



# *A Cheer Parent's Guide to Injury and Illness Awareness for Athletes*

*This information is offered as a reference only and does not imply or infer a medical diagnosis. Any injury or illness should be addressed by an appropriate health professional.*

## INJURY

Contrary to media hype that exacerbates the level of danger associated with cheerleading, this sport contains a very similar risk to all other sports. As with all sports, there is physical activity and physical contact, both which could cause injury. It is important to know how to detect, treat, and prevent an injury.

**Preventative Measure:** Many lower body injuries can be alleviated by wearing an arch support in the shoes.

## Common Injuries & Treatment

### Sprains

(Wrist, Ankle, Knee are most common). A sprain is stretched or partially torn ligament. They are characterized by tenderness, swelling, and bruising. The best treatment is rest. The athlete should not participate in any activities that are causing pain to the area. A doctor will prescribe a reduction of activity, usually anywhere between 1 and 6 weeks and ice. Symptoms may be treated and if non-athletic activities are painful, a brace or cast may be worn.

### ACL Tear

This is a complete tear of the Anterior Cruciate Ligament. This is usually caused from tumbling landings. Landing “short” or “over rotating” a tumbling pass. Treatment is almost always reconstructive surgery and/or physical therapy. Tendinitis (Usually knee, wrist, or Achilles) Tendinitis is the swelling of the tendons created by the repetitive stress of jumping and/or landing. Treatment consists of stretching, strengthening exercises, and activity modification. If it is severe, a break from activity could help.

### Lower Back Injury (muscle strain, ligament sprain, fracture, disc disorders)

Because our sport stresses flexibility so much, back pain is extremely common. Back pain does not always signal a serious injury, but it could depending on severity. Sprains and strains usually respond to rest and/or physical therapy. If back pain is persistent, an Xray and/or MRI should be done. Proper conditioning of the hamstrings can help alleviate lower back injury.

### “Shin Splints” (medial term is tibial stress syndrome)

This is characterized by pain along the shin bone caused by increased activity. It can be treated by rest, ice, and exercise routine modifications.

### Concussion

A jostling of the brain inside the skull which can cause bruising and blood vessel and nerve damage. Some (but not all) symptoms include nausea, headache, dizziness, sensitivity to light or noise, blurred vision, headache, and/or memory loss. This needs to be diagnosed by a doctor and usually requires at least 2 weeks of no physical activity.

## Injury Prevention

Take precautionary measures when trying something new. An athlete should MASTER a skill prior to attempting on a more difficult surface. The surface progression could look like this (but may be altered based on the individual and/or on availability of these surfaces). Trampoline or Drills using tumbling aids (decline mat, panel mat, barrell, etc)→Tumble Track→Air Floor/Track→Rod Floor to Resi→Spring Floor with Resi→Spring floor without Resi. Mastery means you are able to perform the skill 10 out of 10 times.

A spotter can/should be used as a precautionary measure in case something were to go wrong. He or she should not be doing the skill for the athlete. This is not safe for the athlete or the spotter. Athlete should request a spotter for safety purposes when attempting a new skill on a new surface.

Take adequate breaks to reduce fatigue and replenish fluids. Exhaustion can lead to injury.

If an athlete has a recurring injury (such as ankle weakness, etc), a brace or tape can be used to stabilize and

reduce the risk of re-injury. This should be coupled with exercises to strengthen the ligaments and tendons. Do not “push through the pain.” Because of the nature of our sport, in that we usually don’t have alternates, many athletes have felt pressure by their coaches/parents/themselves to “push through the pain.” This is extremely unsafe for the athlete. Not allowing yourself to full recovery could cause more or worsened injury.

Make sure first aid is readily available.

Warm Up muscles with light aerobic exercise to get the muscles warm. Do not do a heavy stretch until post workout. Consult with a coach prior to attempting a skill to make sure muscles are strong enough to be able to potentially execute the skill. An athlete should have mastery of all skills in the skillset for the level prior to the skill he or she is wishing to obtain.

## ILLNESS

### Common illnesses an athlete could be exposed to:

#### **Bacterial Infection** (e.g. Strep throat)

These infections can and should be treated by antibiotics. If your athlete has a Bacterial Infection, he or she may be contagious until 24 hours after starting the course of antibiotics. Since this sport requires close physical contact, the athlete should not practice so that others are not infected.

#### **Viral Infection** (e.g. Common Colds)

These cannot be treated with antibiotics and just have to “run their course.” The athlete may or may not be contagious. Most doctors recommend to stay away from others until the fever has subsided as a fever usually indicates infection.

#### **“Mono”**

Mononucleosis is an infection that can go unnoticed. It is only contracted by transfer of saliva. Symptoms are fatigue, sore throat, fever, headache, possible swollen spleen, etc. The virus has an incubation period of 4-6 weeks. There are many possible complications of Mono. The most common is an enlarged spleen that could be at risk of rupturing. This is extremely pertinent to understand in relation to All Star athletes as they are at a higher risk for rupture if the spleen is enlarged due to the nature of our sport, like when a flyer is caught in a prone position, etc. This is why athletes with Mono absolutely should not participate in practice until cleared by a doctor.

#### **Lice**

A parasitic insect that is spread by direct physical contact between two individuals or by sharing hairbrushes, towels, hats, etc. Symptoms are itchy scalp and sores on the head or neck. There are treatments for the scalp. Also, a professional should go through the head and check for nits (eggs) and cut out any live ones. The gym should require a doctor’s note that certifies that an athlete is lice-free to the best of their knowledge as lice can spread quite quickly.

## PREVENTION

You obviously can’t guarantee your athlete will not contract one of these, or other illnesses, yet you can take some preventative measures.

- Make sure your gym does not allow knowingly contagious athletes in the facility.
- Pack your athlete’s bag with tissues and hand sanitizer and encourage the use the sanitizer before eating any snacks at practice.
- Educate your athlete not to share hair brushes/headbands/hair ties to prevent lice.
- Educate your athlete not to share drinks with others even if they don’t seem ill.