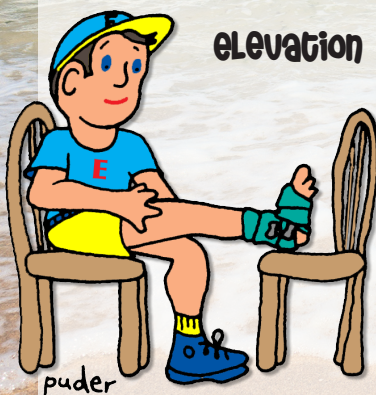


WHAT DOES RICE HAVE TO DO WITH SPRAINS?

by Gregg Rockower, MD



As the warm weather returns, we see an increase in the number of sprains, strains, bruises, and fractures. How these injuries are managed during the first 24 hours can make the difference between a speedy recovery and a chronic problem. Since children have growing skeletons, they are at increased risk for significant injury. Fortunately, if treated properly, their little frames fully recover.

The first goal is always prevention. Parents and coaches play an integral role in injury prevention. Before participation, children should do some pre-season conditioning. Warm up before starting any activity. Use low weight or resistance and do frequent repetitions, instead of going full speed the first time out. Children should be grouped by developmental stage and size, not only by age. They should always wear appropriately fitting protective equipment (helmets, pads, and a cup).

If an injury does occur, quickly assess the seriousness. Sprains and strains are similar and present with pain, swelling, and a limited range of motion. If there is an obvious deformity, significant swelling, or change in skin color, the injury may be more serious and requires immobilization and immediate medical attention. The doctor will determine the need for x-rays or referral to a specialist.

For less serious injuries, remove the child from the field of play, protect the site from further injury, then think "**R.I.C.E.**": **Rest, Ice, Compression, and Elevation.** **Rest** means no use for 1-3 days. **Ice** packs should be applied as soon as possible and kept in place for 20 minutes in either a plastic bag or wet towel. This should be repeated every 2-4 hours for the first 3 days to limit swelling, bruising, and decrease pain. In between icings, **compression** with an ace bandage or elastic stocking will also reduce swelling and bruising. Whenever possible, keep the injured limb **elevated** to the level of the heart.

Acetaminophen (Tylenol) is ideal for pain reduction. Ibuprofen, naproxyn, and codeine can be used as alternatives, but they carry greater side effects such as increased bleeding and sedation. Aspirin should be avoided for the first few days.

Rehabilitation is essential. Do not imitate our sports heroes who play with injuries and make poor role models. The process can be slow, lasting from 2-8 weeks depending on the injury. Re-establish range of motion as soon as the rest period ends. This should be followed by some resistive exercises to strengthen muscles and support the affected joint. A return to activity should be gradual, starting with a walk through practices and routines then increasing the level of effort. A full return to sports is recommended when there is full range of motion, normal strength and balance, and no pain or swelling. If pain recurs within 24 hours of returning to activity, call us.

Remember, safety first, but if that fails... "**R.I.C.E.**" it.

Clarkstown Parentletter ©: Douglas Puder, MD, FAAP, Editor, Illustrator
Monica Hamburg, MD, FAAP, Asst Editor, Jeffrey Karasik, MD, FAAP, Gregg Rockower, MD, FAAP,

We hope you find our Parentletter helpful and informative. Please keep in mind that receipt of this newsletter does not create a doctor/patient relationship and that it is not meant to serve as a substitute for professional medical advice. For particular pediatric medical concerns, including decisions about diagnoses, medications and other treatments, or if you have any questions after reading this newsletter, we encourage you to speak with your child's pediatrician.