

TRAINERS JOURNAL

SECTION

The NATIONAL ATHLETIC TRAINERS ASSOCIATION

JUNE, 1942

No. 10

Official Publication
Of the National Athletic
Trainers Association



Prevention and Care of
Common Baseball Injuries
Charles D. Smith

The Elements of
Athletic Success
William M. Goodish

Treatment of Displaced
Internal Semilunar Cartilage
H. B. Goodell

James A. Mayfield, faculty manager and
athletic trainer and student manager and
trainer at Baltimore Polytechnic Institute

THE TRAINERS JOURNAL SECTION

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Officers National Athletic Trainers Association
For 1941-1942

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Office of Publication, Iowa City, Iowa

Election of Our Officers for 1942-1943

THE attendance at the two divisions of our annual meetings, Drake and Penn Relays, was comparatively small so that the voting for the 1942-1943 officers at that time in no way indicated the wishes of our entire membership. Our association is democratic in organization and every senior and junior member is urged to cast his ballot. We are, therefore, mailing ballots to all senior and junior members, who according to our constitution have voting privileges.

You are requested to return these cards immediately.

The following nominations have been received to date. As soon as your ballot arrives check and return.

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UNDER THE SHOWERS



NOW at Louisiana Tech located at Ruston, Louisiana, Eddie Wojecki held his first position at Howard College starting there in 1931. In 1933 he moved on to Louisiana Tech and has held the head trainer's post ever since. But

Eddie doesn't stop at being trainer; he is also the boxing and gymnastic coach, as well as assistant in football. I know Eddie is a very busy man, because he writes this office only once a year. You visiting trainers will find a welcome sign on the training room door of Louisiana Tech at all times.



ANOTHER boxing coach and trainer combination has been added to our membership rolls in Phil Penston of the United States Coast Guard Academy. Phil is also acting as assistant chairman of the Connecticut Valley Confer-

ence as his boss, Lieutenant H. K. McClernon, is very busy working out plans for the new physical conditioning program the Coast Guard will start this summer.



PROBABLY the only brother trainers in the country are Lon Mann of Purdue University and Frank Mann of the University of Kentucky. We gave you a picture of Lon in the February issue of the JOURNAL and now give you his

brother Frank. I am told that Frank has now served two generations of athletes at Kentucky. I know that when the two brothers get together many a fine formula is concocted to keep the athletes in there. Of one thing I am sure, Lon Mann's training room at Purdue is probably the most complete and finest in the country.



THE author of the article, The Elements of Athletic Success, William M. Goodish was graduated from North Union High School in Uniontown, Pennsylvania, where he participated in football, basketball and baseball. He

continued his baseball playing through the summer of his high school freshman year as shortstop in American Legion baseball. After entering Findlay College, Mr. Goodish continued his interest in the same sports, concentrating on baseball his last year.

Prevention and Care of Common Baseball Injuries

By Charles D. Smith
Athletic Director and Coach, Guilford College

FOR twenty-two years I have been connected with high school and college baseball and many years ago I came to the conclusion that it was better to know how to prevent certain injuries than to try to cure them after they happened. The aim of this article is to help the small high school coach who does not have the equipment which is found in the large schools.

The five most important injuries in baseball that may be prevented to a large extent are: 1. Sore arm; 2. Skin abrasions (Strawberry); 3. Sprained ankle; 4. Bruised hand; 5. Tired legs.

A great majority of sore arms are found among pitchers and infielders in early season practice. Most of the sore arms that pitchers have are due to poor condition of the leg and improper care of the arm. Pitchers should run more and throw less at the beginning of the season. They should run at least a mile every day, in addition to the running that they get during the normal course of practice. A coach should never let a boy pitch over ten minutes to batting practice during the first two weeks of practice. After a pitcher has had his turn on the mound, he should put on his jacket, take his required cuts at the plate, then run two laps around the track, and go to the showers. He should never be allowed to stand around in the outfield during hitting practice, especially when the squad numbers over eighteen players. One reason for this is that he will get cold and the other is that he may be tempted to cut loose a long throw that might put his arm out of commission for the rest of the season. He should remember that he is not an outfielder but a pitcher, and that the throw from the outfield is not natural for him.

Infielders get sore arms by taking infield practice too long on a cold or windy day. There is nothing that puts the strain on the arm as much as throwing against the wind on a cold day. It is far better that they do not take infield practice, if they have to throw against the wind. All teams must take infield practice because ground balls are hard to field, so why not practice infield by having two hitters hit to the infield, one from the left side of the plate and the other from the right and have the fielders lob the balls to the catcher? By this method they can get almost twice as much practice on ground balls as they get, taking infield in the orthodox

way. Then again the boys get the low drill that will prevent sore arms. The proper supervision of pitchers and infielders as described above will prevent many sore arms. If a member shows up with a sore arm, the best and only sure cure is rest and rest.

All baseball players sooner or later will

Here's a Suggestion, Trainers

OUTSIDE of several of the larger schools, the colleges and other universities are not up to par in their training facilities. Most of these schools have little facilities to handle the care and treatment of injuries sustained in athletic competition, relying upon the care of the doctors. Most of these institutions have student trainers. This is to be commended. These students know little about the understandings and responsibilities placed upon their shoulders. Most of them are well grounded in the fundamentals of first aid in relation to cuts, bruises, and burns. However, when it comes to necks, shoulders, sprains, tearing and other vital work they have not the faintest notion of what they are doing.

A second case occurred just recently. This particular institution did not have a trainer. The coach was everything. I approached him on the subject and I was overjoyed with his statement. He replied, in kind, that since the school was small and the funds were inadequate they could not afford such attention.

In my survey among the high schools I received a cardinal response to the high school movement and did not once receive a negative answer. I was pleased that these schools could see the future possibilities of the trainer's program. Even the women endorsed the program in connection with women, pointing out the necessity within the present war program.

Placing the state map of Indiana before me, I indicated the name of each college and university in the right place upon the map. Then according to scale I drew circles around each name. Upon another map I placed the names of the high schools existing within the same area of the country. All the high schools in the corresponding area of the institutions of higher learning, will be under the care and supervision of the trainers of these institutions. This divides the state into sections or divisions and gives each trainer a responsibility and an active part in the movement. I am of the opinion that this will speed up the program and will secure the education of every educational institution.

Robert E. Fulton,
Franklin College.

get a strawberry, sometimes called a jaw, on the tongue. This may be prevented by brushing them the proper way to slide and by changing an exercise by using another ball. It is easy to teach anyone of catching the ball, but a coach should be sure that it is not too soft. It is better to use a soft ball, as a boy will get it and learn to handle it if one has a chance to catch it. If it is too hard, a coach should use the proper ball on the ball's distance and use the ball through several days. The trainer should use the ball for this work, the boys must have constant practice and the balls give the boys confidence. The idea of a slide, every is to keep it on any other slide, and, but I have found that it will not much faster if the ball does not touch the ground. A good slide to a diamond may be made around the ground, then covered with the same material, thus preventing the sliding of the ball from sliding to the ground.

Most sprained ankles in baseball are due to the player not making up his mind whether or not to slide. This decision is hard for some boys, and it takes much patience and smart thinking to get them to make up their minds quickly. Again the sliding practice in the pit is a great help. In the beginning a boy should not be taught to slide into bases, he should master the art and he will soon pick up the slides. There are many remedies for sprains, but a coach should try to prevent the injury by teaching the boys the proper way to slide.

A bruised hand is the result of catching a hard thrown ball before the hand gets ready. It is fatal until frequently occurs that condition, but if they are taught to "give" with the ball and twist the wrist, they will not receive injuries. The best cure is to rub the hand in a hot Spanish and alcohol and give it rest. Having early practices, bruised hands may be avoided by placing a piece of sponge rubber inside the glove.

The last injury to be discussed is called "tired legs." To use the name given it in this article. This injury is found almost entirely among high school and amateur players. Most teams of this type do not cross very far, so they stop at home. They often find their legs with two different kinds, one to hold up the stockings and the other to keep the pants in place

around the knees. When a team rides about thirty miles in uniform, some of the boys will lose their spring and complain about being tired; this condition is due to improper circulation. A few years ago I decided to have the baseball pants for my team members made with a draw lace at the bottom and use just one rubber band to hold up the stocking, and I found that in everyday practice the boys had more pep. First, I must make a confession that

I experimented with three boys, when I was still coaching in high school, by having them on one trip fix up their pants and stockings with two rubber bands and on the next trip let the pants hang loose around the bottom. All three told me there was no comparison in the feeling of the legs. This convinced me that it could hurt a boy in practice at home, so I have had the pants made with draw laces since. The lace will not get any tighter, while

the band will. The first lesson we give a new player at Guilford College is the proper way to put on a uniform. This instruction will not only prevent injuries, but will help the morale of the squad.

If this article will help one boy prevent an injury, it has served the purpose, because an old timer like me believes the best method of training is to prevent the injury, and to prevent it, you must remove the cause.

Taping for Acromioclavicular (Football Shoulder) Separation

By Bill Frey

THIS type of injury may be caused by blocking, falling on the shoulder or falling on the elbow. We have

High School Trainers Lesson No. 10

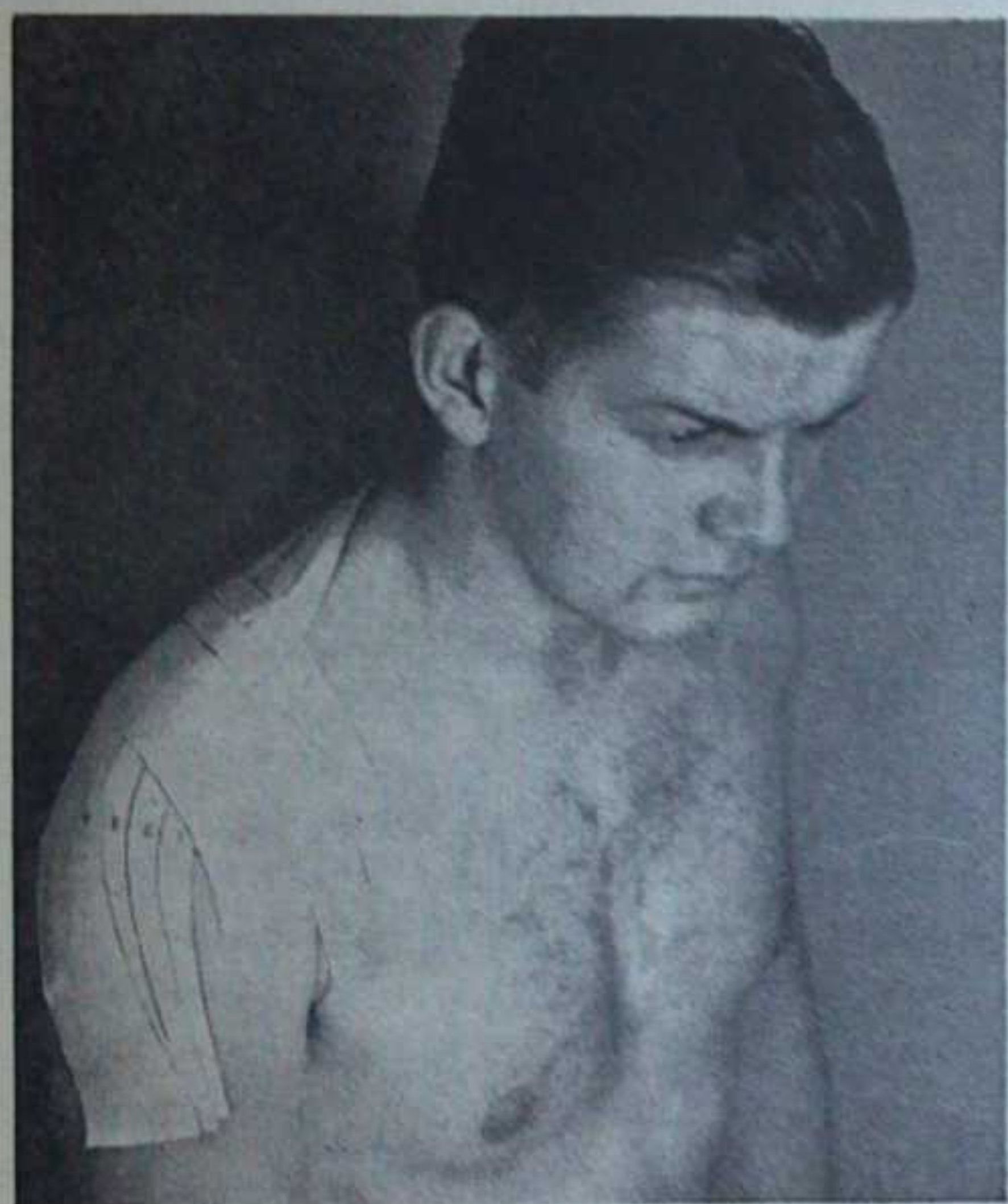


Illustration 1.



Illustration 2.

pictures to show that it has happened in all three ways. As just suggested, due to the way in which the accident happens, it is most common in football but has been detected in track, baseball and basketball.

Although it is not so painful the first day, it certainly becomes very painful twenty-four hours later. In many cases the athlete is able to complete the game in which the accident occurs and to feel fairly well that night. This is due to lack of swelling immediately. Sometimes it may be noted that the shoulder that has been injured has a drooped look. After deciding the exact nature of the injury, the trainer will find that the greatest relief will be obtained by taping the arm and shoulder as shown in the accompanying illustrations.

Note in Illustration 1 that the first piece of tape is started low on the inside of the arm, the arm being raised slightly above, and higher than, the other shoulder. Using two-inch tape, pull it up over the shoulder and across the lower neck line attaching it to the opposite shoulder. Use at least four strips of tape crossing one over the other.

In the same illustration you will note that we have now started the cross tapes, crossing them from the front over the shoulder and attaching them below the shoulder blade on the back as shown in Illustration 2. Make sure that you are pulling the tape downward after you start to cross the peak of the shoulder. This tends to hold the disturbed joint in position.

Illustrations 3 and 4 show the tapes (first and second sets) from a different angle. The trainer should tie a cuff over the tape and around the arm when his taping is finished. It is also advisable to have the arm put in a sling for a few

days to take away any downward pressure.

After the fourth day, heat and massage are the best treatment.

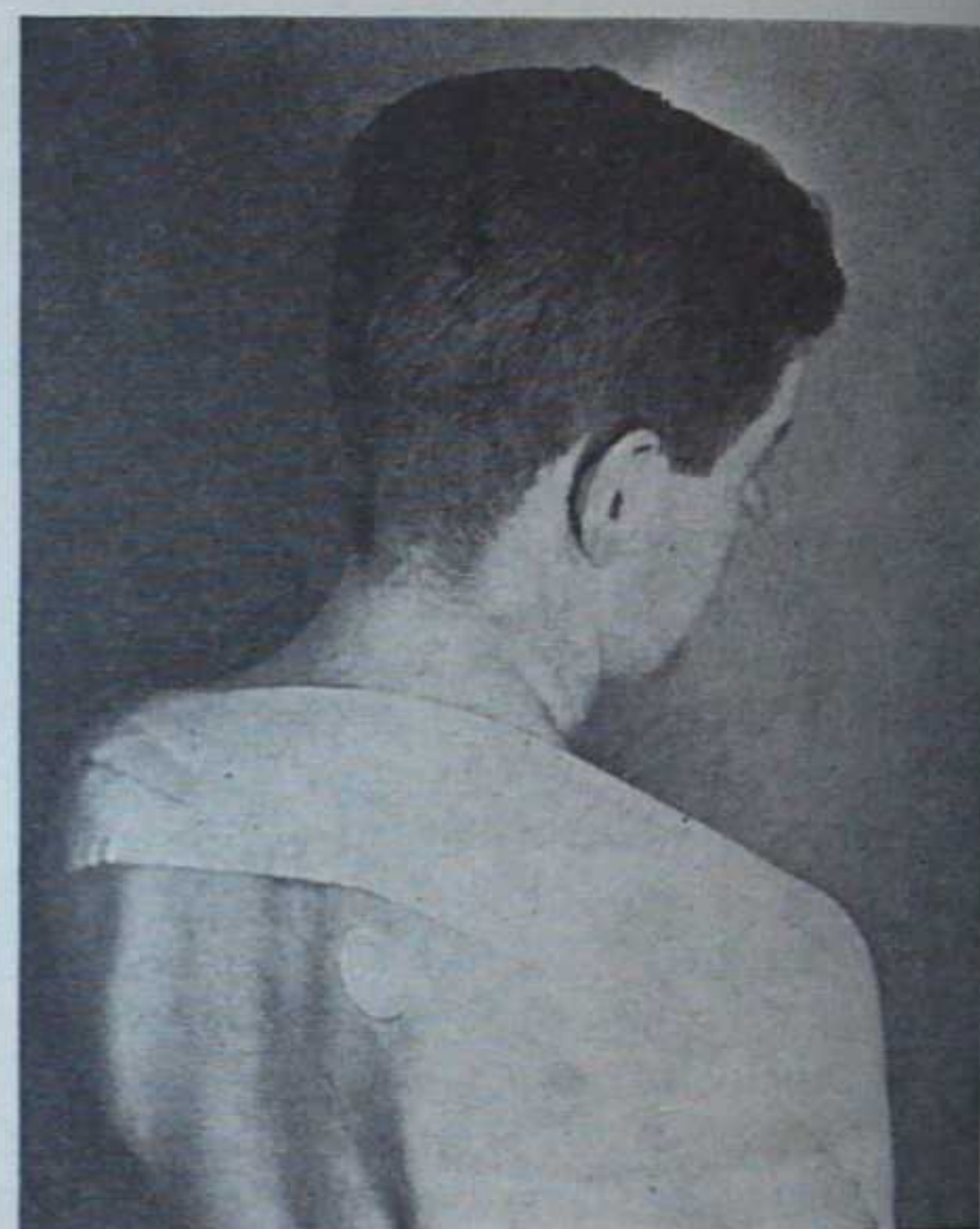


Illustration 3.



Illustration 4.

The Elements of Athletic Success

By William M. Goodish
Athletic Trainer, Findlay College, Findlay, Ohio

THE six elements that go to make a successful athlete are, as I see them, co-ordination, speed, endurance, strength, intelligence and spirit.

Co-ordination

Co-ordination is by all means the most important consideration in any study of proficiency in sports and athletics. It is the quality which enables the individual to integrate all the powers and capacities of his whole organism into an effective execution of the act in which he is engaged. I would say that it is the basis of all skill in every kind of complex physical activity. Training for skill is a matter of training for co-ordination. Muscles do not have the power of guiding themselves, but are guided solely by the nervous system. We develop them only by practice and training.

Speed

In sports and athletics speed is commonly thought of in terms of locomotion, ability to move quickly from one point to another. It deals with all the movements of every kind, takes place as a result of the contraction or shortening of muscles. The nervous system plays an important role in speed.

Speed displayed in getting into action depends upon three considerations: 1. The time required for the stimulus of the sight of the ball, or the blow starting, or the sound of the gun, to reach the brain. 2. Plus the time required for the brain to relay the impulse through the proper nerve fibers to the proper muscles. 3. Plus the time required for the muscles to get into action after receiving the impulse.

This combined period of time is known as the reaction time. It is apparent to any observer that reaction time varies with individuals. The fast or speedy individual then is one whose reaction time is short. The person with fine co-ordination acts more quickly than the unskilled person. The highly trained and conditioned athlete reacts more quickly than he does when he is out of condition. The individual who is relaxed responds more quickly than one who is tense. The athlete is faster when keyed up than when in a normal condition.

On the basis of these observations, we must build our theory and practice of training for speed. In this first place good form and co-ordination, plus conditioning, improve speed in the performance.

Endurance

Obviously endurance is a very important consideration in certain forms of sports such as football, tournament tennis, running at distances over a hundred yards, boxing, wrestling and swimming.

Varying types of endurance are required according to the character of the sport. This whole matter of endurance can best be understood by making some study of fatigue, for, in every instance, it is fatigue in some form that sets the limit to endurance. Fatigue, in the ordinary sense of the word, is a condition brought about as a result of muscular activity and this prevents the human mechanism, or some part of it, from functioning effectively until the condition is removed. The type of fatigue which afflicts the sprinter is commonly due to failure to rid his system of the waste products of the combustion going on in his muscles, and to the process of eliminating the carbon dioxide—the main product of combustion.

Another cause of exhaustion is a shortage of oxygen in the working muscles. Physiologists tell us that a muscle can work for a brief time without any oxygen at all. This is due to the fact that the actual contraction of the muscle does not involve oxidation. In order, however, to restore the muscle used in the contraction to a condition in which the chemical materials may continue to be used, oxidation is necessary.

Having given this explanation of the causes of fatigue, I shall call attention to the fact that the heart is by all means the most important organ in relation to endurance. No one can possess great endurance who does not have a strong and efficient heart. The heart itself is a muscle and its power and endurance may be developed by proper training.

There is one other manifestation of fatigue which needs some explanation. Staleness is a form of chronic fatigue brought on by long continued strenuous participation in sports or athletics. It is marked by feelings of weariness, irritability, loss of weight, inability to concentrate and other symptoms. Mental staleness comes about not through overexertion, but because of too long concentration. Physical staleness may be brought on, if work is overly long and strenuous, especially in football. The best remedy for staleness is a few days rest of mind and body.

Strength

In relation to sports and athletics, it

seems pertinent to remark that sheer physical power plays a minor role in most of these activities. No professional strong man has ever made any outstanding record in any sport or athletic event. As a matter of fact, excessive development of huge muscles and tremendous strength may reduce one's efficiency in activities requiring speed and co-ordination.

Strength is a matter of leverage and the power which muscles are able to exert as they contract, or shorten. As a rule, the voluntary muscles are attached at one end to a relatively immovable part of the bony framework of the body. At the other end the muscle is attached to a movable part. When the muscle contracts, the movable part to which it is attached is set in motion in one direction or another, according to the direction of the pull. The force which the movable part can exert will depend upon the power of the pull and upon the leverage involved. Other things being equal the shorter limbed individual will exhibit more strength, because he has the advantage of a more favorable leverage, whereas the long limbed individual will have the advantage of a greater range of movement.

Intelligence

Intelligence, sometimes defined as the capacity of the individual to adjust himself successfully to his environment, or to adjust the environment to his needs, has some place in any activity of the athlete, more in the case of the quarterback than in the guard, more in the tennis player than in the swimmer, but an important place always. The sprinter may not require great intelligence in the actual competition, but his intelligence will be of assistance in learning the form, in conditioning himself for the event, or even in placing in his heat.

Intelligence is so much a matter of heredity that there is little to say about its training and development.

Spirit

It is universally recognized that participants in sports and athletics differ widely in the attitudes they display. It is generally agreed that these differences in attitudes are significant in relation to progress and proficiency in these activities. We all admire the individual for whom difficulty or defeat is only a challenge to greater effort, who carries the battle to the opponent with all his waning strength, and whose head is never down.

All such manifestations of attitude or tendencies I classify as spirit and whatever their character recognize them as significant in sports.

The spirit which the athlete displays also depends to a great extent upon his general physical condition at the moment. The trained and conditioned athlete will

always display more spirit than he will when in an untrained and flabby condition. The athlete's spirit is, therefore, an indicator of his condition.

Treatment of Displaced Internal Semilunar Cartilage

By H. B. Goodell

Athletic Director, South Dakota State School of Mines

MANY articles have been written relative to the reduction of a semilunar displacement. Many methods used are supposedly satisfactory; however, there is a slight variance from printed methods known to me which I have found to be, in practice, a vast improvement over the former.

For a moment, let us review the anatomy of the knee joint and in this way designate a starting point for our discussion. The condyles of the femur articulate with the expanded top of the tibia. Note the construction of the two semilunar cartilages and the method by which they are attached to the surrounding structures. Note particularly that the medial internal meniscus is closely attached along its outer border to the internal lateral ligament. Observe the two crucial ligaments which are frequently torn in knee injury. Remember synovial membrane lines the inner surface of the capsule of the joint. In cases of injury to the knee joint, the synovia is irritated and the fluid output is very much increased, thus distending the joint. Where there is constant repetition of the injury the synovial membrane will be hypertrophied. Then there are the powerful capsule and ligaments which incase the knee joint.

Recognition and symptoms of a displaced cartilage of the knee are easily recognized. When a cartilage is displaced, the injured person goes down as if his feet were shot from under him. The knee joint will be found locked when an attempt is made to extend the leg. The locked knee will resist extension which will be accompanied by severe pain to the patient. He will also feel as if something is wedged in between the two articulating surfaces. Swelling is rapid and upon palpitation there will be extreme tenderness over the internal ligament in cases of internal semilunar displacement. Of course a like injury can occur to the external semilunar cartilage, but it is very seldom in athletics.

I have X-rays taken of all severe knee injuries to eliminate any possibility of damage to the heads of the femur or tibia. Of course the only way to observe the cartilage by X-ray is the method of first

filling the joint with air. This cannot be done if any degree of acute swelling is present which always accompanies semilunar displacements the first time.

A partial reduction is the same as no reduction; the misplaced cartilage still traumatizes the joint. The patient generally knows when the dislodgement has taken place, particularly if it is a chronic knee—"trick knee." What may be thought to be a successful reduction may not be a normal replacement. Relief is present when the wedged cartilage no longer locks the joint nor causes tension to be felt when the leg is extended. No doubt in some cases the cartilage does regain its normal place; this has been proved by a complete restoration to normal. If the cartilage does find its normal position, the surfaces will still be raw, and they will unite and possibly become normal if immobilization is maintained long enough for proper healing to take place. There is the type in which the cartilage is broken, sometimes known as "bucket handle." This condition will never heal normally, and surgery is the only answer to permanent relief.

My method of reduction is presented in the following steps. First, lay the patient flat on his back, with the individual who is administering the treatment at the side of the locked knee. Second, flex the knee and the hip toward the chest to the maximum extent. Third, with the inside hand, grip the heel of the injured leg, relax the tension slightly at the knee joint, and then rotate the tibia on the femur by grasping the os calis more firmly and rotating first externally then internally several times, with maximum rotation externally. Many times the reduction will take place at this point. If reduction is not accomplished at this point, take the outside hand, pass it under the knee joint, put the elbow joint at popliteal space, grasp the upper tibia with open hand, and force the lower upper arm hard against the lower femur. This gives strong-pressure action in opening the knee joint on the internal side. At this point, use the inside hand on the os calis, and abduct and externally rotate the tibia from the femur. As the leg is extended, keep maximum tension throughout the manipula-

tion. Do not use added force as complete extension is reached. If reduction has not taken place by the time the locking point has been reached, force will not do it.

A single try may be sufficient to effect the reduction. If not, and if the operator knows what he is doing, he should try, try again. Perseverance will succeed. There are cases where static contraction is so great, in spite of the patient's attempt to relax, that proper relaxation is impossible. In these cases, a general anesthetic is necessary. I prefer the venous injection method for these cases.

The treatment following reduction is of greater importance in securing permanent recovery than is generally assumed. One should always strive for permanent recovery. That is the reason for which I stated earlier that in all initial cases of semilunar displacement, the treatment should be administered as if a normal reduction had been accomplished.

Immediately upon reduction, put the patient to bed and place the injured limb in a plaster of paris trough (half splint) to assure immobilization and yet to leave the knee joint area exposed for treatment. Upon immobilization, apply cold applications for four hours. I know some contest the long period of cold applications, but I am convinced from experience it pays dividends. Dispense with all treatment for twenty-four hours. Start radiant heat treatments three times a day for forty minutes for the next three days, and accompany this treatment with mild massage above and below the knee once daily. During this time, the patient is in bed and the knee kept immobilized. At the end of the sixth day, put on full cast and permit the patient to be about on crutches. Leave the cast on for two weeks during which time sinusoidal treatments should be given daily.

Upon removal of the cast, the joint will be found in an ankylotic state to a more or less degree, and the muscles above and below the joint will be found to be in an atrophic condition. The customary treatment for the rejuvenation of the joint is passive exercise, diathermy treatment, and massage, which all progress to active exercise. General therapy must be given un-

til the knee has regained normal strength and function. This time element varies. This time and effort are spent on a condition which is more or less an unknown, and if the reduction was not a normal replacement the result will be a permanent loose cartilage. However, if the percentage of complete restorations to normal is only one percent of all initial cartilage cases, the time and effort were well

worth while and cannot be measured as far as the patient is concerned in time, effort, or monetary substance. My experience with five cases when using this treatment has resulted in normal knees for two of the five. To me, this is very satisfactory, considering that by other methods I never had a complete restoration to normal in ten years of practice.

The High School Trainers Plan

THE National Athletic Trainers Association will continue to sponsor the High School Trainers Plan next year. So many inquiries have come in through this past year regarding the plan that we are again listing the important requirements.

The Coaches Responsibility

1. The coach will select four boys, one from each of the four high school classes. It may be suggested here that a conference with the instructor of the hygiene classes will help in the selection of boys who have shown a special interest in this study.

2. Coaches should provide their trainers with a copy of the Trainers Journal and instruct them to keep the issues throughout their high school years, four, three, two and one as the case may be. The lessons will be continuous and progressive throughout the four-year course. Naturally this year, all student trainers will get the same material, but as the years pass, the lessons will progress.

3. The coach should explain to the boys whom he selects that they are to enter the course as upon any study course, to learn and to apply their knowledge in a practical way. By the time the freshmen trainers have become senior trainers, a coach will have helpful trainer assistants and will have been relieved of many of his arduous training duties.

The Student Trainers Program

1. The training lessons will be taken from the pages of the Trainers Journal and will be studied under the direction of the team medical supervisor or in consultation with him.

2. The course will include diet; exercises; protective gear for ankles, knees, shoulders, hips, wrists, etc.; all types of bandaging; body structure; treatment of injuries; hydro-therapy, electro-therapy, etc. These subjects will not necessarily be in the order named but in an order designed to sustain the interest of student trainers.

3. Many coaches now have managers who assist in the weighing in and out of the athletes. This duty may easily be assigned to student trainers.

4. The student trainers' field is comprehensive. They should (a) examine the records of the athletes made by the examining physician at the beginning of the training period; (b) Have a knowledge of taping, bandaging, etc.; (c) Inspect the equipment and the proper fitting of it; (d) Keep continuous records as to the weight and general physical condition of the athletes; (e) Know about emergency care when a physician is not available; (f) Know about skin abrasions, blisters, boils, etc. and report them at once; (g) Recognize ligament and muscle injuries; (h) Recognize the seriousness of injuries that require the immediate services of a physician; (i) Have a knowledge of diet.

5. Student trainers may be most helpful to the coach in assisting with the proper exercises for each sport. Athletes are hardened by systematic exercises which are an exact science and vary with the sport.

6. Student trainers may assist in building protective equipment. A great deal of money may be invested in modern up-to-date equipment and training room fixtures. Where the funds are limited, student trainers may build protective and preventative equipment out of odds and ends found around the average locker room.

7. Most important of all responsibilities that student trainers should assume is that of an absolutely clean training room. There is no excuse for an insanitary training room which is dedicated to the prevention of ills.

8. Student trainers should familiarize themselves with the equipment and supplies needed in the training room. The listing of supplies for the model training room for three budgets in the September issue may be studied with interest.

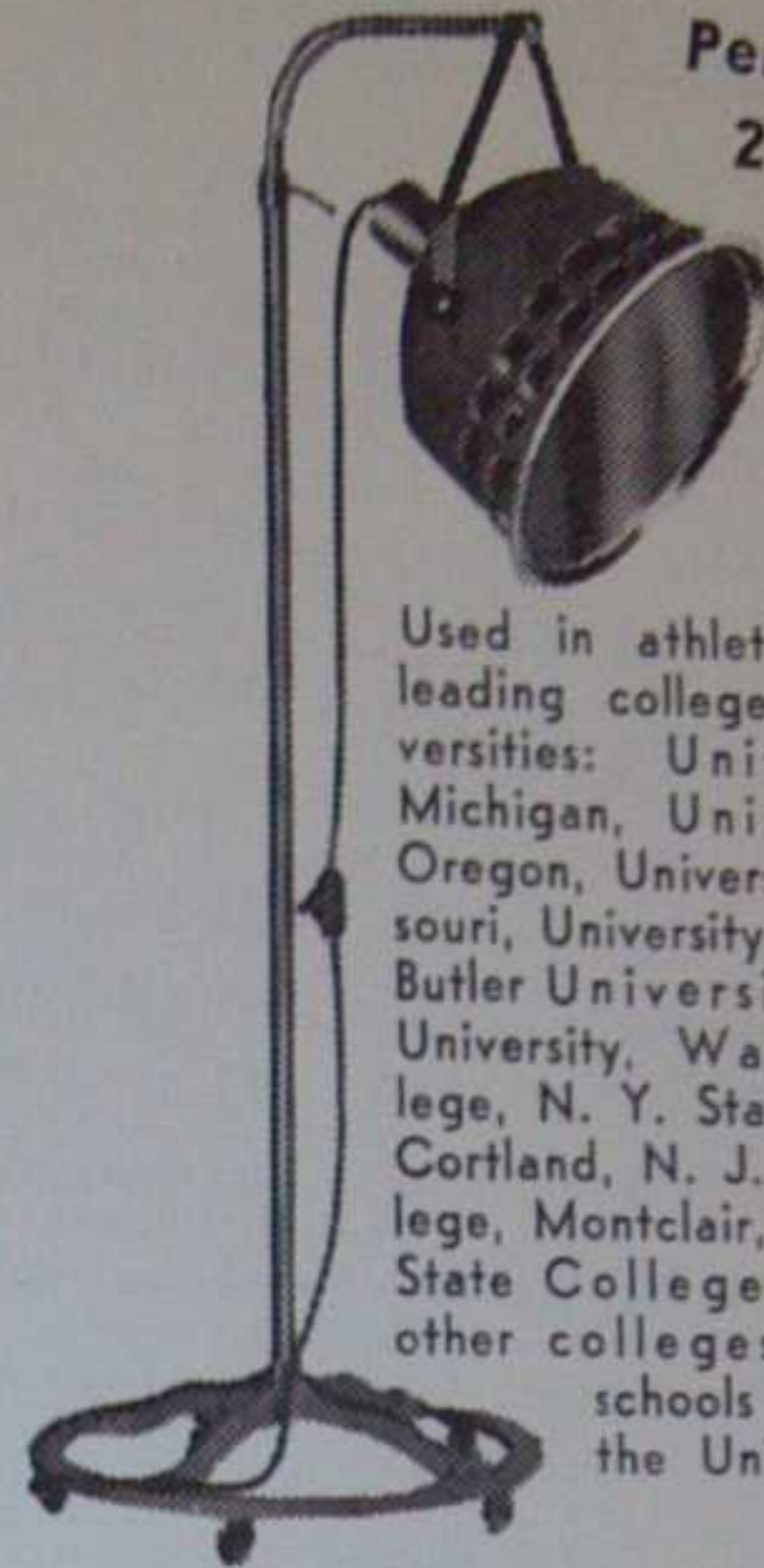
The National Athletic Trainers Association has one object in sponsoring this program—that of decreasing injuries among the athletes, and is appealing to the boys in the high schools to join in the program. Enroll at once with your coach and ask that he send your name to the secretary of the National Athletic Trainers Association, Iowa City, Iowa.

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