

Coaches Newsletter

UKHealthCare

**Orthopaedic Surgery
& Sports Medicine**

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TAPE vs. BRACES: An Unresolved Debate **- L. Robert Ullery MS, ATC**

There has been much written on the effectiveness of tape versus bracing of the ankle joint. The pros and cons of each method of stabilizing the ankle will be discussed and will help the athlete decide which is the best option for him or her. There are three basic concerns when talking about the choices for ankle stabilization: 1) **cost**, 2) **comfort**, and 3) **support**.

COST

A case of tape can cost between \$35 - \$45 for thirty-six rolls of tape. The average ankle requires $\frac{3}{4}$ of a roll of tape. Then, you must factor in the cost of pre-wrap. If the athlete gets his or her ankle taped daily, you will go through a case of tape every month. A typical basketball season lasts five months. You will have spent approximately \$200 a season for that one player for one season. On the other hand, a good ankle brace can cost you between \$20 - \$45. Whether this brace will last for more than one season is totally dependent on the wear and tear placed on that brace.

Advantage: Brace

COMFORT

The verdict is still out on which is more comfortable, bracing or taping. Some athletes like the feel of tape on their skin, making them feel like there is something protecting him. Still others like the bulkiness of the brace, thus making them feel better protected. Ankle braces have come a long way through the years. They have become streamlined, come in different colors, and are much lighter. Athletes that choose these ankle braces notice the difference in weight of these new braces. If one chooses to buy an ankle brace, they should choose one that laces up. These have been shown to provide the most support.

Advantage: Even

SUPPORT

An article in the "Journal of Athletic Training" compares the effectiveness of tape versus a brace on limiting range of motion. This article shows that for the first ten minutes after tape application, there is a significant reduction in inversion motion (the motion that happens in most ankle sprains). The problem is that after ten minutes, the reduction in motion decreases, thus allowing more motion. Taping directly on the skin will extend the time frame but re-taping will be required after thirty minutes. On the other hand, a brace was shown to provide the same protection throughout the entire workout.

Advantage: Brace

With this information, your athletes will be able to decide which of these methods will be best for them.



The Psychology of Injury in Athletes -Sean Buckley, M.D.

Injury is unfortunately a common occurrence among athletes. Injuries can occur while playing sport, or while training for sport. The rehabilitation of injuries typically includes treatment by physicians (either family physicians or surgeons), physical therapists, and athletic trainers. However, the psychological impact of injuries often goes unnoticed.

Athletes can develop symptoms of depression and anxiety following an injury. These can include excessive worry about the time of return from an injury, anger, or isolation from coaches and teammates. In severe cases, changes in sleep, appetite, and school performance may occur as well.

The athletes most likely to experience difficulty after an injury are those whose identity is most defined by athletics. An athlete who loves their sport but also loves school and playing trumpet may have an easier time with the loss of a season than a student who views their only talent as their sport of choice. A student who lives and breathes basketball, spends hours a day in the gym outside of practice, and who performs poorly in academics, may seriously grieve the loss of a season.

Certain steps can be taken to cope with an athlete's response to injury. First, the athlete should be carefully educated as to the nature of their injury and the plan for recovery. If an individual has never been injured before, it can be very helpful for them to discuss their injury with another athlete that has had a positive recovery from a similar circumstance. It is important to remind athletes that while being tough and ignoring pain may be considered valuable traits on the field of play, they can be very disruptive or dangerous while rehabbing an injury. Athletes must be reassured that a gradual recovery is necessary and acceptable in most circumstances.

It is also helpful for the injured athlete to be invited to be present at practice, conditioning, and games to maintain a bond with their team. It is helpful if they can assist with statistics or coaching duties so as to feel that they are continuing to contribute to the team's success. Their presence and visible recovery can help other members of the team to be less fearful of injuries. It also allows them to anticipate their teammate's eventual return to play.

In those instances where changes in sleep, appetite, and school performance do occur, the student should be referred to their family physician or a counselor. Injuries that are permanent, and may end an athlete's career bear special mention. This can also apply to high school athletes who may not be injured, but are unable to continue to play their sport at the college or professional level. The loss of participation in athletics can seriously impact a student's identity. Again, those athletes who gain most of their self-esteem and social contact from athletics are especially vulnerable. It is important to engage the individual and encourage them to talk about their loss and how they will adapt to life without sport. They should be reminded of how valuable the skills they developed in athletics (discipline, cooperation, time management, commitment, leadership, etc.) are in many of life's other endeavors. It is important that they grieve the loss of their sport and develop a positive view of their future without it.

** Dr. Sean Buckley is a Board Certified Psychiatrist. He is the Director of the Mental Health Clinic at the University Health Service at the University of Kentucky. He works frequently with student athletes at the University of Kentucky in the areas of general mental health and performance enhancement.*

Tennis Elbow -Kara Frey ATC

Tennis elbow (or lateral epicondylitis) is an injury to the muscles and tendons on the outside of the elbow that results from overuse or repetitive stress. This injury is commonly experienced by the amateur player and is often a result of: 1) a one-handed backhand with poor technique (the ball is hit with the front of the shoulder up and power generated from the forearm muscles), 2) a late forehand swing preparation with resulting wrist snap to bring the racquet head perpendicular to the ball, or 3) while serving, the ball is hit with full power and speed with wrist pronation (palm turned downward) and wrist snap which increases stress on the elbow.

Signs and symptoms of tennis elbow include difficulty holding onto, pinching, and gripping objects; forearm muscle tightness; decreased forearm strength; and/or pain, stiffness, or decreased elbow and hand movement. Also, the athlete may have pain with resisted wrist extension and radial deviation (bending the wrist toward the pinky) as well as tenderness over the outside of the elbow.

If not treated properly, tennis elbow can become a chronic problem. Regaining full range of motion and strength is very important before returning to sport. The **rehabilitation process** can be divided into three phases:

Phase 1 – Goals: to decrease inflammation and pain, promote tissue healing, and prevent muscle atrophy.

RICE Principle: 1) **Rest:** maintain as high an activity level as possible while avoiding activities that aggravate the injury. 2) **Ice:** to decrease the inflammatory process, slows local metabolism, and helps relieve pain and muscle spasm. 3) **Compress and Elevate:** to minimize swelling.

Phase 2 – Goals: to improve flexibility, increase strength and endurance, increase functional activities, and return to function.

Gentle stretching exercises can be performed including wrist extension, flexion and rotation. These stretches should be held for 20-30 seconds and repeated 5-10 times a day.

Strengthening exercises include elbow and wrist flexion, extension, and rotation using light weights (under 5 pounds) or therabands. Also, squeezing a gripper, a rubber ball, or putty can increase grip strength. All exercises should be performed 10 repetitions 3-5 times a day.

Phase 3 – Goals: to improve muscular strength and endurance, maintain flexibility, and a gradual return to sport.

Example of gradual return:

- 1) 15 minutes forehand only
- 2) 30 minutes forehand only
- 3) 30 minutes forehand and two-handed backhand
- 4) 45 minutes forehand and backhand
- 5) 45 minutes all strokes
- 6) Serve
- 7) Full Play
- 8) Competitive Play

When the athlete can get through 15 minutes of forehand only with no symptoms, they can move up to the next level as long as symptoms do not return.

Meet our Sports Medicine Team

Our Physicians:

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

Our Athletic Trainers:

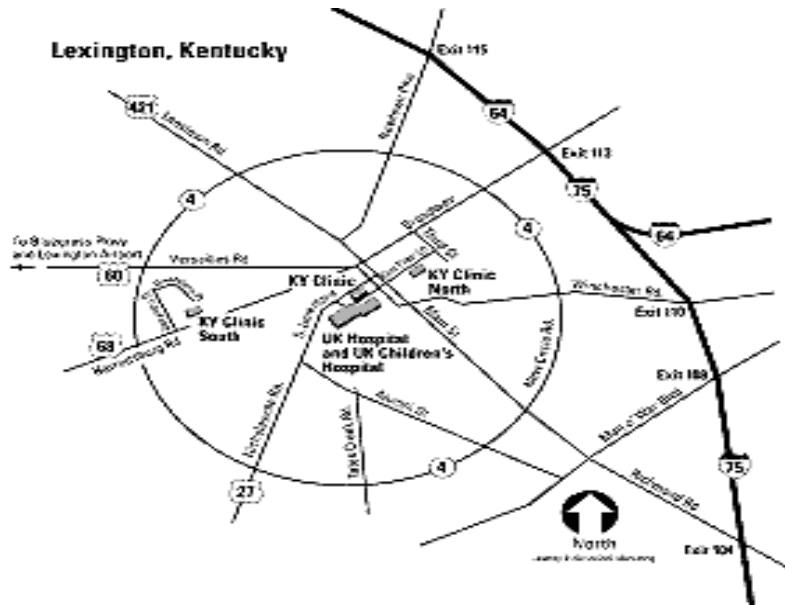
Sheri McNew, ATC
Rob Ullery, ATC
Tim Pike, ATC
David Jacobs, ATC
Jenni Williams, ATC
Greg Jackson, ATC
Carly Manghelli, ATC
David Brajuha, ATC
Kara Frey, ATC

(859) 323-5533

www.mc.uky.edu/orthopaedics

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.



Meet Dr. Robert G. Hosey, M.D.



ROBERT G. HOSEY, M.D., is an Associate Professor of Family Medicine and Orthopaedics and Director of the Primary Care Sports Medicine Fellowship program at the University of Kentucky. Dr. Hosey received his medical degree from the SUNY Health Science Center—Syracuse, NY. He completed his residency at the Medical University of South Carolina, Charleston, SC, and completed a sports medicine fellowship at the University of California Los Angeles. He serves as team physician for the University of Kentucky Athletic teams and the Lexington Horsemen Arena Football team.

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2006 Sports Injury Prevention Camps

STAY IN THE GAME!



Camp Description

Athletes performing at their optimal level have a greater chance of having a successful season. Injuries do occur and can negatively affect a season. This camp is for athletes (age 12-18) who want to learn injury prevention techniques and also work to attain their optimal athletic ability. Areas concentrated on will be: Core strengthening, lower extremity strengthening and balance. These areas have been shown through research to have the most effect on injury prevention and athletic enhancement.

Camp Staff

The camp staff consists of the University of Kentucky Orthopaedic and Sports Medicine Certified Athletic Trainers. Each athletic trainer works with students from numerous high schools on a daily basis and specializes in injury prevention techniques. The athletic training staff averages over 10 years of experience in injury prevention and rehabilitation techniques.

Contact Tim Pike, ATC, MA with any questions at (859) 323-5533 ext. 302

FOCUS ON CORE, BALANCE, AND LOWER EXTREMITY

SESSION I

May 30-June 3

Group I 8am - Noon

or

Group II 12:30pm - 4:30pm

Tates Creek High School Stadium

SESSION II

June 5-9

Group I 8am - Noon

or

Group II 12:30pm - 4:30pm

Tates Creek High School Stadium

\$100

Limited attendance!

30 per Group

Register NOW

UKHealthCare

Orthopaedic Surgery
& Sports Medicine

STAY IN THE GAME!

General Information

Food and housing will not be provided. Participant must bring their own water and snack each day.

Each participant must have a **physical and medical release form** on file before they are allowed to participate.

Deposits are non-refundable with the exception of sudden illness or injury PRIOR to the first day of camp.

Contact Tim Pike, ATC, MA with any questions at (859) 323-5533 ext. 302.

Registration

Please return this registration with a \$40 non-refundable deposit per participant. The balance of \$60 and a medical statement are due the first day of camp. Send check or money order payable to University of Kentucky. Confirmation and additional information will be sent upon receipt of your registration.

Participant's Name

Parent's Name

Home Phone

Office Phone

Address

City

State

Zip

Birth Date ___ / ___ / ___

Sex _____

Sport Played _____

T-shirt size: S M L XL

Check the choice of session and group:

SESSION I - Group I (AM) SESSION I - Group II (PM)

SESSION II - Group I (AM) SESSION II - Group II (PM)

I give my permission for the above participant to receive medical assistance should he or she be injured while participating in UK Sports Medicine's Injury Prevention Camp.

Signature of parent or guardian

Emergency Contact & Information

I hereby consent to be treated by the University of Kentucky Sports Medicine Staff, Physician, Health Services, or any other medical doctor recommended by UK Sports Medicine. I expressly authorize UK Sports Medicine, a hospital and/or medical doctor or medical facility, which might render medical treatment to me during this period to release my medical condition and activity capabilities to UK Sports Medicine Staff. I also give UK Sports Medicine permission to provide other medical facilities with medical and insurance information that would expedite my care should I need emergency or other patient services. All this information is to be in accordance of the HIPAA Act to protect my privacy.

Signature of parent or guardian

Date

Parent or guardian Name

Business phone

Home Phone

Participant's Name

Physical Limitations

Physical Impairments

Allergies

Other information

Insurance Company

Policy Number

Other Information

Mail Registration and deposit to:

University of Kentucky
Sports Medicine

Attn: Injury Prevention Camp
740 S. Limestone, Ste. K401
Lexington, KY 40536-0284