

# NECK AND SHOULDER INJURIES IN FOOTBALL

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**F**ootball is one of the most popular sports played by young athletes, and it leads all other sports in the number of injuries sustained. A 2011 study found that nearly 2,000 pediatric and adolescent football-related injuries were treated every day in emergency departments during football season. For athletes, proper training, good technique, and safe equipment help to reduce injuries; however, not all injuries can be avoided. If not managed properly, neck and shoulder injuries can linger, thereby keeping an athlete out of the game just as long as any knee or ankle injury.

## Stinger

A stinger, also known "a burner," is a very common football injury, but it often goes unreported.

A stinger is generally caused by a blow or tackle to the neck or shoulder area. When this occurs, the brachial plexus (a complex of nerves in the lower neck and shoulder) can over-stretch or compress causing burning, tingling or even paralysis down one arm. These symptoms usually subside within minutes, but weakness and muscle tenderness can sometimes last days or even weeks.

The athlete should not return to play until all symptoms have subsided and strength and range of

motion have returned to normal compared to the opposite side. The athlete should work on techniques to improve flexibility, strength and posture to reduce the chance of a repeat occurrence. Athletes who have already had a stinger, or are identified as being at risk for this injury, should consider using special protective equipment such as a neck roll or cowboy collar.

## Acromioclavicular (AC) Sprain

An AC sprain occurs when the ligaments that hold the collar bone and acromium process of the shoulder blade together get stretched or torn. This usually occurs from falling on an outstretched arm or by a direct blow to the tip of the shoulder. Pain and difficulty moving the arm in all directions are common with this injury. Depending on the severity, there can also be a noticeable deformity where the collar bone will produce a bump at the AC joint.

An AC sprain should be immediately managed with rest and ice, as well as a sling to support the joint and decrease pain. Anti-inflammatory medication, such as over-the-counter nonsteroidal anti-inflammatory drugs, can be given to reduce pain and control inflammation. The athlete should visit his/her physician to get x-rays, which will determine the severity of the sprain and rule out fractures or other associated injuries.

An athletic trianer can assist the injured athlete with range of motion and strengthening exercises. These should start as pain begins to subside. Full strength and mobility are necessary before returning to play. It is a good idea to protect the AC joint with a doughnut pad prior to resuming contact activities.

## Shoulder Dislocation

The shoulder joint is the most frequently dislocated major joint of the body. The shoulder can dislocate in any direction. It usually occurs when there is a blow to the shoulder or a fall on an outstretched arm that might have been rotated backwards. When a shoulder is dislocated, the head of the upper arm bone (the humerus) pops out of the socket.

Symptoms include pain, which may be severe, instability and weakness in the shoulder area, inability to move the shoulder, and swelling, numbness, or tingling around the shoulder, arm or fingers. Do not try to force the shoulder back into place. Immobilize the joint and seek medical care immediately. Delaying treatment can increase the chance of permanent damage to the shoulder joint.

Treatment includes anti-inflammatory medication

for pain, along with rest and immobilization, and a regimen of 15 to 20 minutes of ice or a cold pack to the shoulder four times a day. Surgery is rarely needed for a first-time dislocation; however, the risk of injury recurrence is higher in younger athletes. Surgery is often needed for a shoulder that is chronically unstable after a trial of conservative therapy.

To help prevent a shoulder dislocation, rotator cuff exercises can be utilized to strengthen the muscles around the shoulder. An athlete should check with his/her doctor or athletic trainer of possibly wearing a special brace during sports to help prevent future dislocations.

Following the direction of an orthopedic surgeon and certified athletic trainer will help an injured athlete experience the fastest recovery possible.

## Meet Dr. Beau Sasser

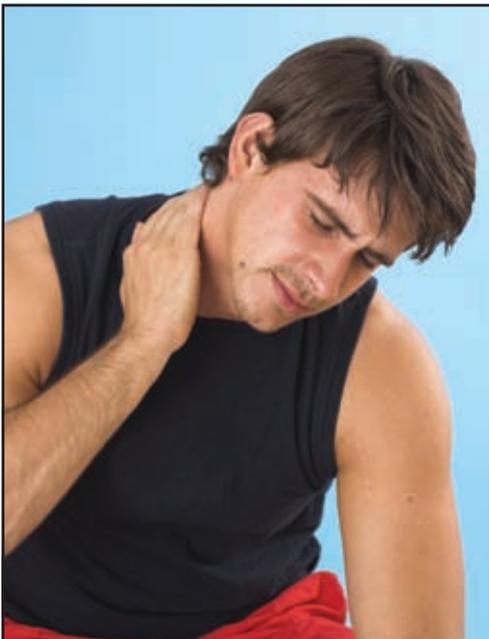
*Beau Sasser, M.D., is a native of Glynn County and a graduate of Glynn Academy. He received his undergraduate degree from Washington University in St. Louis, Missouri, and his medical doctorate degree from the Medical College of Georgia, where he also completed both his internship and orthopaedic residency.*



*Following his residency, Dr. Sasser received exclusive sports medicine training while in a fellowship program with the Kansas City Orthopaedic Institute. During his time there, he worked with the NFL's Kansas City Chiefs, treating a variety of sports and orthopaedic injuries incurred by these elite athletes.*

*Dr. Sasser returned to Glynn County in 2005 and joined Summit Sports Medicine & Orthopaedic Surgery, where he specializes in sports medicine. At Southeast Georgia Health System, Dr. Sasser is a key orthopaedic surgeon at the Orthopaedic & Spine Center and serves as medical director of Sports Medicine. Dr. Sasser is board-certified with the American Board of Orthopaedic Surgery.*

*Summit Sports Medicine & Orthopaedic Surgery is a strategic affiliate of Southeast Georgia Health System and has three convenient locations. For more information, call 912-262-9961 in Brunswick, 912-466-5570 on St. Simons Island, or 912-576-6355 in St. Marys.*



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