

Sports

Risk of injury in football 'part of game'

By Terry Hyland

A cool, damp November night. A great night for a football game.

A championship game. What goes through the mind of a player like Henderson's Jerry Ediger? Concentrate. Hit hard. Remember the defenses. This is a big game. Don't mess up.

He is probably nervous. This is the big game — the undefeated Henderson Huskies playing the Hastings St. Cecilia Blue Hawks for the Class C-1 state championship. Everyone wants to play well. Everyone wants to be a champion.

The opening kickoff. Ediger's on the kickoff team. The ball is in the air and he's running down the field. The return man has the ball. He's coming Ediger's way. Only a few more steps. They hit, helmet to helmet, and go down. The return man gets up. Ediger lies motionless on the field.

Football has always been a violent sport. From the first organized contests in the 1860s, when players butted bare heads, injuries — and occasionally death — have been part of the game.

Since 1931, when national records were first kept, 572 high school players have died from injuries directly related to football. Another 279 players died from indirect causes such as heatstroke and heart failure. Since 1971, 159 players have sustained catastrophic injuries from football. These types of injuries, defined as spinal cord damage resulting in paralysis, were not documented before 1971.

How dangerous is high school football today and how has Nebraska tried to make the game safer for approximately 9,000 boys who play at the varsity and junior varsity levels?

The answer given by most high school sports officials is that an "assumed risk" of serious injury is an unfortunate part of a popular contact sport and probably will never be eliminated completely. Most officials say the risk of catastrophic injuries and fatalities will remain in high school football because there are so many athletes playing a game based on frequent, violent contact.

But modern equipment, new rules and improved coaching techniques have helped make the game safer. Administrators, players, coaches and parents are more aware of the risks of injuries and how to prevent them. And though the potential for injury still exists, these measures have had a positive effect.

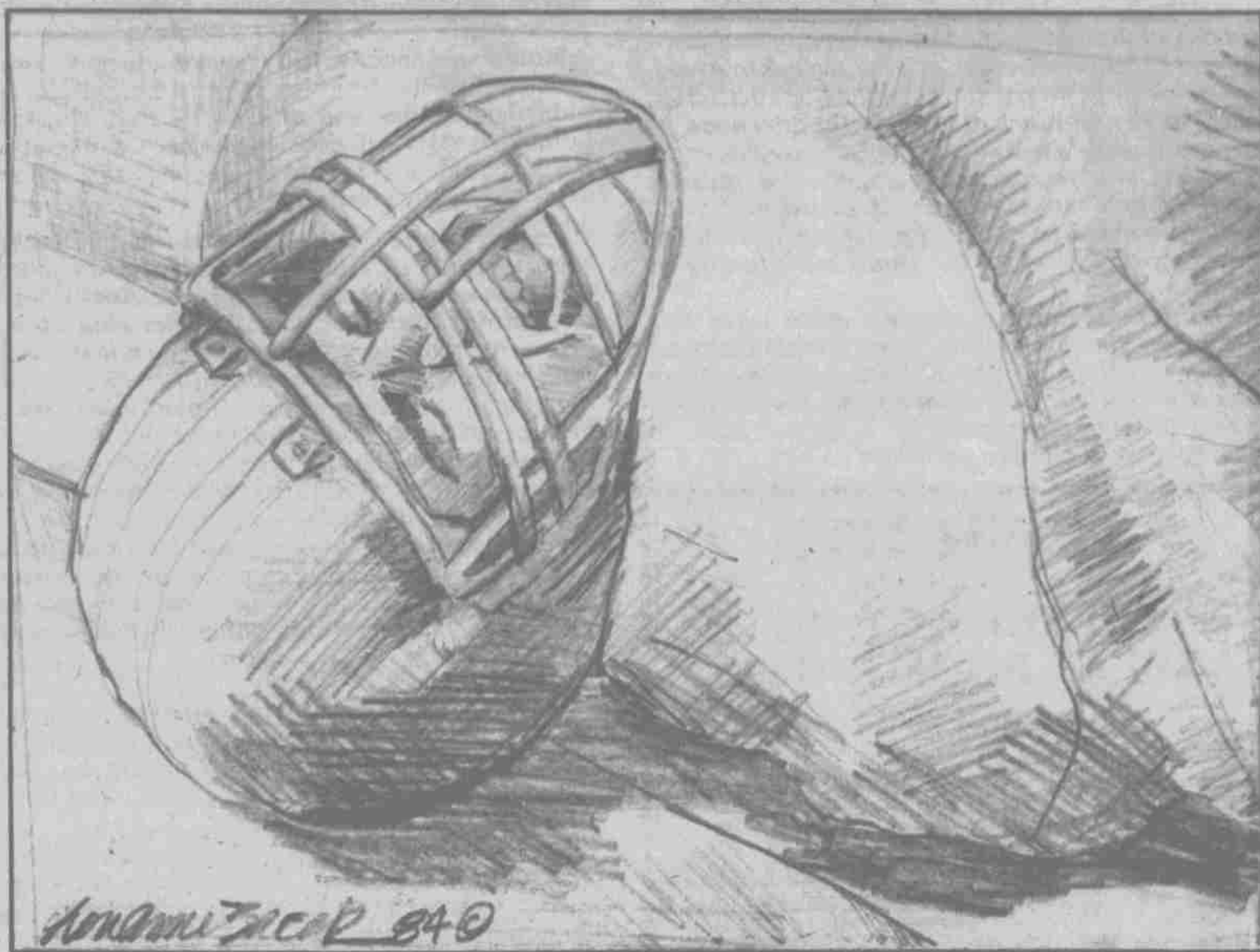
"Safety is the number one priority," said Jim Riley, executive director of the Nebraska School Activities Association. "We have an obligation to protect the players."

Serious injuries and deaths occur infrequently in Nebraska high school football. Although no state agency keeps records of fatalities or injuries, newspaper clippings indicate the last football-related death was in 1976.

Nationally, the risk of death and serious injury is low, according to the Annual Survey of Football Injury Research released in February. The study shows that from 1977 to 1983, the national average incidence rate of catastrophic injury for 100,000 athletes was 0.71. The incidence rate for deaths was 0.47. These figures are based on the 1.3 million high school athletes who play football each year. They show that less than one serious injury or death occurred for every 100,000 players.

Football's low incident rates are reflected in the reduced numbers of deaths and injuries directly related to the game in the last eight years. The study shows that 84 high school players were killed playing football from 1970 to 1975. That number dropped to 60 between 1976 to 1983. Four deaths were reported in 1983, compared to seven in 1982.

In comparison, 326 males aged 15 to 19 died in traffic accidents in Nebraska alone between 1977 and 1983.



Catastrophic injuries in football also have shown an overall decline. Eleven injuries were reported in 1983, up from seven in 1982. But 64 injuries occurred from 1976 to 1983, compared to 95 recorded from 1971 to 1975.

What goes through a player's mind when he tries to get up and can't? What happened? Did I make the tackle? Why can't I get up? Am I hurt? Why does my neck hurt?

What does he feel when they put him on a stretcher? When they carry him to an ambulance and roll the stretcher in? Pain? Confusion? Is he scared? There are other people around him. But does he notice them? He knows he is hurt. The pain tells him that. But how bad? He probably wonders where he's going. To the hospital? What about the game?

In the hospital room, the doctors examine Jerry. They take X-rays. Their diagnosis is somber. He has dislocated two vertebrae in his neck; one is broken, another cracked on both sides.

Just awhile ago, he was in the championship game.

He should be out on the field now.

The hospital must seem cold and lonely.

The game goes on. Jerry's teammates are worried about him. They play a good game. Jerry gets to listen to the finish on the radio. Henderson wins, 28-0. Everyone gets a medal. Jerry was a champion.

In Nebraska, there has been a progressive effort to reduce the risk of injuries and fatalities on the football field.

Equipment and rule changes have had the greatest impact, officials say. Since 1970, the National Federation of State High School Associations has implemented numerous measures to cut down on injuries. (See table on Page 12.)

Since head and neck injuries cause most deaths and paralyzing injuries, one major theme seems to dominate the rules-makers' thinking — protect the head and keep it out of contact.

Helmet improvements have had a major impact in

head protection. In 1980, the NFSHSA mandated a football helmet standards ruling. The ruling called for all helmets worn by high school players to be approved by the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Nebraska's Riley said all state schools have complied with helmet requirements and all players are equipped with approved helmets.

Richard Schindler, an assistant director of the NFSHSA, said helmets used by most high schools have interiors that are foam-padded, inflatable or lined with pockets of liquid. He said today's helmets are "state of the art" equipment designed for the best protection. But the increased protection can cause another kind of problem.

As the helmets get better, there is a tendency to use that equipment as a contact point, he said, because the player feels he is well protected and has no fear of using his head.

Schindler said players need to constantly be made aware of the danger of using the head and progress has been made. A solution to the problem would be to make any kind of head contact illegal, he said. But that kind of rule would be impractical.

"It's easy to say, but what rule would guarantee keeping the head out of play," Schindler said.

He said NOCSAE continually reexamines new helmet innovations. Keeping the neck and head stable is the most important function of headgear, he said. Future designs may include a helmet-shoulder pad combination that protects the neck and head from the shock of collisions.

The doctors in Hastings straightened Jerry's spine. That's when the pain went away. They did it the same night he got hurt.

To keep his neck stable, they attached a halo cast to his head with screws. The screws went into his temples.

What does a person think about when he can't move? When he has a piece of metal attached to his head and he has to be away from school, his family and friends? He must think about the future, about how long it will be before he's back on his feet. Maybe he wonders how such a thing could happen to him playing football. Maybe he wonders why.

He might have never thought about getting hurt, especially getting hurt this bad.

After all, it was only a game.

Rex Jones, an NSSA associate director, said posters and helmet warning labels have been distributed statewide to ensure that helmets are fitted and used properly. He said the labels remind players and coaches of the danger of using the helmet as the initial point of contact.

That technique, which includes spearing — ramming an opponent with the helmet — head-butt blocking and face blocking, was made illegal in 1976.

A high number of catastrophic injuries occurred until 1975, Jones said. When the new rule was introduced, injuries decreased.

Jones, a member of the national rules committee, said that despite improvements, the search for safety is never complete.

"There is a feeling that we haven't done everything we could as long as there is one fatality."

Continued on Page 12

Athletes must train to avoid pain

Progress in providing full-time medical care for Nebraska high school athletes has been slow.

Every school requires players to have medical examinations before they participate in sports. Schools usually arrange for an emergency before they participate in sports. Schools usually arrange for an emergency unit, a paramedic or a doctor to be at a game. But problems arise when an athlete needs medical care and a doctor or hospital is 50 miles away.

Some officials say the best solution to the problem would be for every school to have its own athletic trainer.

They say an athletic trainer could help condition players to prevent injuries and care for injuries during recovery. Trainers would ensure that a trained professional was at every game and practice to handle emergencies.

But few schools have their own trainer or doctor because they don't have the money to hire

another full-time employee, said Dr. Michael Walsh, director of sports medicine at the University of Nebraska Medical Center.

"In many cases, they don't understand the economics involved," he said. "They're looking at an athletic trainer as an additional expense."

Walsh said a trainer could be hired on the same basis as an assistant coach and work for the school in both roles.

Roland "Duke" LaRue, director of athletic training at the UNL Health Center, said trainers could get hired by obtaining a teaching certificate.

Both men agree there are plenty of trainers to serve Nebraska high schools. The problem now, LaRue said, is to promote the idea — "to get the music going and hope people start dancing to it."

LaRue said UNL's trainers' program has been actively pursuing that goal. Workshops and presentations directed to parents, coaches and school administrators have been part of the campaign.