

Contact: Melissa Chefec, MCPR Public Relations, 203-968-6625

For Immediate Release

PROTECTIVE GEAR IS KEY TO REDUCING LACROSSE INJURIES:

Challenge is getting players to use it consistently, says Long Island Lizards' team physician

New York, NY, and Greenwich, CT, July 2009 – Safely playing one of America's oldest sport requires today's protective gear and the latest knowledge of sports injuries, says Kevin D. Plancher, M.D., sports medicine expert and Head Team physician for the Long Island Lizards.

Lacrosse, first played by Native Americans as early as the 15th century, is the fastest-growing youth sport in the United States today. More than 450,000 youngsters between the ages of 2 and 18 play lacrosse in the U.S. each year, according to a 2008 participation survey. Add in college, post-college and club players, and the number rises to half-a-million, a 40 percent jump since 2001.

"The good news is that lacrosse is growing fast. One sign of its popularity is that the recent Syracuse/Cornell NCAA Lacrosse Championship had to be held at Foxborough's Gillette Stadium, where the New England Patriots play," says Dr. Plancher.

"The bad news is that lacrosse players continue to be injured in significant numbers because it's a rough, aggressive game," adds Dr. Plancher. My goal as the Lizards' team physician is to keep them healthy and to keep them playing. Using protective gear is a big part of doing that successfully. It's also what's required to reduce injuries in both professional and amateur players nationwide."

The physics of the game

Lacrosse is often called "the fastest game on two feet," says Dr. Plancher. "However, the agility and speed needed for the sport, along with the stopping, starting, cutting and pivoting involved, add to the risk of injury."

Lacrosse is played with a hard rubber ball, slightly smaller than a baseball, which travels up to 90 mph. The ball is held in the webbing of the stick, or "crosse," at the end of a shaft. Sticks, which may be plastic, metal or wood, are up to 40 inches in length for offensive players and up to six feet for those on defense. Players try to get the ball in their sticks and advance it down the field either by running or passing in a coordinated effort to shoot the ball into the opposing team's goal.

The boys' and men's games are full contact, with body and stick checking allowed to defend the goal and regain possession of the ball. Both US Lacrosse, the national governing body of men's and women's lacrosse, which conducted the 2008 participation study, and the National Collegiate Athletic Association (NCAA) require the use of equipment to protect the head and upper extremities. This includes helmets with facemask, mouth guard and four-point chin strap, shoulder pads, arm pads and padded gloves that cover the wrist. Groin protection is strongly recommended.

The nature of the injuries

Lacrosse has been thought of as a violent sport, and is listed as a "collision sport" by the NCAA. But injury statistics indicate it's safer than other contact sports, such as football and ice hockey. Lacrosse ranks seventh of 15 sports in the NCAA's injury surveillance program.

Ligament sprains, muscle strains, concussions and general contusions are the most common injuries for all players. In terms of playing days lost, the most severe injuries are fractures of the hand and wrist, according to the 2005 study. Shoulder injuries are also common, with the shoulder the most frequently injured body part during game play, as opposed to during practice.

“Because no pads are worn on the lower extremities often times,” says Dr. Plancher, “knee, leg and ankle injuries are also common from quick pivots, dodging and cut steps used to avoid opponents.”

The “Three R’s of Injury Prevention”

Dr. Plancher believes that lacrosse injuries can be prevented or minimized using the technique of “ready, recognize and rest.” He explains, “When sports enthusiasts ready their bodies for play, with exercise or weight training, for example, they improve their ability to withstand the normal impacts of the game with less chance of damage or injury. It’s also important for players to recognize an injury when it occurs and seek professional advice whenever they’re not sure how serious the injury is. Finally, if players first take the time to rest and heal after an injury, they’ll spend more time playing and less time on the sidelines.”

Dr. Plancher says an injury protection program also should include:

- A pre-participation exam, including a musculoskeletal evaluation of the upper and lower extremities, identification of cardiovascular and cardiopulmonary risk factors, and the history of any concussion;
- The wearing of protective gear during all practices and games, and
- A sport-specific training program that includes weight-training, movement-pattern training with resistive equipment, and an off-season of active rest with a training program.

“These small, but important steps will reduce lacrosse injuries even further,” Dr. Plancher concludes.

About Dr. Plancher:

Kevin D. Plancher, M.D., M.S., F.A.C.S., F.A.A.O.S., is one of the nation’s leading orthopaedic surgeons and sports medicine experts, specializing in the treatment of knee, shoulder, elbow and hand injuries. He is Associate Clinical Professor in Orthopaedics at Albert Einstein College of Medicine in New York City and on the editorial review board of the Journal of the American Academy of Orthopaedic Surgeons. In 2007, 2008 and 2009, Castle Connolly Medical Ltd., a New York City research company, named Dr. Plancher America’s Top Doctor in Sports Medicine. Every year from 2001 to 2009 he has been included in Castle Connolly’s list of Top Doctors in the New York Metro area, as published in New York Magazine’s yearly “Best Doctors” issue.

Dr. Plancher received his M.D. degree (cum laude) and an M.S. degree in physiology from Georgetown University in Washington, DC. He completed his residency at Harvard University’s orthopaedic program and a fellowship at the Steadman-Hawkins Clinic in Vail, Colo., where he studied shoulder and knee reconstruction and served as consultant to the clinic for six years. He has been team physician for more than 15 high school, college and national championship teams. He is currently the team physician for the professional lacrosse team, the Long Island Lizards.

An attending physician at Beth Israel Hospital in New York City and Stamford Hospital in Stamford, CT, he maintains offices in Manhattan and Greenwich, CT. Visit www.plancherortho.com for more information. Dr. Plancher lectures extensively in the U.S. and abroad on issues related to orthopaedic procedures and injury management. He also has been named to the sports medicine arthroscopy program subcommittee for the American Academy of Orthopaedic Surgeons. Dr. Plancher has been awarded the Order of Merit (magna cum laude) for distinguished philanthropy in the advancement of orthopaedic surgery by the Orthopaedic Research and Education Foundation. In 2001, he founded The Orthopaedic Foundation for Active Lifestyles, a not-for-profit foundation focused on maintaining and enhancing the physical well-being of active individuals through the development and promotion of research and supporting technologies. See www.ofals.org for more information.

