

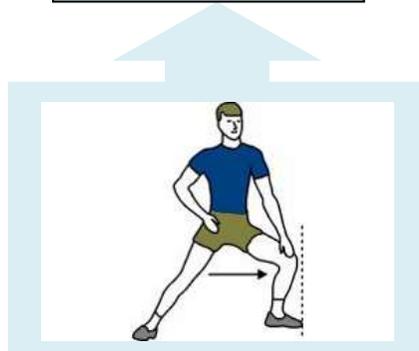
### **Suggested stretches for the lower limbs**

Please see one of our highly skilled physiotherapists for an individual assessment and tailored exercise plan.

**Sitting Hamstring Stretch**



**Standing Side Lunge**



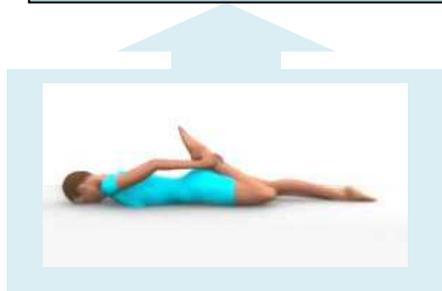
**Sitting hamstring and adductor stretch**



**Standing Calf Stretch**



**Prone Quadriceps Stretch**



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## **Footballing Injuries in Children and Adolescents**



Sports injuries in children can be very different to those in adults, as the unique growing tissue in children is more vulnerable at peak stages of growth.

Knowledge of what to look for at certain age ranges can help minimize any potential damage to the growing system. Footballing injuries may commonly affect the soft tissues (muscles, tendons, ligaments) or bones and joints of the lower limbs.

It is common to require X rays with children's injuries in order to check for damage to the growth plates in bones.

*Information compiled by Kathryn Neve, Chartered Physiotherapist*

## **MUSCLE INJURIES**

Muscles can be overstretched and cause tearing of muscle fibres either in the mid part of the muscle (belly) or at the insertion into the bone (tendon). In children during their peak growth it is more likely that the bony attachment will be affected rather than the muscle itself, leading typically to inflammation and soreness at prominent bones, ie the heel, tibia and around the pelvis. The main muscle groups are the quadriceps at the front of the thigh, hamstrings at the back of the thigh, and the gastrocnemius and soleus muscles of the calf. As children's bones are at times growing rapidly the muscles are unable to keep up and so are very often tight, so specific muscle stretching is very important on a daily basis.

## **KNEE JOINT**

This can be damaged if the leg is twisted, ie falling to the ground, or from a sudden change of direction, or from a direct blow or tackle ie to the outside of the leg. The knee may show signs of swelling, possibly heat and redness as well as being painful.

The structures involved may be the cartilage/meniscus, ligaments or growth plates of the femur (thigh bone) and tibia (leg bone).

During growth spurts the bump on the front of the lower leg just below the knee cap can become painful and swollen, a condition known as Osgood Schlatter's disease, which is usually aggravated by kicking a ball and jumping, and may require some time off sport to allow the problem to settle.

## **ANKLE JOINT**

This may be from twisting or going over on the foot, called a sprain. This will tend to damage the ligaments and tendons but may cause a fracture, and can show signs of swelling, bruising and pain, and possibly

being unable to weight bear. Another factor could be due to repetitive impact from running or jumping, causing heel pain or Achilles pain, this may be inflammation at the tendon or at the bony point where the tendon attaches to the bone, known as Sever's syndrome. This is particularly common around the ages 9-13 and more so in boys.

## **HIP JOINT**

This is perhaps less injured in football but may be affected from a sudden acceleration or kicking the ball, the powerful thigh muscles that insert around the hip can cause inflammation at the bone or even pull a part of the bone off (avulsion fracture), again more commonly seen in boys around ages 14-16.

## **SUDDEN/ACUTE INJURIES**

For example - twisting, falling or impact

Immediate pain with subsequent swelling and loss of movement.

Treatment of ice, rest, compression and elevation if necessary, aiming for full movement and normal walking pattern and a gradual return to sport over 2-6 weeks depending on the severity of the injury. Your physiotherapist can direct you on all aspects of your treatment and provide appropriate exercises to rehabilitate you.

## **GRADUAL/OVERUSE INJURIES**

For example - niggling heel or knee pain for more than a month with no known cause or injury.

Often related to the amount of training, growth spurt, footwear and terrain being played on and generally more complicated.

Treatment may require rest from the aggravating activities, correct assessment by your physiotherapist to establish any biomechanical causes, and a tailored treatment and stretching programme as necessary.

**Clinics in Cranleigh, Horsham and Dorking**