

## Chapter 1 : Gymnastics Injuries | Gymnastics Injury Prevention & Treatment

*gymnastics problems I do this all the time if you're not a gymnast, you don't understand hahah I used to scare the crap out of every non Gymnast, I was like calm down.*

Labral Tears Labral tears sometimes called SLAP tears may occur during any gymnastic exercise, but ring and bar specialists seem particularly vulnerable. It is characterized by pain that initially resolves but tends to recur with return to sport. An MRI can be helpful in establishing a definitive diagnosis. Wrist Sprains In gymnastics, the wrist is subjected to forces that can exceed twice the body weight. The first step in treating wrist pain is to reduce the training volume of the athlete, relieve symptoms, and to participate in only pain-free activities. After an injury, gymnasts should avoid extensive pressure on the wrist joint for six weeks. If the gymnast is experiencing pain with non-gymnastic activities of daily living, using a brace or cast to immobilize the wrist temporarily may be helpful. As with other sports, ACL reconstruction is recommended for gymnasts who wish to return to full sports participation. Achilles Tendon Injury Gymnasts can suffer from a variety of injuries to the Achilles tendon located just above the back of the heel, as a result of the repetitive stress of jumping and landing. Achilles tendinitis results in calf soreness that is aggravated with jumping and landing. Treatment should initially consist of ultrasound, stretching, activity modification, and calf exercises. Foot immobilization for seven to ten days may be beneficial for severe symptoms. Foot and Ankle Injuries Injuries to the foot and ankle are common in gymnastics. Acute injuries are usually sprains which can be minor or more serious. Swelling, bruising and tenderness directly over the bones are signs of a more serious injury. Minor injuries typically have tenderness limited to one side of the joint without significant swelling. Serious injuries require evaluation by a qualified professional while return to participation after a minor injury is often possible within a week if there is no pain or limping with weight bearing activity. Protection with taping or a brace can aid recovery and reduce the risk for reinjury. Chronic ankle pain or repeated injuries are worrisome and require evaluation before continuing with participation. Frequently, low-back pain will worsen with activity, especially with extension movements, such as arching the shoulders backwards. Low-back pain in gymnasts related to muscular strain or ligament sprain usually responds to rest and physical therapy exercises. Persistent back pain is uncommon and should not be ignored. An MRI or a bone scan are often helpful to rule out more significant injuries. Many gymnastics injuries can be prevented by following proper training guidelines, using safety equipment, and incorporating the following tips: Jones, MD Brian R. Wolf, MD, MS Sports Tips provide general information only and are not a substitute for your own good judgement or consultation.

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