Concussions in Soccer Could Be the Worst

An article by Michael Thomas, Women's Soccer Coach University of Buffalo

With all the talk on head injuries in the NFL, many soccer parents are concerned about what the act of heading the ball will do to their children. There is a very real and very natural instinct to want to protect your kid from harm, but parents also see well documented health and social benefits that team sports bring and do not want to deprive their kids of this experience. I wanted to take this opportunity to give you my thoughts based on 18 years of coaching youth and college soccer. I should start with the disclaimer that I am not a doctor and have not had any medical training since I took "basic principles of athletic training" 16 years ago at Fort Lewis College. All of the thoughts I give below are based off my experiences as someone who has been around the game and has been fortunate enough to be around some very good medical personal that have been on the front end of this problem and have done their best to educate me. Head injuries are a very real concern and should never be taken lightly but I'm concerned that we are focusing on the wrong causes. Most of the concussions I see in the sport of soccer seem to me to be caused by improper techniques that lead to players not protecting themselves and then an inability to know how and when to come back.

Most of the serious concussions I have seen in the sport of soccer have come from either head to head contact or a case where the head hits the ground after a collision. Very few come from simple ball to head contact. Like anything else there are exceptions to this, but the vast majority comes from the head hitting something harder than the ball. The players that get concussions from head to ball contact have usually already received a significant concussion through another route, leaving them more vulnerable to a second concussion. One of the big reasons for the head to head contact that leads to a high number of the dangerous concussions is that is that kids are taught to jump straight up with their arms tight to their body. We need to teach kids to extend their arm just a little as they go up for a header which creates a protective bubble that really reduces the chances of head to head contact. Many coaches fail to teach these techniques as it can be called a foul, but in reality it is just teaching a technique that will protect your players. There is a distinct and easy to spot line between players who jump straight up to head the ball while protecting themselves.

and players who jump into somebody attacking with their forearm. One is legal and should be taught and the other is an attacking motion and should be punished. An occasional forearm tap in the chest can prevent many of the serious concussions I see in youth soccer.

The next question I hear a lot of is what age players should be asked to head the ball. From what I have seen in youth soccer most problems occur when coaches ask players to deal with situations where unrealistic to their age group. For example: Problems do not occur when a coach asks a 12 year old player to head a ball in practice. 12 year olds can get the ball in the air and head the ball. Problems occur when a coach punts a ball 60 yards into the air and asks a 12 year old to head a ball when nobody on the team can punt

the ball that high. If the coach punts the ball to a height that the kids on his team can punt it, very few problems occur. The rule of thumb is this. Teach the skill so they get the fundamental base they need, but teach it with a service realistic to the level they are currently playing at.

Like any of injury concussions will happen. It is as impossible to totally prevent them as it is sprained ankles and broken bones. Concussions are tougher because it is a judgment call for when to return

to playing. As I said I have little medical training, but have been blessed to be around some very smart and well informed people. My advice is this. 1. See a doctor and if possible see a doctor that has experiences with concussions and sports related head injuries. In the same way that a sports related orthopedic doctor should be sought out for a hurt knee, a doctor with experiences with sports related head injuries should be sought out for concussions. 2. The rule of thumb if you are dealing with a child that you think has been exhibiting symptoms of concussions is this. Do not let them return to activity until they have been symptom free for a week. Concussions are difficult because the damage and healing is not as readily apparent, but following this rule of thumb greatly reduces the chance of a damaging second concussion.

Concussions are nothing to be trifled with. The medical community is learning more and more about them every day. They must be treated with respect and handled appropriately, but I strongly believe the benefits of youth sports and a healthy lifestyle out way the risks of the concussions as long as everyone makes a commitment to 1. Teach the proper techniques to protect our young players 2. Treat the injuries with the respect and the time that they deserve.