

WRIST FRACTURES COMMON AMONG YOUNG SOCCER PLAYERS

By Peter H. Edwards, Jr., M.D.

Young and old soccer players fall numerous times in each game and during practice. But, how can you tell when a little wrist pain is more than a normal bump or bruise? When is an x-ray needed? These are questions parents frequently ask after their child's fall results in wrist pain.

A fall on an outstretched hand or "foosh" injury can result in a contusion, a ligament injury, a sprain or a fracture. Differentiating between these injuries can be tricky. Obviously, if you notice a deformity or irregular bump, seek an evaluation from your physician. If a player complains of significant pain with motion of the wrist or resists using the hand and wrist after a fall, a parent should be concerned. If pain is not significantly better in 24-48 hours, an evaluation is needed. Finally, any pain present 10 days after a fall requires further evaluation.

At the evaluation, an x-ray of the wrist and/or forearm will be completed. The most common fracture is the green stick or buckle fracture at the end of the radius bone near the wrist. This injury is treated with a short arm cast for about a month. Usually a player can resume training in the cast after about a week, but the cast needs to be padded for soccer matches.

Another fracture that is rare among youth soccer players occurs in the scaphoid bone in the wrist. This bone heals poorly and requires at least six weeks in a cast. Unfortunately, if a player thinks the scaphoid fracture is a sprain and doesn't seek care, a real problem can develop. This fracture heals poorly, and if treatment is delayed, surgery is often needed.

In conclusion, wrist injuries after a fall are difficult to evaluate at home. Unless the injury improves quickly, see a sports medicine specialist for an evaluation.

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