

Tips for the Soccer Player



Shoes

Soccer shoes should “just fit” so that you have good touch with the ball.

Shoes that are too small or too big will not only lead to a poor touch on the ball, but can lead to injury.

Some shoe tips:

1. Choose a soccer specific cleat/tread
2. Match the cleat to the playing surface and condition
3. Artificial playing surface = stiffer soled shoe
4. Allow for a period of break in when you buy them before wearing for practices/games.
5. Remember, replace your shoes when they are torn, sole is worn down, etc.

Common Injuries and Treatment

Ankle Sprains: Probably the most common injury on the soccer field. Usually the player will land on the outside of the foot and roll over the ankle, causing a strain or tear in the ligaments.

Treatment:

1. R-I-C-E: Rest, Ice Compression, Elevation;
2. Ice: Ice bath is best for 7-10 minutes every 1-2 hours; Ice bags for 15-20 minutes every 1-2 hours
3. Avoid moving the ankle in the direction of your pain... don't overstretch the ligaments
4. If you cannot walk without a limp, crutches should be used.
5. A physician visit is recommended to determine the severity of the injury, damage to the ligaments/tendons and rule out a fracture.

6. A sports medicine physician is trained in such injuries.
7. Therapy performed by an athletic trainer and/or physical therapist may be necessary

Contusion/Bruise: A hard blow may sometimes result in immediate swelling and a visible pooling of blood at the site of the injury. Care should be taken to insure the blood is mobilized out of the tissue and the area protected upon return to participation.

Occasionally, the blood in the tissue will calcify (harden) and cause a more serious injury. If hardness is noted, the athlete should seek medical advice from a sports medicine physician.

Treatment:

1. Acute care involves icing and compression over the injury.
2. An ace bandage can easily be wrapped around the thigh or calf.
3. Contusions to the shin should be carefully observed because the pressure can build up in the compartment, requiring aspiration.
4. A physician should address any such pressure symptoms or excess tissue swelling.
5. Protection: Utilize a football thigh pad, donut pad, etc. to protect the injured area upon return.

Muscle strain/pull: If a muscle is overstressed, it can result in small tears of the muscle tissue. The athlete usually has pain when the muscle is moving or being stretched.

Treatment:

1. Ice and compression, and massage are useful.
2. Avoid stretching the muscle until a medical professional ascertains the severity.

In general a muscle pull should resolve in 7-10 days. If it does not further examination may be necessary.

Shin Splints: Pain with activity on middle, inside, or outside the lower leg on the bone can indicate shin splints. Shin splints can be caused by a rapid increase in running mileage, improper footwear, running on hard surfaces, or poor flexibility.

Treatment:

1. Ice massage to the area before and after exercise.
2. Stretch the calf muscles.
3. Often times, the athlete's foot will be excessively pronated (high arched) or supinated (flat feet) and orthotics may be necessary.
4. A physician, such as a sports medicine physician or podiatrist can determine if orthotics are needed.
5. Therapy performed by an athletic trainer and/or physical therapist may be necessary



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Dr. Shah is also available for same day/next day evaluation and treatment of all sports injuries.

Purpose of warming up:

- You are more at risk for injury if you begin to play soccer cold.
- Your muscles and tendons are not ready to go through the large movements before you are warmed up.
- You will have better control and technique and be able to stretch to the ball if you are properly warmed up.

There are three steps to a proper warm-up.

1. Getting your heart rate up

- You can do this by briskly walking or a light jog.
- After 2-3 minutes of activity, your heart rate will increase and your muscles will be warm enough to safely stretch.

2. Stretching

- Some of the muscle groups most important to soccer players include the hamstrings, calves, quadriceps, hip flexors, groin, piriformis, lower back and upper back.
- Stretches should be performed for at least 30 seconds and should not be bounced, but held statically.

3. Dynamic Warm-up

- You should perform range of motion exercises to joints specific to soccer.
- Progress from small movements to larger ones.
- Some joints would include feet, ankles, knees, hips, back, neck and shoulder.

Note: If you sit a long time during half time, between substitutions or between games, you may need to repeat a version of the warm-up before you return to competition.

How Do I Know When I am Hurt?

Soccer involves not only endurance, but quick bursts and changes of directions. It is not uncommon to experience soreness after you have played a game of soccer or practiced, especially early in the season. Sometimes you may describe the discomfort as more “uncomfortable” and other times “painful” and everything in between.

Pain lets us know when we are injured. Therefore, it is important to recognize normal soccer/sports discomfort vs. injury.

In medicine, we rate pain on a scale of 1 to 10. One is a little tightness/pulling or soreness and 10 is so much pain that you need to go to the emergency room.



Before you play soccer, take a moment to take a pain inventory.

Some Nutritional Tips for Soccer Players

According to Dan Benardot, PHD, RD in Nutrition for Serious Athletes, a recommended training diet for soccer players should be comprised of 55-65% carbohydrate; 12-15% protein; <30% fat.

Soccer places a high demand on the glycogen stores, so its depletion could cause premature fatigue and reduce performance. In addition, Benardot recommends an estimated 4000 calories for male and 3200 calories for female soccer players.

Some other nutritionally relevant factors for soccer from Benardot to consider are:

- It is difficult to consume fluids while playing soccer and participants do not have adequate opportunity to replenish fluids lost. Pre-game hydration is key, as is post-hydration. Soccer players also need to try and consume some sort of sport drink whenever possible, such as between periods and during official breaks.
- Surveys have shown that most soccer players consume about 50% of their diet from carbohydrates, even though they are the most needed nutrient for energy. Special consideration needs to be paid to increase the intake of carbohydrates during the season.
- Pre-game glycogen storage is critical. Players who begin the game with more stored glycogen will have more energy at the end of the game. In order to accomplish this, players need to consistently consume carbohydrates and fluids. A pre-game meal should consist mostly of carbohydrates.

