



INJURY & ILLNESS POLICY

What is an injury?

- The U.S. Figure Skating Association defines an injury as ‘something that causes pain or weakness that is significant enough to change your behavior’. They suggest often injuries start as annoyances, hot spots or other minor symptoms that increase over days or even weeks.

Who can I tell if I think I have an injury?

- DISC like the US Figure Skating Association encourages reporting of injury to parents or caregivers, your coaches and qualified medical professional who can help figure out a plan for treatment and return to full activity.
- The U.S. Figure Skating Association suggest skaters sometimes don't engage in dialogue about injury as they fear they will not be permitted to continue to skate or train. They encourage discussion as while it may be true that certain types of injuries will require time away from the ice, there are also many injuries that can be resolved quickly or by modifying training and gradually increasing back to the normal level of activity. It is better to get evaluated and have a treatment plan than to minimize or ignore an injury until it becomes severe enough that you are missing days, weeks, or even a season off the ice.

When should I seek treatment?

- Some minor injuries can be treated at home with appropriate rest and supportive care. However, some of these seemingly minor injuries will progress to something more significant or serious if ignored. An injury that is severe in nature, worsening rather than improving, or most definitely in the case of concussion or suspected concussion, requires evaluation by a qualified health care professional as soon as possible.
- Expense of treatment is often a reason skaters and their families may avoid getting treatment until a situation or injury gets really bad. Consider the amount of money and time spent on lessons, ice time and off-ice training and think about the quality of these activities if an athlete is injured and unable to train at his/her best. Also ACC in New Zealand tends to mean that costs are likely reasonable.
- We budget money for lessons, competitions, dresses, photographs and video, etc. and we need to budget for recovery, therapy and health care as needed.

How can I find a doctor and or physical therapist??

- Try contacting your family doctor and have them evaluate you and refer to the appropriate specialist, if necessary. Also ask your coach if they have worked with a good doctor or other medical professional in the past. In NZ we are also able to go to a physiotherapist or 'physical therapist' without a doctors referral.

What are some common injuries figure skaters experience?

The U.S. Figure Skating Association suggests the following insights:

- Acute injuries: Even recreational skaters who skate infrequently can experience traumatic bumps, bruises, sprains, strains and even concussions. Serious, developmental skaters who are skating five or more days per week are at increased risk for these acute injuries. Synchro, pairs and ice dance can have an increased risk of acute injuries because of likelihood of collision with the ice, boards or each other.
- Overuse injuries: Skaters training on a daily basis are subject to overuse injuries, which arise when the skater has a training load that is either too high in intensity or volume (time on the ice). Skaters are at increased risk when going through a growth spurt and when training changes more than 10 percent (in terms of intensity or minutes on the ice). Poorly fitting, broken down boots or boots that are chronically laced too tight also contribute to increased risk of overuse injuries.

Skaters commonly experience:

- Tendonitis, which is the inflammation or irritation of a tendon that attaches muscle to bone.
- Bumps, blisters or hot spots on the foot and ankle where the boot rubs or impacts.
- Shin splints, which is soreness and swelling along the shin bone. Sometimes these symptoms are confused with stress fracture and typically an MRI or bone scan can be utilized to rule out other problems of the shin.
- Patello-femoral syndrome ('jumper's knee), which is pain in the front of the knee and around the patella (kneecap).
- Injuries to the hip labrum, sports hernias and groin strains, which are all potentially serious and typically manifest as deep groin pain,
- Osgood-Schlatter Disease and other growth plate issues can cause incapacitating pain in growing athletes when there is too much/too frequent force going through the growth plates.

They suggest stress injuries need care and attention. For example, stress fractures will heal if and only if the athlete rests appropriately. The problem with stress injuries is that the athlete will become asymptomatic (stop having pain or other symptoms) fairly quickly upon resting, but if they resume the same impact/training, the injury will likely quickly recur. Untreated or ignored stress injuries can lead to serious issues requiring prolonged time off the ice and even surgery. Stress fractures occurring in an area making contact with the skating boot should always initiate a close inspection of the boot to be sure that the injury is not arising from the boot interacting inappropriately with the skater's body.

What should I do in the case of concussion or suspected concussion?

Concussion is a potentially serious injury when the brain's normal function is disrupted by biomechanical forces to the head. This can be caused by a blow or a fall in which the athlete hits his/her head on the ground, the boards or another athlete's body, but it can also be caused when an athlete suffers whiplash or other jarring forces.

The U.S. Figure Skating Association notes also that a loss of consciousness doesn't necessarily indicate a concussion, nor does lack of loss of consciousness mean a concussion hasn't occurred. This means that care and medical professional advice is required. Concussions or suspected concussions should always be evaluated as soon as possible. Waiting to evaluate a concussion can result in increased severity and a longer time needed for the skater to return to full activity.

Be aware that concussion symptoms often take hours or days to fully manifest. Concerned parents can take a skater to the Emergency Department, have them evaluated and discharged, and consider them "cleared" when, in reality, concussion symptoms and issues will continue to develop and can cause serious issues if the skater immediately returns to the ice. If the skater is evaluated in the Emergency Department, the skater should also have subsequent follow up with a doctor experienced in working with concussed athletes/children, perhaps even a neurologist. At the very minimum, a skater with a concussion or suspected concussion should follow an incremental return to play plan that will take a minimum of seven to 10 days to return to full training and activity.

The US Figure Skating Association considers a concussion evaluation from the ED as the first step in a return to play progression for the figure skater.

Example: Concussion return to play plan for singles discipline athletes:

- Phase 1: Cognitive rest (including limited screen time, homework, etc.)
- Phase 2: Permission to stretch and work on balance, watch practice or skating on video
- Phase 3: Permission to do aerobic activity that elevates the heart rate submaximally for 30 minutes or less

Phase 4: Permission to get on the ice for one session of forward and backward stroking with limited turns and twisting and no spins or jumps. Total time should be one session.

Phase 5: Permission to execute choreography (with or without music) with turns but with no spins or jumps. Total ice time can be increased slightly.

Phase 6: Permission to execute choreography and do program run-throughs marking jumps and spins.

Phase 7: Permission to do basic spins and single jumps.

Phase 8: Permission to do advanced spins and double jumps.

Phases 9-10: Permission to do all spins and triple jumps.

The US Figure Skating Association also suggests it is important to note differences for adults and children. An adult skater with a mild concussion or suspected concussion may spend a minimum of one day at each phase. Younger skaters, particularly those under 18, will likely require longer time intervals at each stage as their brains are still developing. They suggest working with a medical professional who specializes in treating concussion and progressing athletes back to full activity appropriately.

I have just had a tummy bug or the flu and I want to return back skating?

- Returning back to skating after illness likely also needs a return to training plan. Any serious time of school or work for common childhood illnesses might require a phased return to skating with medical professionals offering guidelines.

What do I need to know about medication and banned substances?

- DISC endorses drug free sport.
- Before taking any medication, prescription or over-the-counter, you should always check to see if it is banned or okay. Some commonly used over the counter medicines are not okay especially items use for the management of colds and flu symptoms.

The NZIFSA has a anti-doping information on its wbesite as well as content on head injury and competitions. The link is www.nzifsa.org.nz/rules/

Club expectations

- DISC does not wish to or necessarily need to know details of your medical status. Coaches however likely do need to know this information, both personal coaches and as appropriate Development Coaches. The Club expectation is that skaters have medical clearance to return to skating and that they follow the advice of their medical professionals and coaches.