



**CANADIAN ACADEMY OF SPORT MEDICINE
ACADÉMIE CANADIENNE DE MÉDECINE DU
SPORT**

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POSITION STATEMENT

Head Injuries and Concussions in Soccer

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This position statement was reviewed by members of the Canadian Academy of Sport Medicine (CASM) Sport Safety Committee. This position statement was approved by the CASM Board of Directors as a CASM position statement in April, 2004.

INTRODUCTION

The Canadian Academy of Sport Medicine (CASM) has undertaken 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 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.

CASM recommends that athletes, parents and coaches should be aware of the signs and symptoms of a concussion in a contact sport like soccer. Ideally, this education should take place before the season begins but can be accomplished at any time by visiting a medical doctor familiar with sport related concussions.

4. All concussed athletes should be examined and treated by a medical doctor familiar with diagnosis and treatment of sport related concussions.

In an effort to ensure appropriate medical therapy and a safe return to sport, CASM recommends that all concussed athletes should be treated and cared for by a medical doctor familiar with diagnosing and treating sport related concussions.

5. Use only soccer balls that are age/size appropriate, in good condition, and inflated appropriately.

Soccer balls come in three different sizes (sizes 3, 4, 5) and the appropriate size ball should be used for different 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 of age), 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 maintaining 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.

Children should avoid repetitive heading because of the controversy regarding possible short and long-term effects of heading a soccer ball. Young players should start heading the ball during a game when they have adequately mastered the technique 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 environment of a practice at an age when the athlete is expected to head the soccer ball during a game.

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

Injuries from contact with a goalpost can be decreased if goalposts are padded. They should also be adequately secured to the ground to prevent them from tipping over onto an athlete. A loose or tipping goalpost could cause 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. CASM suggests that mouth guards be worn for the definite dental protection they provide and the possible role in concussion prevention.

11. The use of protective headgear in soccer needs to be studied further before widespread use can be recommended.

The use of protective headgear in soccer is increasing and while it may significantly decrease the number of head injuries and concussions, minimum safety standards or studies demonstrating their protective role should be completed before widespread mandatory use can be recommended.