

While the primary goal of the STJFL is to provide all children of Southeast Texas an opportunity to participate in the Great American sport of Youth Football and Cheer, our primary focus is on the safety and well-being of our players and cheerleaders.

Over the years the STJFL has developed strict age / weight standards and play rules to reduce the risks of injuries. Our program separates players into divisions based on age and weight guidelines in order to promote safety and fairness to every participant. We based our standards on experience and health studies as well as adopted from other national football organizations.

There is a certain risk of injury associated with any sport or physical activity and football is no exception. The injury rate related to football has continually reduced over recent years for various reasons. For starters there have been great advancements related to football equipment. And the adherence to guidelines and proper training have brought the risks of youth football in line with most other physical activities. In fact recent studies by the Mayo Clinic indicated that "The risk of injury in youth football does not appear greater than other recreational or competitive sports." In fact, the report stated that "Youth football injuries are uncommon."

Another goal of the STJFL is to promote an understanding that most injuries are preventable with proper instruction and training. But equally important is the ability for coaches, players, and parents to spot early warning signs of certain injuries.

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Injuries Uncommon in Youth Football, Mayo Clinic Study Reports

Thursday, April 11, 2002

ROCHESTER, MINN. -- A Mayo Clinic study of youth football showed that most injuries that occurred were mild, older players appeared to be at a higher risk and that no significant correlation exists between body weight and injury.

The study, which appears in the April issue of Mayo Clinic Proceedings, found that the data for athletes grades four through eight indicated that the risk of injury in youth football does not appear greater than the risk associated with other recreational or competitive sports.

"Our analysis showed that youth football injuries are uncommon," said Michael J. Stuart, M.D., a Mayo Clinic orthopedic surgeon and the principal author of the study.

Dr. Stuart and his colleagues studied 915 players aged 9 to 13 years, who participated on 42 football teams in the fall of 1997. Injury incidence, prevalence and severity were calculated for each grade level and player position. Additional analyses examined the number of injuries according to body weight.

A game injury was defined as any football-related ailment that occurred on the field during a game that kept a player out of competition for the remainder of the game, required the attention of a physician, and included all concussion, lacerations, as well as dental, eye and nerve injuries. The researchers found a total of 55 injuries occurred in games during the season — a prevalence of six percent. Incidence of injury expressed as injury per 1,000 player-plays was lowest in the fourth grade (.09 percent), increased for the fifth, sixth and seventh grades (.16 percent, .16 percent, .15 percent respectively) and was highest in the eighth grade (.33 percent).

Most of the injuries were mild and the most common type was a contusion, which occurred in 33 players. Four injuries (fractures involving the ankle growth plate) were such that they prevented players from participating for the rest of the season. No player required hospitalization or surgery.

The study's authors said risk increases with level of play (grade in school) and player age. Older players in the higher grades are more susceptible to football injuries. The risk of injury for an eighth-grade player was four times greater than the risk of injury for a fourth-grade player. Potential contributing factors include increased size, strength, speed and aggressiveness. Analysis of body weight indicated that lighter players were not at increased risk for injury, and in fact heavier players had a slightly higher prevalence of injury. This trend was not statistically significant. Running backs are at greater risk when compared with other football positions, the researchers reported.

Other authors who contributed to the study include: Michael A. Morrey, Ph.D., Aynsley M. Smith, RN, Ph.D., John K. Meis, M.S., all from the Mayo Clinic Sports Medicine Center and Cedric J. Ortiguera, M.D., a Mayo Clinic orthopedic surgeon in Jacksonville, Fla.

Mayo Clinic Proceedings is a peer-reviewed and indexed general internal medicine journal, published for 75 years by Mayo Foundation, with a circulation of 130,000 nationally and internationally.

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Cleveland Clinic Tips to Prevent Heat Illness

A heat related illness occurs when the body is not able to regulate, or control, its temperature. If left untreated, a heat illness can lead to serious complications, even death. If detected and treated early, however, most serious problems can be avoided.

1. Proper Hydration

- Pre- and post-exercise hydration
- Drink water and electrolyte drinks
- Limit excessive caffeine consumption

2. Be Aware of Supplements

Research has shown supplements use can raise blood pressure, speed heart rate and contribute to dehydration. Products containing ephedrine contribute to fatal heart rhythm difficulties, heat related illnesses, stroke, and seizures. Ephedrine raises the body's heat production and body temperatures and increases the risk of developing heat illnesses. Supplements are not regulated by the Food and Drug Administration (FDA). As a result, nutritional labels may be inconsistent. Creatine may be linked to muscle cramping if working out in the heat of the day.

3. Keep Cool

- Use ice towels
- Use cold tub
- Wear light-weight, light-colored clothing

4. High Risk Athletes

Overweight & unfit athletes have a tendency to overheat.

5. Stay Healthy

Eat a well-balanced diet
Salt food lightly, if not hypertensive
Monitor weight before and after each practice session
Monitor urine: Clear or light yellow for color of urine
Get plenty of rest

6. Notify Medical Professional if experiencing any signs of dehydration and heat illness

PREVENTING HEAT ILLNESS

RECOGNIZING THE SIGNS OF HEAT ILLNESS

Dehydration	Heat Exhaustion	Heat Stroke
SIGNS / SYMPTOMS	SIGNS / SYMPTOMS	SIGNS / SYMPTOMS
THIRST	DIZZINESS	HIGH BODY TEMPERATURE
FATIGUE	RAPID / WEAK PULSE	CONFUSED
IRRITABILITY	HEADACHE	DISORIENTED
DECREASED PERFORMANCE	PROFUSE SWEATING	IRRITATIONAL BEHAVIOR
MUSCLE CRAMPS	CLAMMY SKIN	DROWSINESS
NAUSEA	NAUSEA	HOT, DRY SKIN
VOMITING	VOMITING	NO SWEATING



NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) OFFERS HEAT ILLNESS PREVENTION TIPS FOR YOUTH FOOTBALL PLAYERS

Organization Suggests Additional Summer Health & Safety Tips for Active People of All Ages

DALLAS, July 12 – For thousands of six to 13 year-olds in youth football leagues around the country, mid-July means the beginning of pre-season practice. To educate parents, coaches and the players themselves on how to prevent heat-related illnesses during the sweltering summer months, the National Athletic Trainers' Association (NATA) and the Gatorade Sports Science Institute (GSSI), have prepared "Guidelines on Heat Safety in Football."

NATA and GSSI recommend that the leagues:

- Arrange proper medical coverage at all practices and games
- Acclimate the young athletes to the heat over a two-week period
- Allow proper fluid replacement to maintain hydration
- Weigh in athletes before and after practices to monitor sweat loss and dehydration
- Arrange practice and rest in shaded areas and during cooler times of the day
- Provide proper rest periods during and in-between practice sessions
- Minimize the amount of equipment and clothing worn by players in hot and humid conditions, particularly during the acclimation period

The NATA's Age Specific Task Force recommends that all young players be permitted to remove their helmets during rest breaks during both practices and games, as well as in-between periods and at halftime. With the football helmet on at all times in hot and humid weather, the body core temperature can increase to a greater extent and may play a role in the development of an exertional heat illness. Combining proper hydration, rest and the removal of the helmet for a period of time assists in the reduction of core body temperature and reduces the risk of developing a heat illness. To view the entire statement, please visit:

<http://www.nata.org/youthsports/index.htm>

NATA, a non-profit organization that represents 30,000 members of the athletic training profession, periodically issues position and consensus statements on sports and health-related issues.



Promotion of Healthy Weight-Control Practices in Young Athletes

Committee on Sports Medicine and Fitness

With the growth and advancement of youth sports, children and adolescents are becoming more involved in sports in which weight control is perceived to be advantageous for the individual and/or team. Many athletes attempt to lose weight or body fat, hoping to improve performance, improve appearance, or meet weight expectations. In their attempt to lose weight and body fat or gain weight and muscle mass, some athletes resort to unhealthy weight-control practices, which can potentially be harmful to their performance and/or their health. Practices that are used to reduce weight include food restriction, vomiting, over-exercising, diet-pill use, inappropriate use of prescribed stimulants or insulin, nicotine use, and voluntary dehydration. voluntary dehydration practices include fluid restriction, spitting, and the use of laxatives and diuretics, rubber suits, steam baths, and saunas. Weight loss becomes a problem when nutritional needs are not met or adequate hydration is not maintained. Athletes may practice weight-control methods during the sports season only or year-round. These practices can impair athletic performance and increase injury risk. They also may result in medical complications including delayed physical maturation; development of eating disorders; potential permanent growth impairment; an increased incidence of infectious diseases; changes in the cardiovascular, endocrine, gastrointestinal, renal and thermoregulatory systems; and depression.

[Promotion of Healthy Weight-control Practices in Young Athletes](#)

Committee on Sports Medicine and Fitness

Pediatrics 1996 97: 752-753. [\[Abstract\]](#) [\[PDF\]](#)

Note: The STJFL has rules in place to prevent the practice of rapid weight reduction for our youth participants.

The STJFL takes lightning threats very seriously. In fact each association has a lightning meter at every field to monitor conditions at STJFL events. If weather conditions indicate lightning is within six miles an association board member or STJFL member will inform the coaches and provide instructions. We have provided information from the NLSI below. However, common sense prevails if you should ever feel threatened by inclement weather.



National Lightning Safety Institute

Lightning Safety for Organized Outdoor Athletic Events

Practice and training increase recreation performance. Similarly, preparedness can reduce the risk of the lightning hazard. Lightning is the most frequent weather hazard impacting athletics events. Baseball, football, lacrosse, skiing, swimming, soccer, tennis, track and field events...all these and other outdoor sports have been visited by lightning.

Education is the single most important means to achieve lightning safety. The following steps are suggested:

1. A responsible person should be designated to monitor weather conditions. Local weather forecasts - from The Weather Channel, NOAA Weather Radio, or local TV stations - should be observed 24 hours prior to athletic events. An inexpensive portable weather radio is recommended for obtaining timely storm data.
 2. Suspension and resumption of athletic activities should be planned in advance. Understanding of SAFE shelters is essential. SAFE evacuation sites include:
 - a. Fully enclosed metal vehicles with windows up.
 - b. Substantial buildings.
 - c. The low ground. Seek cover in clumps of bushes.
 3. UNSAFE SHELTER AREAS include all outdoor metal objects like flag poles, fences and gates, high mast light poles, metal bleachers, golf cars, machinery, etc. AVOID trees. AVOID water. AVOID open fields. AVOID the high ground.
 4. Lightning's distance from you is easy to calculate: if you hear thunder, it and the associated lightning are within auditory range...about 6-8 miles away. The distance from Strike A to Strike B also can be 6-8 miles. Ask yourself why you should NOT go to shelter immediately. Of course, different distances to shelter will determine different times to suspend activities.
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Concussion Prevention

It is rare that football players at the youth level gain enough speed or momentum to cause traumatic head injuries. In addition instruction on proper blocking and tackling techniques greatly reduce the risks. Still it is important to have the ability to recognize the signs and symptoms of injury.



The signs and symptoms of a concussion can be subtle and may not be immediately apparent. Symptoms can last for days, weeks or even longer.

The two most common concussion symptoms are confusion and amnesia. The amnesia, which may or may not be preceded by a loss of consciousness, almost always involves the loss of memory of the impact that caused the concussion.

Signs and symptoms of a concussion may include:

- Confusion
- Amnesia
- Headache
- Dizziness
- Ringing in the ears
- Nausea or vomiting
- Slurred speech
- Fatigue

Some symptoms of concussions are not apparent until hours or days later. They include:

- Memory or concentration problems
- Sensitivity to light and noise
- Sleep disturbances
- Irritability
- Depression

When to see a doctor

While most concussions get better on their own, some blows to the head can cause more-serious injuries. Seek medical advice if you have any of the following symptoms:

- Prolonged headache or dizziness
- Vision or eye disturbances, including pupils that are bigger than normal (dilated pupils) or pupils of unequal sizes
- Nausea or vomiting
- Impaired balance
- Prolonged memory loss
- Ringing in the ears
- Loss of smell or taste

Signs that a child who has a head injury needs medical attention include:

- Loss of consciousness
- Repeated vomiting
- Seizure (convulsion)
- Headache that gets worse over time
- Changes in your child's behavior, including irritability or difficulty waking
- Changes in your child's physical coordination, including stumbling or clumsiness
- Confusion
- Slurred speech
- Lasting or recurrent dizziness
- Blood or fluid discharge from the nose or ears
- A cut that won't stop bleeding after you've applied pressure for 10 minutes