

# Wayne HealthSports



Rehabilitation & Sports Medicine  
*Athletic Trainers, Rehabilitation,  
and Orthopedic Services*

## Our Athletes in Action



Photos are courtesy of Blue Bag Media.

## Upcoming Events

### PASP Courses 2016-2017

**Monday, February 13th, 2017**  
from 6:00pm to 8:30pm.

**Monday, May 15th, 2017**  
from 6:00pm to 8:30pm.

*Course location*  
Wayne HealthCare Outpatient  
Rehabilitation Center  
1111 Sweitzer St.  
Greenville, OH 45331

To register please call  
Jim Beyke, PT  
at (937) 547-5941 or email  
[james.beyke@waynehealthcare.org](mailto:james.beyke@waynehealthcare.org).



# Finger Injuries

The winter sports seasons are officially upon us, and one of the most common injuries that occurs to athletes are injuries to the fingers. Most of these injuries happen from a direct blow to the hand from a ball, or even from another athlete. Damage of a ligament in the finger can be very serious, and if not treated correctly, can cause permanent deformation. Ligaments connect bone to bone, so if they are torn, this causes instability in the finger, which can lead to further injury. Signs and symptoms to look for are laxity/looseness of the joint, extreme swelling or bruising, or the inability to fully straighten or bend your finger.

The best treatment for such injuries is the "RICE" method. Rest, Ice, Compression, and Elevation are the best combination to remove swelling and increase normal function of the finger. If your pain persists, seeing a doctor to rule out a fracture and/or a ruptured ligament is always recommended.

One of the most common finger injuries is called Mallet Finger. This occurs from a ball or an object striking the top of the finger and causes damage to the extensor tendon, which is what straightens your finger. When this injury occurs, you will be unable to straighten the tip of your finger on your own. This typically can be treated with a splint. Other common injuries to the fingers are Swan Neck Deformity or Jersey Finger.



Mallet Finger



Jersey Finger



Swan Neck Deformity

# Foam Rolling vs. Stretching

The use of foam rollers has become much more common in recent years among runners, cross fitters, and other athletes alike. Foam rollers come in many different colors, densities, and lengths. When an individual starts to they should begin with a foam roller that is less density or firmness. This is will allow the individual to better tolerate foam rolling at first. Foam rolling when performed correctly helps release adhesions also known as “knots” by relaxing the muscle. The proper way to foam roll, for example, a quadriceps the individual lying on their stomach would place the foam roller just above the knee (shown below) rolling slowly towards their hip. If a point of increased pain is felt known as a trigger point then focus on that area for 30 seconds to a minute before rolling further up the leg. Each area should take around 2-3 minutes.

The primary difference between stretching and foam rolling are within the muscle themselves. Stretching is primarily targeting the muscle spindle to lengthen the muscle, while foam rolling targets the Golgi tendon organ. Stretching is put into different categories dynamic and static. Dynamic stretching is commonly used for an active warm-up prior to participation and static stretching is done once the activity is over to return the muscle to its normal elasticity (shown below). Although, both methods differ in some ways they are beneficial when used in conjunction with one another.



# Tex-Mex Meatball Sub Recipe

**Total Time:** 25 minutes

**Ingredients:**

1/2 c. breadcrumbs  
2 garlic cloves, minced  
2 c. grated Mexican cheese blend  
1/2 tsp. crushed red pepper flakes  
1 large egg  
kosher salt  
Freshly ground black pepper  
1 1/2 lb. ground beef  
16 oz. crushed tomatoes  
2 tbsp. chopped chipotle peppers in adobo sauce  
4 hero rolls, sliced lengthwise  
1/4 c. chopped fresh Italian parsley



**Directions:**

1. Preheat oven to 350 degrees F. In a medium mixing bowl, combine breadcrumbs, 1 minced garlic clove, 1 cup Mexican cheese, chili flakes, egg, 1 teaspoon salt, and 1/2 teaspoon pepper. Mix together well, then add ground beef. Do not over mix. Divide into 12 meatballs and place in a casserole dish. Bake until golden brown, 10 to 15 minutes.
2. Meanwhile in a large pot over medium-high heat mix together crushed tomatoes, chipotle peppers, remaining garlic, 1 teaspoon salt, and 1/2 teaspoon pepper. Stir and simmer for 5 minutes and add meatballs. Turn heat to low and gently toss meatballs with sauce.
3. Place parchment on a rimmed sheet pan and arrange hero rolls, cut side up. Place 3 meatballs on the bottom piece of each hero roll. Top with a spoonful of tomato sauce and a handful of Mexican cheese. Bake until bread is warmed and cheese is melted, for 3 to 4 minutes.
4. Top meatballs with parsley and more tomato sauce. Close the sandwich top and serve warm.

**Servings: 4    Serving Size: 1**

435 Calories, 11.3 gm Fat, 6.2 gm Saturated Fat, 30mg Cholesterol, 884 mg Na, 19.9gm Carbohydrate, and 18.8 gm Protein

<http://www.delish.com/cooking/recipe-ideas/recipes/a48560/tex-mex-meatball-sub-recipe/?src=social-email>

# How to Recognize and Respond to a Potential Concussion Injury

Concussions are a topic of significant concern in the realm of athletics in recent years. You cannot see a concussion but you can certainly see its effects on the brain's function in the form of symptoms reported by injured athlete. It is vitally important to be able to recognize the symptoms of a concussion and take appropriate care of this injury to protect the athlete and prevent potentially disastrous long-term consequences on their brain health.

The single most important thing that parents and coaches can do if they believe an athlete has sustained a concussion injury is to remove the athlete from athletic activity immediately and ensure that they do not return to play on the same day. It is also important to have the athlete see a physician or certified athletic trainer as soon as possible after the injury occurs so that an accurate initial assessment can be performed. Two athletes may seem to have sustained a very similar blow to the head yet one athlete's brain and body may be able to return safely to athletic activity a few days or more before the other athlete can do so. Symptoms that may appear include any or all of the following: headache, pressure in the head or eyes, neck pain, nausea, vomiting, dizziness, blurry vision, balance problems, sensitivity to light or noise, feeling "slowed down," feeling "foggy" or "groggy," difficulty concentrating or remembering, increased fatigue, confusion, drowsiness, trouble sleeping, and feeling more emotional, irritable, sad, and nervous/anxious.

Most return to play protocols for concussion injuries currently in use today look very similar. They all include certain milestones that an athlete must reach prior to increasing their activity level. All protocols require that the athlete be symptom free for 24 hours prior to resuming any athletic activity. At that point the athlete will be allowed to resume light aerobic activity such as walking, jogging, or biking, as long as it does not exceed 70% of their maximal heart rate. During each step of the protocol the athlete must remain symptom free throughout the activity and for 24 hours after until they are allowed to progress to the next step. The next step after light aerobic activity is sports specific activities with no threat of contact from others and higher intensity aerobic activity such as sprinting. If still symptom free after another 24 hours, the athlete may participate in a non contact practice involving others and light to moderate resistance training. The final step is for the athlete to return to a full contact practice as they would normally participate in if they were injury free. As long as the athlete remains symptom free throughout this process they will be allowed to return to normal athletic activities for their respective sport as well as competitions.

Throughout the recovery process after a concussion it is important for the injured athlete to avoid activities that will potentially make their symptoms worse. These activities could include, but are not limited to, using computers, cell phones, or tablets, playing video games, reading for extended periods of time, listening to loud music especially with headphones, and any physical activity that makes the above symptoms worse. If you have any questions about your school's concussion protocol or concussion injuries in general please contact your athletic trainer.

## Athlete Spotlight

Allie Downing committed to Division 2 Belmont Abbey College in Belmont, North Carolina where she plans to dual major in accounting and business. She averaged 18.6 points, 8.7 rebounds, and 2.7 assists as a junior at Tri-Village and looks to improve on those numbers this season.

This past year Allie was First Team All-Ohio, First Team All-District 9, Southwest District player of the year, and Cross County Conference player of the year. Allie is successful on the court and in the classroom. She is currently class valedictorian with a 4.0 GPA, president of National Honor Society and member of the Key Club.



## Contact Info

For more information about Wayne HealthSports or Wayne HealthCare Outpatient Rehabilitation, please contact Jim Beyke at [james.beyke@waynehealthcare.org](mailto:james.beyke@waynehealthcare.org) or (937) 547-5714.

Visit us online at [www.waynehealthcare.org](http://www.waynehealthcare.org).