

BASKETBALL INJURY AWARENESS AND PREVENTION

Few workouts are more intense and exciting than basketball. And with all those jumps, twists, and rapid changes in speed, few workouts put more stress on the feet and ankles. When preparing for a game of basketball, there are some safety tips every player should be aware of to prevent the kinds of injuries described below.

Stretching is always important before engaging in physical activity, but it is very important that stretches be done as part of or following a warm-up. Stretching “cold” actually increases the risk of straining muscles and connective tissue. It is also advisable to do dynamic stretches (like running with high knees or butt-kicks) during warm-ups, and static stretches (holding an extended pose) during cool-downs. Another important preventive measure is to frequently replace or rotate basketball shoes. If the soles have become smooth or the top no longer fits snugly, the shoes have become a liability.

Doctors and sports medicine practitioners distinguish between acute injuries, which in basketball are usually the result of an unfortunate landing, and chronic injuries, which result from overuse. The most common acute injuries are lateral inversion ankle sprains, in which the ligaments on the outside of the ankle tear because the foot rolled underneath the foot. These can be accompanied by broken bones. Another common acute injury is tearing of the peroneal tendons, which run behind the ankle bone and attach to the outside bottom and underneath the foot. Players who suffer acute injuries should leave the game immediately and get first aid.

Breaks and strains can also result from chronic stress. This can affect the peroneal tendons as well as any other part of the foot. Plantar fasciitis is the inflammation of the connective tissue under the arch of the foot which is usually felt in the heel. The Achilles tendon, which connects the calf to the heel, is also a common victim of inflammation resulting from overuse. Stress fractures, which are hair-like cracks in bones, are another slowly-developing ailment common in basketball players’ feet. These often occur in the metatarsals, which are the bones connecting the toes to the anterior region of the foot. The fifth metatarsal, which attaches to the pinky toe, is the most frequently affected. A Jones fracture is a fracture in the base of the fifth metatarsal; an avulsion fracture is when a chip of the metatarsal breaks off.

In the immediate aftermath of an acute injury or a chronic injury which has become too dangerous to ignore, a player should be treated with RICE: rest, ice, compression, elevation. First-aid kits in gyms may be equipped with compression bandages, but people hosting basketball games in their driveways or organizing pickup games would do well to keep them and cold packs on-hand. Seek a doctor’s opinion if the pain lasts for longer than three days, and don’t be satisfied with a diagnosis without undergoing through imaging tests. Podiatrists know that different kinds of foot injuries often feel very similar to the patient but require different treatments. A specialist’s attention is often needed to determine the best course of action, and the sooner, the better.