungi responsible for causing ringworm thrive in warm, moist areas. The ringworm fungus lives in soil and can grow and spread on the outer layer of skin and on the scalp. Research has shown ringworm does not grow on wrestling mats that are properly cleaned daily using an active ("fungus-killing") fungicidal cleaner.

Ringworm is contagious. It spreads when you have skin-to-skin contact with a person or animal that is infected. It also can spread when you share things like towels, clothing or sports gear that have been in contact with an infected person.

Ringworm usually causes a painless, red rash. Itching and scaling may also be present. Ringworm typically manifests itself in a circular shape, although sometimes the fungal infection can be irregular in form.

Due to constant skin-to-skin contact, ringworm is a threat to wrestlers. It can sweep through an entire team unless the wrestlers are effectively monitored and treated. Since pain is not present with this type of skin condition, most wrestlers are unaware they have ringworm until they have spread it to others.

The affected area also may not be visible to the athlete, making it even more difficult to detect. Areas such as the back, back of the neck and hairline are challenging locations to monitor. Prevention requires very close observation by coaches and wrestlers.

The facts about ringworm

Since ringworm is very contagious, infected athletes should seek medical treatment immediately. If you find a ring-shaped rash, it is more than likely ringworm, but the only way to be sure is to see a doctor. The doctor will sometimes take a sample of the rash and look at it under a microscope to help identify the fungus.

Many over-the-counter antifungal creams are available. Even if your rash clears up shortly after you begin treatment, it is still important to continue using the cream for as long as the label or your doctor instructs. This will keep the infection from reoccurring.

If the fungal infection is on your scalp or found in multiple places on your body, your doctor can prescribe an oral antifungal medication. The length of the infection is dependent on the speed with which you seek medical help, the type of ringworm and the infection's sensitivity to treatment. The duration of disqualification is controversial, but infected

athletes should not compete or practice for three to seven days after initiating treatment.

A few of the simplest ways to avoid getting ringworm are:

- showering and shampooing thoroughly after any skin-to-skin contact;
- inspecting your skin daily for irregularities:
- avoid sharing clothing, sports equipment, towels or sheets; and
- washing clothes and bed linens in hot water with fungicidal soap

Home remedies such as burning the infection or using bleach to kill it are not effective treatments. These procedures only damage the skin and can lead to a bacterial infection requiring antibiotic treatment.

If you are currently being treated for ringworm, you should avoid skin-to-skin contact with others but do not need to miss school or work.





MEET Tara Wynn, PTA

Tara attended Southeastern Illinois College in Harrisburg where she played softball for two years while completing her associate degree in arts. She then recieved her associates of applied science for physical therapist assistant at Lincoln Land Community College.

After graduation, Tara worked for Lincoln Land Physical Therapy for two years before joining St. John's. Tara is currently a physical therapist assistant at St. John's Rehab West.

Tara enjoys golf, walking her two dogs and hanging out with friends.

Plantar fasciitis, AKA heel pain

By: Tara Wynn, PTA, AthletiCare™

Plantar fasciitis, or heel pain, occurs frequently in people whether or not they are athletes. Heel pain can be caused by a multitude of different mechanisms. Common causes include, but are not limited to:

- an increase or decrease in physical activity
- overtraining or lack of training for specific sports
- wearing shoes with too little support or cushion
- · lack of arch support

The pain is commonly from the inflammation of the plantar fascia. When the foot leaves the ground, the planter fascia endures tension that is two times the person's body weight. This can cause micro tears. As the body attempts to repair these tears, chronic inflammation can occur.

If you have a classic case of plantar fasciitis, your heel will be most tender when stepping out of bed in the morning and your first few steps after prolonged sitting.

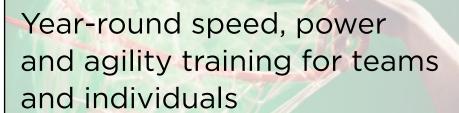
Conservative treatment typically last for six to 12 months. Initially, most health care providers start with attempts to reduce inflammation and initiate physical therapy to assess proper biomechanics and initiate range of motion, stretching and strengthening exercises.



Gastroc stretches strengthen the intrinsic muscles of the foot to help support the arch. By targeting the intrinsic muscles, you will also increase blood flow to the area to promote healing.

Also consider the impact of tight hip flexor muscles, weak hips and knees. Because everything is connected, only strengthening the foot will not correct the problem. Night splints and custom made orthotics are often suggested, as well as intense stretching of the heel cord

Conservative treatment almost always reduces the pain. A great deal of dedication to the home exercises program consisting of stretching and strengthening should be continued. Selecting shoes that are supportive of your foot structure will help decrease the likelihood of reoccurring heel pain.









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Congrats!

Brenda Reiling became a board certified clinical specialist in Orthopedics (Certified OCS) in May.

Diane Hillard-Sembell, MD, received numerous age group awards this summer and fall:

- 2nd place, Capital City Biathlon
- 3rd place, Scholastic Challenge 5K
- 2nd place, Tremont Triathlon
- 3rd place, Abe's Amble 10K

Rochester High School football team - third consecutive state championship

Sacred Heart-Griffin High School football team state semi finalists

Lincoln Land Community College volleyball team – national tournament qualifiers

Sacred Heart-Griffin High School women's golf team - third in state



St. John's Hospital, Springfield

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