

Recommendations

Orthopedic Journal of Sports Medicine recommends:

- Limiting weekly and yearly participation time
- Limiting sport-specific repetitive movements
- Scheduled rest periods
- Increased amount of free, unstructured activities rather than organized practices
- Delayed training in a single sport until 12 years of age in girls and 14 years of age in boys (during adolescence)
- Allowing at least two months off from the sport to avoid year round training and allow for recovery

American Academy of Pediatrics recommends:

- If a young athlete opts to specialize in a single sport, discuss with them their goals, and determine whether they are appropriate and realistic
- Parents and guardians must closely monitor the athlete's training and coaching environment in "elite" sports programs, be aware of best practices and take note of their child's physical, psychological growth and maturity, as well as overall nutrition
- Allow for at least three total months of downtime from training throughout the year, spread out in one month increments, for physical and psychological recovery
- Taking at least one to two days off per week from their sport of interest can decrease the chance of injuries



If injuries do occur, remember **RICE** (rest, ice, compression, elevation).

For relief of mild to moderate pain nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen, or naproxen; or acetaminophen often provide better relief than an opioid pain reliever.

DART Prevention Coalition

Comprised of community leaders including law enforcement and government officials, educators, business owners, treatment providers, clergy and youth, DART focuses on preventing underage drinking, prescription drug misuse, and illegal use of marijuana and tobacco.

Community-wide efforts include policy change, collection of prescription drugs, youth prevention groups, community education and technical assistance in securing grant funding through data collection and analysis.

References

American Academy of Pediatrics Sports Specialization and Intensive Training in Young Athletes
pediatrics.aappublications.org/content/138/3/e20162148

American Medical Society for Sports Medicine Sports Specialization
<https://www.sportsmedtoday.com/sports-specialization-va-61.htm>

Children's Hospital of Philadelphia Sports-Related Knee Injuries in Children Have Increased
chop.edu/news/sports-related-knee-injuries-children-have-increased

media.chop.edu/data/files/pdfs/sports-medicine-ready-set-prevent-field-sheet.pdf

American Orthopedic Society for Sports Medicine Early Sport Specialization Consensus Statement
ncbi.nlm.nih.gov/pmc/articles/PMC4853833/

Resources

stopsportsinjuries.org

Rutgers Youth Sports Research Council SAFETY Course for Volunteer Sports Coaches, 5th Edition

Matthew J. Morahan III Health Assessment Center for Athletes
rwjbh.org/treatment-care/athlete-screenings/

New Jersey Prevention Network TOP Toolkit for Athletes
njpn.org/top-athlete

Contact

Brian Preiser: brian.preiser@rwjbh.org | 848-329-0978

RWJ Barnabas
HEALTH

Institute for
Prevention
and Recovery

R | RUTGERS UNIVERSITY
Youth Sports Research Council

 DART Prevention Coalition
Taking Aim at Substance Use in Ocean County

 New Jersey
Prevention
Network

732-837-9357
DART@rwjbh.org

23999980-04/24



Changing the Script

Sports injuries and exposure to opiates among young athletes

RWJ Barnabas
HEALTH

Institute for
Prevention
and Recovery

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Scope of the problem

America’s biggest drug problem is not on the streets – it’s in our own medicine cabinets.

The United States comprises 4.4 percent of the world’s population, yet consumes **six to eight times** the amount of prescription opioids as any other nation, an estimated **30 times** more than would be considered medically necessary for a population our size.

Nearly **80 percent** of Americans using heroin reported misusing prescription opioids first.

Overdose death is now the leading cause of accidental death in the US and the leading cause overall in death among individuals under the age of 50.

Nearly half of students in 7th through 12th grades have been prescribed a controlled substance.

Information for parents

Athletes who play a single sport year-round, particularly high contact sports such as football, ice hockey, wrestling and lacrosse, may be at a higher risk for injuries in which an opioid pain reliever may be prescribed.

A 12-year study by Children’s Hospital of Pennsylvania showed a 400 percent increase in sports-related orthopedic injuries in youth, mostly related to overuse. A subsequent study released by the American Academy of Pediatrics found that athletic injuries account for up to 50 percent of all overuse injuries.

Injury patterns suggest intensity of youth sports programs and year-round youth sports model to be a factor, while those who play a variety of sports before puberty have fewer injuries and play longer.

Legitimate opioid use before high school graduation is independently associated with a 33 percent increase in future opioid misuse after high school graduation, particularly among youth with no prior drug use history and a strong disapproval of illegal drug use.

The majority of teens report that prescription drugs are easier to get than illegal drugs and are safer to use because they are prescribed by a doctor.

Information for coaches

There are two types of injuries in playing sports: Acute, which usually result from a single, traumatic event and overuse, which are more difficult to diagnose and treat because they are usually subtle and occur over time.

Overuse injuries in youth are preventable by building a solid foundation of strength through a focus on overall fitness, proper training techniques, sport diversification and allowing for adequate rest time for the young athlete.

The most common upper body overuse injuries are to the shoulder and elbow. The most common lower body overuse injuries are to the knee (ACL).

Youth may be reluctant to report an injury due to peer pressure, fear of losing their position or playing time or because they have been told to **“play through the pain.”**

