



WRESTLING INJURIES

Wrestling, one of the world's oldest sports, is offered at various levels of competition, including the Olympics, the American Athletic Union, the U.S. Wrestling Federation, and high school and college-sponsored tournaments. It's a sport for all sizes of people, and both male and female participants compete, even at the Olympic level.

Competition rules require that athletes be paired against each other according to their weight class. Some competitions require that contestants be matched by age, experience, and/or gender. This not only allows more people to participate, but also decreases the risk for injury. Nevertheless, injuries do occur, particularly in the knee, shoulder, skin, and head.

What are the most common wrestling injuries?

The injuries include concussions, scrapes, bruises, tongue cuts, and cauliflower ear. However, knee and shoulder injuries occur with more severity than all other injuries and are responsible for the most lost time, surgeries, and treatments.

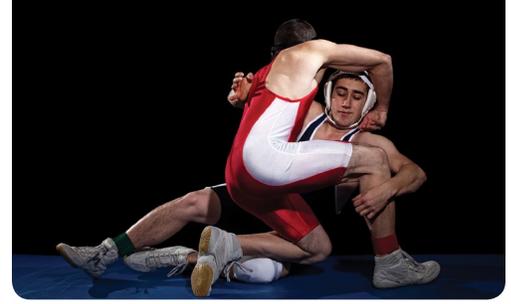
Head and Face

Cauliflower ears are caused by severe bruising of the ear structure. The resulting injury may need to be drained and the ear wrapped in a casting material to retain ear shape once the swelling has subsided. Although difficult to avoid, wearing headgear is the best defense against this potentially disfiguring injury. Wearing headgear with a frontal pad can also minimize the impact of the forehead and help prevent concussions. In addition to preventing severe tongue and tooth injury, a mouthguard can help prevent concussion, as well.

Prepatella Bursitis

Prepatella bursitis is the inflammation of the sac (bursa) located in front of the kneecap (patella). For wrestlers, this area is constantly hit into the mat, often causing sharp pain and sometimes swelling. Once prepatella bursitis has developed, it is treated by anti-inflammatory medication, such as ibuprofen or Aspirin, ice, and rest. Knee pads are designed specifically for this condition and can be used to try and prevent the condition, or to diminish the impact to the front of the knee once it has developed.

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Ligament Injuries

Knee ligament injuries can also occur during wrestling, most commonly to the inside (Medial Collateral Ligament—MCL) or outside (Lateral Collateral Ligament—LCL) of the knee. These injuries are often the result of the leg twisting outward from the midline of the body. First-degree sprains can be treated with RICE (Rest, Ice, Compression and Elevation) and the athlete can return when the pain subsides. Second and third degree sprains need to be treated by a physician, but they rarely need surgical intervention. Maintaining strength of the quadriceps and hamstrings, as well as flexibility through the lower extremities, can help prevent injury.

Skin Infections

With deadly infections such as MRSA developing in schools across the country, infection prevention is critical. Epidemics of skin infections have been known to spread quickly from team member to team member with the three most common infections in wrestlers being herpes simplex, ringworm, and impetigo. With so much skin-to-skin contact, it is especially important to minimize risk by:

- Taking routine and thorough showers both before and after practice and matches
- Wearing clean clothing at each practice session
- Sanitizing mats with antiseptic solution after each practice

If an infection does develop, a doctor should treat it promptly with antibiotics or antibiotic creams. Wrestlers may continue to drill or participate in conditioning workouts, but should avoid bodily contact with other team members until the infection is completely resolved.

How can weight control in wrestling be properly monitored?

Proper control of diet, preferably with the advice of the coach and a dietitian, is the preferred method of “making weight.”

If a wrestler maintains his weight near his weight class limits, it is then a simple matter to lose two to four pounds to “make weight.” Nutritional advice should emphasize daily caloric requirements associated with a balanced diet based on age, body size, growth, and physical activity level.

Recently, most wrestling associations have adopted regulations to ensure control of body weight by establishing wrestling minimum weight certification programs. In these programs, each wrestler must weigh in during the first two weeks of the season. The athlete’s minimum weight is not established as the athlete’s best weight, but rather as no less than seven percent of his/her initial weigh-in.

How can injuries be prevented?

An injury, no matter how trivial, should be treated as soon as possible. A small cut or scrape may not be of much consequence in hockey, football, or track athletes, but for a wrestler, even a minor infection can keep him out of a match. Any injury should be reported to the coach, trainer, or personal physician as soon as possible, so that proper care can be started. Rehabilitation after an injury is an important part of preventing further injury, since a large number of all injuries result from aggravation of an old injury.

Injury prevention should be a primary goal of all participants, coaches, and trainers. This requires using good-quality equipment, including mats, uniforms, headgear, and pads. The wrestler should be coached and supervised at all times, stressing proper technique and discipline to avoid injury. Proper officiating can also prevent injuries. Finally, a well-structured strengthening program conducted under proper supervision can help prevent injury and enhance the athlete’s performance.

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