

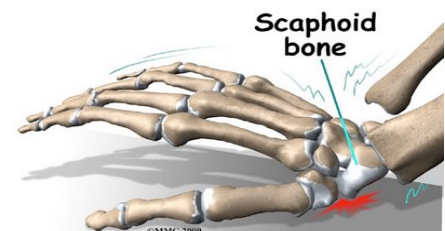


Common Upper Extremity Injuries in Soccer

Most soccer injuries occur to the lower extremity, but approximately one third of reported soccer injuries are in the upper extremity. A vast majority of those reported injuries are fractures to bones in the shoulder, forearm, wrist and hand. Evidence shows that these specific injuries are much more prevalent with indoor soccer than outdoor, and is likely attributed to smaller fields and the boards/walls surrounding the playing area. Due to the increased likelihood that an upper extremity soccer-related injury may be a fracture, it is helpful for parents to familiarize themselves with the most common injuries, so these are not accidentally mistaken for less serious sprains.

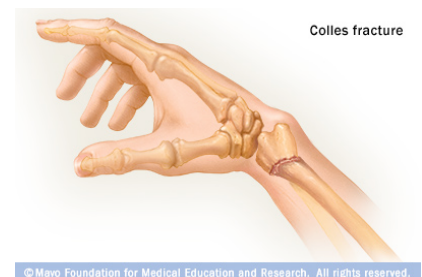
Scaphoid Fracture

A fracture to the scaphoid bone, sometimes referred to as navicular bone, is commonly mistaken for a sprained wrist. The typical mechanism for injury to the scaphoid bone is a fall on an outstretched arm, or a direct force to an extended hand into the ground or boards. After the fall, the athlete may complain of pain in the area (the hand or wrist just above the thumb) and/or have swelling present. Also, it will likely be painful to extend the wrist back or tilt the thumb towards the arm. It is important to have a scaphoid injury immobilized then seen by a physician. It is common for a fracture in this location to not appear on an x-ray, but the physical exam will be sufficient for the physician to properly diagnose the fracture. If the physician's instructions and immobilization are not followed, it is possible that this fracture may not completely heal. This may result in the possible need for surgery, secondary to decreased blood flow to the area.



Colles' Fracture

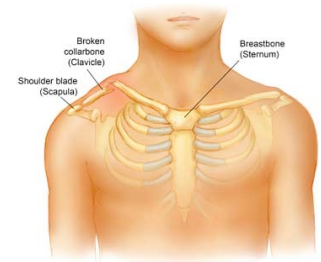
The most common fracture to the forearm, in soccer, involves the distal end of the ulna and radius (two bones that make up the forearm), and referred to as a Colles' fracture. The mechanism of this injury is a fall on an outstretched arm with a force to a hyperextended wrist. Normally, a Colles' fracture results in visible deformity at the wrist, with significant and immediate swelling. If this occurs, the athlete should be splinted/immobilized and immediately taken for medical attention. Occasionally, this can injure the growth plates of the bones and require surgical intervention for proper healing.



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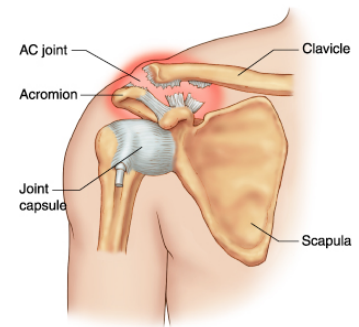
Clavicle Fracture

The third type of frequently reported upper extremity fracture, in soccer athletes, is to the clavicle bone, commonly called the collar bone. This injury can occur from a fall onto the tip of the shoulder, fall on an outstretched arm, or direct impact to the clavicle (from an opponent or into the boards). An individual suffering from a clavicle fracture will often support the injured arm, and tilt their head towards the injured side. There may also be some mild deformity and swelling. A possibly fractured clavicle needs immobilization and immediate medical attention for an x-ray.



A-C Joint Sprain

Acromio-clavicular sprains are also a common upper extremity injury for soccer athletes. It is a sprain to the joint connecting the scapula (shoulder blade) and the clavicle. The athlete will protect themselves similarly to the way they would with a clavicle fracture, by supporting their injured arm next to the body. It will also have a similar mechanism (fall on an outstretched arm or direct impact to the tip of the shoulder). They will have difficulty bringing their arm across their chest and will have tenderness over the joint. Some athletes may have a deformity at the joint that appears to have a bump protruding upwards. Athletes experiencing this injury should be placed in a sling to protect the shoulder, then see a physician to rule out a fracture. The physician may prescribe physical therapy in order to help strengthen surrounding musculature to return the athlete back to soccer as soon as possible.



About the Author



Bethany Covert is a Certified Athletic Trainer that has been with Illinois Bone and Joint since 2010. Bethany is a graduate of Eastern Illinois University, Charleston IL, where she received her BS in Non-Teaching Physical Education / Athletic Training. She earned her Master's degree in Athletic Training at Western Michigan University in 2002. Prior to coming to IBJI, Bethany completed a Sports Medicine Fellowship at the Olympic Training Center in Lake Placid, NY and has worked in the high school setting as an athletic trainer for 8 years.

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