**MEN’S SOCCER INJURIES**

Data from the 2004/05-2008/09 Seasons

Soccer is considered a worldwide sport and continues to gain broader participation in the United States. In 2008-09, there were 777 NCAA member institution teams and 21,601 participants. The average squad size was 28 players.

### Injury Overview
- The overall injury rate in NCAA men’s soccer is 7.7 per 1,000 athlete exposures (games and practices combined).
- There were more than 55,000 injuries and 7.1 million athlete exposures from 2004-2009.
- Soccer players are more than three times more likely to be injured in a game (16.9 injuries per 1,000 athlete exposures) than in practice (5.1 injuries per 1,000 athlete exposures).
- Preseason has the highest overall injury rate (8.7 per 1,000 athlete exposures), while the postseason has the lowest (4.6 per 1,000 athlete exposures) as compared to the in-season injury rate of 7.5 injuries per 1,000 athlete exposures.
- Muscle strains (25.8 percent), followed by ligament sprains (25.3 percent), contusions (20.3 percent) and concussions (5.5 percent), are the most common types of injuries.
- Ligament sprains of the lateral ankle (12.2 percent), hamstring muscle strains (7.5 percent), concussions (5.5 percent), and adductor (groin) muscle strains (5.5 percent) are the most common specific types of injury in men’s soccer.
- The action of heading the ball ranks fifth as the most common activity at the time of injury during competition and ninth during practice.

### Injuries Unique to Soccer
Soccer players are uniquely susceptible to muscle strains and ligament sprains due to the quick changes in direction, lateral movements, pivoting and the rapid accelerations and decelerations involved in the sport. The hamstrings, adductors (groin) and other muscles around the hip and thigh are particularly susceptible. Contusions (bruises) are also common due to contact with other players and the pitch.

### Catastrophic Injuries*
During this five-year time period, there were no fatalities from either direct or indirect mechanisms in college soccer. During the 28 years that the National Center for Catastrophic Sports Injury Research (NCCSIR) has collected collegiate soccer data, there have been no deaths related to direct means (collisions) and six related to indirect mechanisms (exertion). During this five-year period, there was one direct death and eight indirect deaths in high school soccer reported by the NCCSIR. The incidence of sudden cardiac death in the NCAA is roughly 1 in every 40,000 student-athletes per year and is the leading medical cause of sudden death.

### Heat Illness Related Injuries
Heat illness ranks in the top 20 most common injuries in NCAA soccer during this time period. It is important to remember that heat illness is preventable and coaches, athletic trainers and administrators should work diligently to prevent them.

### Injury Percentage Breakdown

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concussions</td>
<td>5.5%</td>
</tr>
<tr>
<td>Head, face and neck</td>
<td>4.3%</td>
</tr>
<tr>
<td>Upper limb</td>
<td>6.2%</td>
</tr>
<tr>
<td>Torso and pelvis</td>
<td>14.7%</td>
</tr>
<tr>
<td>Lower limb</td>
<td>65.6%</td>
</tr>
<tr>
<td>Other</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

*National Center for Catastrophic Sports Injury Research
**Concussions**

- A concussion is a brain injury.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur in any sport.

- All concussions are serious and change a student-athlete’s behavior, thinking or physical functioning.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

**Injury Prevention Tips‡**

**For coaches:**
- All on-field personnel should review, practice and follow their venue emergency plan and be trained in administering first aid, AED use, and cardiopulmonary resuscitation (CPR).
- Pay attention to environmental recommendations, especially in relation to excessively hot and humid weather, to help avoid heat illness.
- Athletes with a concussion must be removed from practice or competition, and should not return that day and not until given clearance by an approved medical provider according to the institution’s concussion management plan.
- Regarding concussions, if in doubt, sit them out.
- Be aware of poor field conditions that can increase injury rates.

**For student-athletes:**
- Have a preseason physical examination and follow your doctor’s recommendations.
- Hydrate adequately — waiting until you are thirsty is too late to hydrate properly.
- Use well-fitting cleats and shin guards.
- Use properly sized synthetic balls.
- Rest. Take some time away from training both during and between seasons to avoid overuse injury and burnout.
- After a period of inactivity, progress gradually back to full-contact soccer through activities such as aerobic conditioning, strength training and agility training.
- Avoid overuse injuries — more is not always better! Listen to your body and decrease training time and intensity if pain or discomfort develops.
- Participate in adequate and supervised rehabilitation for all injuries. Returning to a sport prematurely is associated with a high risk of re-injury.
- Watch out for mobile goals that can fall on players and request fixed goals whenever possible.
- Speak with a sports medicine professional or athletic trainer if you have any concerns about injuries or soccer injury prevention strategies.

**Playing Rules and Safety**

- The NCAA requires all players to have a preparticipation medical examination.
- Referees will suspend play because of a player injury.
- The NCAA mandates institutions have a Concussion Management Plan.
- Medical personnel are allowed to remove a player(s) from the field of play for bleeding, blood on the uniform or showing signs of a concussion.
- Players must wear shin guards under the stockings in the manner intended, without exception. Players should already be wearing age- and size-appropriate shin guards.
- A player shall not wear anything that is dangerous to any player.
- Knee braces with any metal parts are permissible provided no metal is exposed.
- Casts are permissible if they are covered and the referee does not consider them dangerous.
- Headgear, headbands and hats (goalkeepers only) are permissive to wear provided they are not considered dangerous to any player.
- A player may not wear jewelry of any type whatsoever unless it is for medical alert purposes.
- Play will be stopped and fields cleared based on lightning safety standards.

**More Facts about Collegiate Men’s Soccer Injuries**

- Injury is defined as those that occurred as a result of participation in an organized intercollegiate game or practice, required the attention of an athletic trainer or physician, and resulted in the restriction of participation one or more days beyond the day of injury.
- Anterior cruciate ligament (ACL) sprains account for 0.4 percent of all injuries but the greatest number of median days lost from participation (259 days).
- The majority of injuries (35.5 percent) caused three to six days of time loss from participation, while injuries accounting for 21 or more days ranked last at 10.0 percent.
- For the number of players by position on the field during competition, injuries were equally distributed.
- The most common activity at the time of injury during competition was general play (30.9 percent), followed by defending (14.1 percent), ball handling and dribbling (10.3 percent), heading (8.4 percent) and loose ball (7.6 percent).
- Contact with other players both directly and indirectly accounted for 42.3 percent of all injuries, while acute non-contact accounted for nearly one third (32.3 percent).
- More injuries occurred in the second half (50.5 percent) versus the first half (49.5 percent) of competitions.
- The majority of practice-related injuries occurred during team drills (67.9 percent), followed by conditioning (8.2 percent) and individual drills (5.9 percent).
- Surgery resulted from 1.4 percent of all injuries.

**Resources**


NCAA Concussion Fact Sheets and Video for Coaches and Student-Athletes. Available at www.NCAA.org.


STOP Sports Injuries

www.stopsportsinjuries.org

Datalys Center

NCAA Sport Injury fact sheets are produced by the Datalys Center for Sports Injury Research and Prevention in collaboration with the National Collegiate Athletic Association, and STOP Sports Injuries. The Datalys Center manages the NCAA Injury Surveillance Program.

www.datalyscenter.org