

## Sporting Injuries.

Having reached my advanced years and having participated in rugby, skiing and judo for many years I never cease to be amazed by the collection of injuries that I have managed to accumulate over the years from a broken jaw, a few missing and damaged teeth (dental bills can be expensive), ligament damage, concussion, two types of hernia a few breaks and many bruises to name but a few. What has struck me is my own persistent stupidity in not having many of the injuries treated properly and adopting the attitude that it will be alright after a few weeks. Of course some do incapacitate straight away such as strained foot ligaments so you cannot carry on and do need it checked out right away because you cannot walk or even hobble. I am reminded of King Arthurs fight with the black knight in Monty Python and the Holy Grail where the limbless knight fights on. So my message would be to seek effective treatment or the accumulated injuries will come back to haunt you in later life.

Having sat through a number of first aid courses supposedly aimed at sporting clubs, firstly much of what was covered has slipped my mind; that which I have retained I would not be confident about and would prefer to call the appropriate emergency service. The thing that does stick in my mind was a bit on snake bites and the prospect of that being recalled and used seems quite remote given the low incidence of reptiles of the sub order serpentes to be found in UK dojos and most other sporting venues. What does come to mind in being of some use is the acronym PRICE:

- **Protection** – protect the affected area from further injury – for example, by using a support.
- **Rest** – avoid exercise and reduce your daily physical activity. Using crutches or a walking stick may help if you cannot put weight on your ankle or knee.
- **Ice** – apply an ice pack to the affected area for 10–30 minutes. Wrap the ice pack in a towel to avoid it directly touching your skin and causing ice burn.
- **Compression** – use elastic compression bandages to limit swelling.
- **Elevation** – keep the injured leg, knee, arm, elbow or wrist raised above the level of the heart. This may also help to reduce swelling.

PRICE therapy can be useful for any sports injury, but some injuries may require additional treatment and usually if the symptoms have not improved after 48 hours it may be best to seek out a medical professional. Of course there is always the old standby of swallowing a few pain killers such as paracetamol or the anti-inflammatory and my drug of choice which also reduces pain, ibuprofen (available in tablet and gel formats). At this point I must sound

a word of warning based on personal experience and that is some preparations applied to some injuries are hot and you end up feeling the burning sensation and start your sport only to find that you have exacerbated the extent of your original injury. Many injuries in judo involve relatively minor trauma such as bruises, sprains and the occasional cut. Those of us who started on the old canvas mats with woods to attach the canvas will remember the joy of catching a foot or a hand on the retaining screws.

It is said that prevention is often better than a cure and good practice in the dojo can certainly help. Warming up and down can be important in preventing strains and is beneficial in getting joints moving. It is important that ukemi are practiced regularly and correctly and this is particularly true for beginners to be confident with their breakfalls before they progress onto throwing techniques. This practice of ukemi is not the sole preserve of beginners because we all often fall into bad habits which if viewed can be corrected and the risk of injury lessened. For beginners it is also sensible to avoid randori until the sensei is confident with your breakfalls. When you start randori it is also good practice to start with much higher belts who will be fully aware of limitations and work with the less experienced safely. Additionally when practicing throws it is best to start slowly with uchikomi's to get use to the set of movements necessary to execute the throw and build muscle memory. I seem to remember most of my injuries were, in the final analysis, self-inflicted like turning in for a hip throw and taking the weight on a standing foot with the toes tucked under. Other areas for injury prevention in the dojo would be to encourage uki's to relax when being thrown even though the temptation is to tense up. All too often you see uki's really tense when being thrown or even worse thinking they can do better by trying to walk around the throw. In both cases this tends to result in a greater risk of injury for both uki and tori. The final preventative measure is if you feel pain tap out. This may seem like stating the blindingly obvious but it is surprising when questioning juniors in particular who are participating in newaza and then cry out with an injury as to why they did not tap out they say they have forgotten to or did not know how to. This is often true in newaza competitions with the very young judoka and it is in my view good policy for the referees to stop the fight if one of the participants appears distressed even if they have not tapped out. This may annoy some parents who are spectators but better a child loses a fight than suffer an injury which may put them off judo for life.

In conclusion this brief paper on injuries may not add much to the sum total of medical practice for sporting injuries but I hope that some of the advice is at least sensible. In short do as I say and do not do as I did.

Geoff.