

# Kentucky ATC Newsletter

SEPTEMBER – DECEMBER 2007

Sports-Related Eye Injuries: They're PREVENTABLE!!

John Conklin MD

**UKHealthCare**

Orthopaedic Surgery  
& Sports Medicine

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## Meet our Sports Medicine Team

### Our Physicians:

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Scott Mair, MD  
Christian Lattermann M.D.  
Robert Hosey, MD

### Our Athletic Trainers:

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David Jacobs, ATC  
Candi Lee ,ATC  
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During this time of the year, youngsters and adults pursue their favorite sport, (i.e. basketball, baseball, football, tennis, swimming, fishing, and more.) Despite the enjoyment and physical fitness benefits gained from these activities, each poses a risk to eye health.

More than 100,000 sports-related eye injuries are severe enough to prompt a visit to a physician or emergency room. However, over 90% of all recreation-related eye traumas are preventable. This goal can be realized with certified eye protection wear, supervised athletics with eye protection rules and public education. Unfortunately, these efforts have not eradicated eye injuries. Combative sports like boxing, wrestling, and karate inherently pose a higher risk than others like baseball, basketball, football, and hockey. Blunt force followed by projectile-related trauma account for the majority of eye injuries. In a 1992 study of eye injuries seen in emergency rooms, most occurred in the setting of basketball, baseball, racquet and pool-related sports with the remainder attributed to hunting, fishing, bicycling, football, soccer, and golf. The US Eye Injury Registry in 1995 suggested that 82% of serious eye injuries occurred without the benefit of eye protection.

Various studies demonstrate that the sport and participant's sex and age influence the nature of the eye injury. Baseball tended to be the primary cause of eye trauma in school age children with fishing and BB gun use also posing a substantial risk. If the victim was less than 10 years of age, the visual outcome was likely to be legal blindness. For the 15-24 year old group, football and basketball were most associated with eye injuries and racquet sports for 24 years and older. Although males in general were more susceptible to eye trauma than females (4 to 1), tennis was the leading cause of eye injury in adult females. The average age of those injured was 23 years with most incidents occurring in the 10-15 years old group followed by 20-29 years.

The outcome of eye trauma can be variable ranging from temporary cosmetic disfigurement to permanent scarring, visual distortion and blindness. Abrasions and contusions are most common followed by hyphemas, glaucoma, cataract, corneal or retinal scarring, optic nerve damage or retinal detachment. Most severe eye injuries in the younger population lead to a lifetime of financial and personal burdens.

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Prevention of such eye trauma begins with educating participants about the risks specific to each activity and the value of eye protection. This requires selection of appropriate protective eyewear and lens material (i.e. polycarbonate) and instruction on their proper use. Potential participants should have screening exams to identify "one eyed" individuals (i.e. visual acuity of 20/40 or worse in an eye) and those with restricted peripheral vision or a prior history of eye disease or injury. Awareness of this knowledge should be started early so as to avoid peer pressure that discourages protective eyewear as "cowardly". Instruction must involve team physicians, trainers and support staff with emphasis on signs and symptoms of eye injuries requiring immediate referral to an eye MD. Symptoms may include constant blurred vision, loss of field of vision, sharp or throbbing pain and double vision. Signs can include black or red eye, corneal foreign body, limited eye movements, abnormal pupil size and shape, eye protrusion, blood within the eye or a cut/penetration of the lid or eye. Only by prompt recognition and intervention can serious complications be avoided.

So while we pursue our favorite sport or recreational pastime, it is wise to remember the risk to vision they pose and the need to be vigilant. We should aim to minimize the incidence of sports-related eye injuries through proper education. Only then can we safely enjoy our activities!

**SEVERE WEATHER POLICY**

Rob Ullery MS ATC

These guidelines are established to protect all individuals from severe weather.

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*Establish a chain of command that identifies who is to make the call to remove individuals from the field (this should be the athletic trainer)*

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**SEVERE WEATHER**

1. Establish a chain of command that identifies who is to make the call to remove individuals from the field. (this should be the athletic trainer)
2. The athletic trainer shall monitor local weather forecasts as well as the sky for imminent danger.
3. Designate a safe shelter at each venue to where athletes can go if severe weather occurs.
4. Use the flash – to – bang count to determine when to go to safety. By the time the flash – to – bang count approaches 30 seconds all individuals should already be in there shelter.
5. Once activities have been suspended, wait at least 30 minutes following the last sound of thunder or lightning flash prior to resuming an activity outdoors.
6. Avoid being the highest point in an open field, in contact with, or proximity to the highest point, as well as being on the open water. Do not take shelter under or near trees, flag poles or light poles.
7. Assume the lightning safe position (crouched on the ground, weight on the balls of the feet, feet together, head lowered and ears covered) for individuals who feel their hair stand on end, skin tingle, or hear “crackling” noises. Do not lay flat on the ground.
8. Observe the following basic first aid procedures in managing victims of lightning strikes:
  - a. Survey the scene for safety.
  - b. Activate the local EMS.
  - c. Lightning victims do not carry a charge and are safe to touch.
  - d. If necessary, move the victim with care to a safer location.
  - e. Evaluate airway, breathing, and circulation, and begin CPR if necessary.
  - f. Evaluate and treat for hypothermia, shock, fractures, and/or burns.
1. All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty from anyone

**Safe shelter**

1. A safe location is any substantial, frequently inhabited building. The building should have four solid walls (not a dugout), electrical and telephone wiring, as well as plumbing, all of which aid in grounding a structure.
2. The secondary choice for a safer location from the lightning hazard is a fully enclosed vehicle with a metal roof and the windows completely closed. It is important to not touch any part of the metal framework of the vehicle while inside it during ongoing thunderstorms.
3. It is not safe to shower, bathe, or talk on landline phones while inside of a safe shelter during thunderstorms (cell phones are OK)

**ATTENTION:**

For those of you who would like to give your athlete(s) who have come back from an injury some recognition for their perseverance and hard work. Don Joy is sponsoring a COMEBACK PLAYER OF THE MONTH. The athlete chosen will receive a plaque and an appearance on the Scholastic Ball Report shown on Saturday and Sundays on WKYT. If you have an athlete(s) or know of one and would like to nominate them please contact Jenni Williams @ [sjwill2@uky.edu](mailto:sjwill2@uky.edu), for more information

## Dealing with Difficult Coaches

Tim Pike MA ATC

At some point in your Athletic Training Career, you will have dealt with an uncooperative or, dare I say, difficult coach. You know the type; don't listen, will not work within your parameters, resistant to accepting our role and function, and/or narrow minded in area of environmental factors and athlete safety. If you have not, be thankful, but chances are you will encounter this at some point in time. The following are some pearls, if you will, on how to manage these individuals whose sole purpose in life is to make our lives miserable.

First, I think it is important to understand the method or reasoning behind this madness. It is my opinion that most coaches or at least the disgruntled ones have extreme control issues. As we all know, injuries happen and it is out of our control, we can attempt to prevent them, but they still occur despite our best efforts. Coaches do not have any control over this type of situation especially when we must hold an athlete out of competition. Thus, coaches do not have control over the situation and we are the bearer of the bad news giving us the appearance to these coaches that we are only there to "hold their kids out." For many coaches we fall into this category and immediately we are the bad guys and a barrier is built between the coach and the Athletic Trainer. So what can be done? Much of our job is focused on prevention. This situation is no different. If you can sense that your coach is going to adopt the above ideology, then work on chipping away at that barrier.

The following are just some ways to chip at this wall and hopefully prevent these situations before they happen. Remember this barrier needs a hammer and chisel not a wrecking ball. You cannot change perception overnight. However, you can continually remind the coaches that you are there for the athlete's well being and not to keep them out. Use your past experiences to relate to the coach. Attempt to connect with them, meet them where they are in regards to their perception of Athletic Trainers. Many of us are former athletes and realize what it takes for a team to succeed. Focus on positives; you are part of the solution not the problem! Displaying a working knowledge of their sport and/or specific position within the sport will go a long way in gaining their confidence.

Ultimately, communication is the most important part of meeting this problem head on. The communication does not begin or stop with the coaches you must extend it to the athletes, parents, doctors, and any other pertinent school administrators. Work on keeping everyone on the same page and that every member is part of the medical "team." Again, have them look to you as the solution not the problem.

The second most important task is to continually educate the athlete, parents and coaches. Athletic Trainers are medical professionals and it is important to convey that with confidence and firmness. We are challenged everyday with staying abreast with the most up to date methods of evaluation, treatment, and rehabilitation techniques. This knowledge must be conveyed to the coaches and parents. In my personal experience the most effective method of doing this is to completely educate all parties on what exactly the injuries are and lay out a good plan of action. As an athlete, parent, or coach it simply is not enough to just know the injury. They want to know the bottom line and that is "when can I play." I am not proposing to give an exact date but a general timeline and goals that need to be met. This shows them you are committed to getting the athlete back as soon as possible and always leave room for the possibility of coming back earlier than your time frame (if appropriate).

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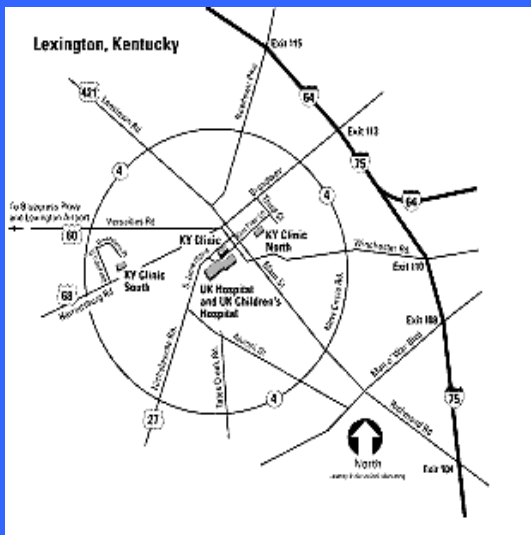
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## Dealing with Difficult Coaches Continued

Every coach differs in how they coach, thus each situation will be different for every Athletic Trainer. However, the above principle can be applied. They are the same skills we do everyday in working with our athletes. We often times must be able to read people in doing our evaluations, extend this skill to your relationship with your coach. Then, formulate a plan of action with confidence. Do your best not to let the coaches' antics dampen your confidence or self worth. Remind yourself that you are doing what is best for the athletes and are ultimately responsible for their wellbeing. This is a huge responsibility that takes a special type of person. Be patient and chip away at the barrier and eventually you will win your coach, parents, athletes and community over, as well as positively represent our profession.

With our sports injury walk-in clinic, no appointment is necessary.

- Walk-in at 7:30 - 8am.
- We're located within Kentucky Clinic, with adjacent parking available.
- Staffed by sportsmedicine fellowship-trained physicians.
- Physical therapy and rehabilitation services are available.
- We're proud to be the team physicians for all UK Athletics.
- Call (859) 257-4577 for more information



## Upcoming Events

- Oct. 31, Nov. 1 & 3<sup>rd</sup> **KHSAA** Soccer Championship
- Nov. 10 **KHSAA** Cross Country Championship
- Dec`31 **NATA** 50 CEUS DUE A-K

| SEPTEMBER 2007 |    |    |    |    |    |    |
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| 16             | 17 | 18 | 19 | 20 | 21 | 22 |
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| OCTOBER 2007 |    |    |    |    |    |    |
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| NOVEMBER 2007 |    |    |    |    |    |    |
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| DECEMBER 2007 |    |    |    |    |    |    |
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| 15            | 16 | 17 | 18 | 19 | 20 | 21 |
| 22            | 23 | 24 | 25 | 26 | 27 | 28 |
| 29            | 30 | 31 |    |    |    |    |