

## POSITION STATEMENT

### HEAD INJURIES AND CONCUSSIONS IN SOCCER

*(Revised December 2010)*

#### INTRODUCTION:

The Canadian Academy of Sport and Exercise Medicine (CASEM) has updated this position statement in an effort to decrease the incidence of soccer related head injuries, including concussions. These recommendations are based on the current scientific literature examining head injuries and concussions in sports, especially soccer, as well as the rules governing the sport of soccer.

#### RECOMMENDATIONS:

- 1. Soccer should be regarded as a contact sport in which players are at risk for head injuries and concussions.**

Athletes, parents and coaches should understand that soccer players may sustain a head injury, including a concussion, due to the physical nature of the sport.

- 2. Safe play and respect for one's opponent should be emphasized.**

The rules of soccer do not allow any player to engage in play which might endanger the safety of another player and, as such, referees should continue to ensure that reckless and potentially harmful actions to others are not permitted during the game. The spirit of fair play and respect for one's opponent should be emphasized by parents, coaches and referees.

- 3. Players, parents and coaches should be aware of the signs and symptoms of a concussion.**

CASEM recommends that athletes, parents and coaches involved in a contact sport such as soccer be made aware of the signs and symptoms of a concussion. While this should ideally be performed before the season begins, ongoing education and vigilant monitoring is recommended



- 4. Any athlete suspected of having sustained a concussion should be removed from competition. The athlete should not return to play until they are examined by a medical doctor familiar with diagnosing and treating sport related concussions.**

In an effort to ensure appropriate medical therapy and a safe return to sport, CASEM recommends that all athletes suspected of having sustained a concussion should be immediately removed from play. The athlete should not return to sport until they have been evaluated and cleared to play by a medical doctor familiar with diagnosing and treating sport related concussions. Return to sport after a concussion will occur over a period of time using a graduated return to play protocol under the supervision of a medical doctor.

- 5. Only soccer balls which are the appropriate size, in good condition, and inflated appropriately should be used.**

Soccer balls come in three different sizes (sizes 3, 4, 5) and the appropriate sized ball should be used for appropriate age groups. The smallest size (No. 3) should be used for children under 10 years of age, the medium sized ball (No. 4) should be used for juniors (10 to 14 years old), and the largest ball (No. 5) should be used for athletes over 14 years of age. Soccer balls should be viewed as equipment and should be well maintained, including ensuring correct inflation pressures.

- 6. Children should minimize heading the ball until there is a better understanding of the effects of heading, and until they sufficiently master the proper heading techniques.**

As there is controversy regarding both the short and long-term effects of heading a soccer ball, children should avoid repetitive heading. Young players should only start heading the ball during a game when they feel they have adequately mastered the technique of heading a soccer ball safely during the controlled environment of a practice.

- 7. Proper heading techniques should be taught by a qualified individual.**

Coaches with knowledge of the correct methods of heading a soccer ball should teach these techniques to young or inexperienced soccer players. This should be done in the controlled and supervised practice environment at an age when the athlete will be expected to head the soccer ball during a game.



**8. Goalposts should be padded and anchored to the ground appropriately.**

Injuries from contact with a goalpost can be decreased if the goalposts are padded. The goalposts also should be adequately secured to the ground in an effort to prevent them from tipping over onto an athlete and causing serious injury or even death.

**9. Goalkeeper is the position most at risk for concussion and these players should be protected accordingly.**

Due to their unique position, goalkeepers are at increased risk for head injuries and concussions. They are expected to stop balls, often kicked from a short distance, and they are vulnerable to being kicked, kneed or elbowed in the head as players converge on the goal, or as they cover up a ball at, or near, ground level. Players, coaches, and referees should be aware of the vulnerable situations in which goalies are placed. Respect for their safety should be emphasized and the rules that protect them should be strictly enforced at all times.

**10. Mouth guards should be worn during participation in soccer.**

While mouth guards will certainly protect soccer players from dental injuries, they may also decrease the risk of concussion. CASEM suggests that mouth guards be worn for their definite dental protection and a possible role in concussion prevention.

**11. There may be a role for the use of protective headgear in soccer for those athletes seeking more protection from concussion and head injuries.**

The use of protective headgear in soccer is increasing and its use is allowed by the international governing body of soccer. Preliminary research has shown its use may decrease the number of concussions and soft tissue injuries of the head. While North American safety standards for soccer headgear do exist, further studies better defining the extent of protective effects should be completed.