

# Coaches Newsletter

**UKHealthCare**

**Orthopaedic Surgery  
& Sports Medicine**

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## Compartment Syndrome in Athletes Carrie Haugen, ATC

The lower leg is composed of four compartments. Each compartment is bound by fascia sheaths. When blood or fluid collects in these tightly closed spaces and swelling occurs, it is referred to as compartment syndrome. This syndrome can develop in two different ways. It can be a result of an acute traumatic event or a chronic condition.

The acute traumatic compartment syndrome can occur from a direct blow such as being kicked or hit by a ball in the lower leg. When this happens, blood accumulates in the compartment. Another way for acute compartment syndrome to develop is when an untrained athlete does excessive exercise and swelling increases in the compartment. The increase of swelling, blood and fluid will cause damage to the muscles and nerves in that compartment. The signs and symptoms will be severe pain, muscle weakness, dragging of foot when walking, swelling, loss of sensation, decrease in range of motion, and decrease in capillary refill. This can be a medical emergency that requires **immediate** attention.

The chronic compartment syndrome happens more frequently among athletes that do extensive running. The internal pressure in the lower leg will slowly rise during activity and subside after activity. There is also a muscle hypertrophy that happens with an increase of mileage or intensity of workouts. When the muscle becomes bigger, the compartment becomes tighter. When the pressure remains at a high level, it can cause damage to the surrounding tissues.

It is important to recognize this condition early. The injury needs to be evaluated by your certified athletic trainer. The athlete will complain of a feeling of tightness, pain, or pressure in their lower leg during activity which gets better with rest. They may also experience a "falling asleep" feeling or a cold, numb sensation in the foot with activity. The athlete will need to rest, decrease activity, and ice. If the injury continues, make sure the athlete sees the team physician to do a compartment pressure test. If the test shows that the pressure is low then conservative treatment will be done, if the pressure is high in the compartment the athlete may need surgery and then a slow progression back to activity.

## MARK YOUR CALENDARS – ANNUAL COACHES SYMPOSIUM

### Meet our Sports Medicine Team

#### Our Physicians:

Darren Johnson, MD  
Scott Mair, MD  
Robert Hosey, MD  
Kyle Parish, MD

#### Our Athletic Trainers:

Sheri McNew, ATC  
Rob Ullery, ATC  
Tim Pike, ATC  
David Jacobs, ATC  
Jenni Williams, ATC  
Greg Jackson, ATC  
Candi Lee, ATC  
David Brajuha, ATC  
Kara Frey, ATC  
Carrie Haugen, ATC

(859) 323-5533

[www.mc.uky.edu/orthopaedics](http://www.mc.uky.edu/orthopaedics)

The KHSAA annual coaches' symposium will be held at the University of Kentucky on March 10, 2007 from 8:00am to 1:00pm. The cost of the symposium is \$20 if you pre-register or \$40 onsite. It will be held in the Kentucky Clinic on the University of Kentucky campus and parking is available in the Kentucky Clinic parking garage. This symposium will be limited to the first 200 coaches registered.

The symposium is designed to provide all head coaches in high school sports with some fundamental information which will enable them to prevent player injuries, and other health related problems. Coaches will gain some valuable information with regard to the immediate care of the injured athlete. This year's topics include: concussion in athletes, female issues in athletes, emergency planning, latest research on ACL injuries, MRSA in athletes, first aid, internal injuries in athletics, sports nutrition, and return to play criteria.

If you have any questions, please contact Rob Ullery at [rullery@uky.edu](mailto:rullery@uky.edu) or 859-323-5533 extension 247.

### Common Skin Infections Found in Athletics Sheri McNew, ATC

Skin infections can differ from sport to sport and within all levels of athletics. Many infections are contagious and may have serious ramifications for teams. Knowledge of these infections will help with recognition and quick implementation of treatment.

#### **Bacterial Infections**

##### *Impetigo*

A superficial infection characterized by yellow crusted, well-defined lesions. It is transmitted by direct contact or contact with infected equipment or towels. It responds well to topical or oral antibiotics. Infected areas or lesions should be covered and infected athletes should not practice or compete until treatment has been determined effective. This is a highly contagious infection and can spread very rapidly.

##### *Furunculosis*

This infection is characterized by deep sores or boils. It is transmitted by direct contact or contact with infected equipment or towels. It is common among football players at the site of turf burns. Rapid treatment and isolation of the affected athlete is very important to decrease the rapid spread of the bacteria. All of these must be cultured by a physician to determine proper treatment.

##### *MRSA*

This is often mistaken for furunculosis as it may present as a boil. This bacterial infection is resistant to common types of antibiotics. It often begins as an open wound allowing bacteria to enter the body and develop into an infection. It can be characterized as: a spider bite, pimples, boils, cuts, open sores or blisters which become red, swollen, and painful or have pus or drainage. Some will develop chills, fever, feel nauseated and have acute pain. This must be seen by a physician immediately and the athlete should not practice or compete until cleared by a physician. It is highly contagious and is transmitted through direct contact or contact with infected equipment or towels.



Ringworm

## Viral Infections

### *Warts*

Warts can occur on any skin surface. It can be transmitted by direct contact or through shared showers and locker room floors. Athletes with plantar warts (on the bottom of the feet) should wear sandals when showering or while in the locker room. Warts will go away within 12-24 months. If a wart is itchy, painful or in such a place where it can be transmitted easily through contact, there are a variety of treatments. Usually over the counter treatments found at drugstores work well. Duct tape can also be placed over the wart. If these treatments fail, see a physician who can determine the best way to remove the wart.

### *Herpes Simplex*

This is the most common viral infection seen in athletics. It is commonly known as a fever blister or cold sore. The virus is carried inactively by the majority of the population. It may be brought out by stress, fatigue, fever or dietary problems. Transmission is skin to skin contact. The condition will usually disappear within 7-14 days. There is no cure to prevent further outbreaks. When the blister or sore is present, antiviral treatment can be used to accelerate the disappearance of it.

## Fungal Infections

### *Tinea Corporis Gladiatorum- Ringworm*

This is one of the most common infections seen in wrestling. It appears on the head, neck, and extremities as a well-defined, red, scaly patch. Treatment includes the use of topical and oral antifungal medication. This is highly contagious through direct contact or contact with infected equipment, mats or towels. Athletes diagnosed with ringworm should not be practicing or competing until at least five days after treatment from a physician has begun to ensure it will not be transmitted to other athletes.

### *Tinea Pedis – Athletes' foot*

This is characterized by scaly, red patches on the bottom of the feet or between the toes. This infection thrives in warm, moist environments. It is often itchy and painful. It is very contagious through direct contact or contact with any surface it has come in contact with. Athletes with this condition should always wear footwear/sandals in the locker-room or shared shower areas. Antifungal medication found at drugstores should be used as well as clean, dry socks. In more severe cases, a physician can prescribe antifungal pills. Sports related infections can cause serious complications and even epidemics which can sideline an entire team. **Prevention** plays a key role in the treatment plan.

## **Athletes should ALWAYS practice good hygiene!**

- Shower after every practice/competition
- Clean ALL cuts and scrapes daily with soap and water. Put triple antibiotic ointment on the wound and cover- especially during physical activity. Keep covered until totally healed
- AVOID contact with other people's wounds or discarded bandages
- AVOID sharing personal items such as towels, clothing, razors
- DO NOT share equipment if it has not been wiped down first with an alcohol based sanitizer
- Take practice clothing home every night and wash in hot water with detergent. Dry on hot setting. Do not wear dirty clothing for practice or competition.
- Clean all playing surfaces daily.

## UK Sports Medicine Walk-In Clinic

- 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 sports medicine 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.

### FEBRUARY 2007

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