

Welcome

2015 / 2016 Kaneland Soccer Town Hall





wireless **ZONE** Premium Wireless Retailer

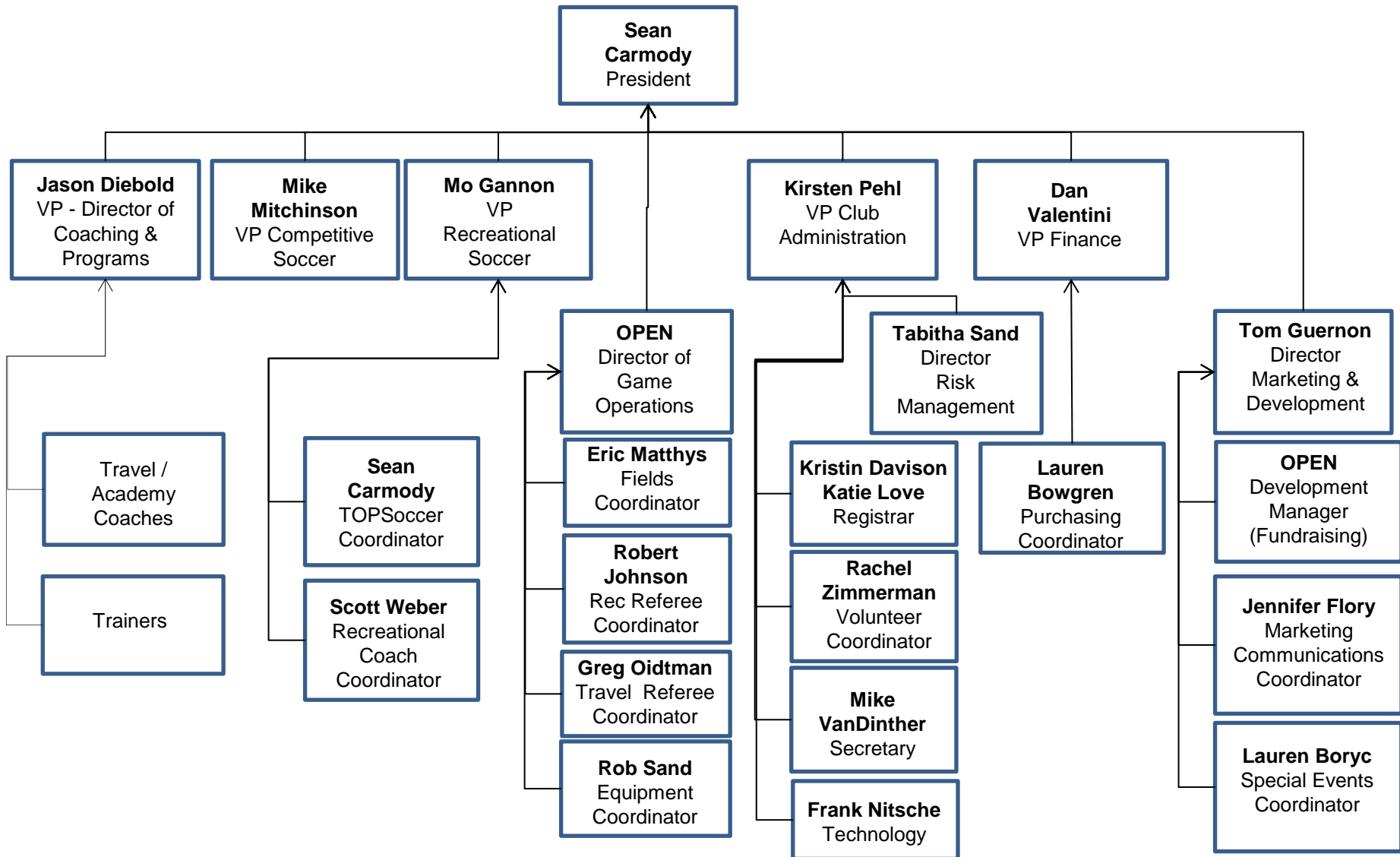


Agenda

- Thank You's
- Introductions
- Kaneland United SC
- McNair 2
- Direction
- Parent Education

Thank You!

- Brad Simmons
- Brad Schlemmer
- Kirsten Pehl
- Christine Kermend
- Matt Krol
- Kevin Rising





- Little Knights
- Academy
- Recreational
- Competitive
- TOPSoccer
- Referee Development
- Academy
- Coach Development

The screenshot shows the homepage of the Kaneland United SC website. At the top left is the club's logo, and to its right is the text "KANELAND UNITED SC". A navigation menu below the logo includes links for HOME, ABOUT, PROGRAMS, TEAMS, GEAR, NEWS, and DOCUMENTS. The main content area features a large banner for a soccer match between Chicago Fire and Montreal Impact. The Chicago Fire logo is on the left, and the Montreal Impact logo is on the right, with "vs" between them. Below the logos, the text reads "Kaneland United Chicago Fire Outing" and "Chicago Fire vs. Montreal Impact Saturday May 30 at 7:30pm", with a "Read More" link. To the right of the banner are three smaller featured items: "2015/2016 TRAVEL PLAYER ASSESSMENTS - LATE MAY 2015" with a photo of players, "KANELAND UNITED CHICAGO FIRE OUTING" with logos, and "MCNARZ FIELDS PROJECT" with a photo of a field. Below the main banner is a row of four categories: COACHES, REFEREES, VOLUNTEERS, and KANELANDSC GEAR. Each category has a representative image and a text link below it: "COACH RESOURCES", "BECOME A REF", "FULL DETAILS", and "SPIRIT WEAR & UNIFORMS". At the bottom left, there is a "SITE LINKS" section with links to "US Youth Soccer" and "Illinois Youth Soccer". At the bottom center, there is a logo for "CASTLE BANK".

KANELAND UNITED SC

HOME ABOUT PROGRAMS TEAMS GEAR NEWS DOCUMENTS

2015/2016 TRAVEL PLAYER ASSESSMENTS - LATE MAY 2015

KANELAND UNITED CHICAGO FIRE OUTING

MCNARZ FIELDS PROJECT

HELP LEAD OUR CLUB **HELP WANTED**

Kaneland United Chicago Fire Outing
Chicago Fire vs. Montreal Impact
Saturday May 30 at 7:30pm
[Read More](#)

COACHES
KANELAND UNITED SC
COACH RESOURCES

REFEREES
BECOME A REF

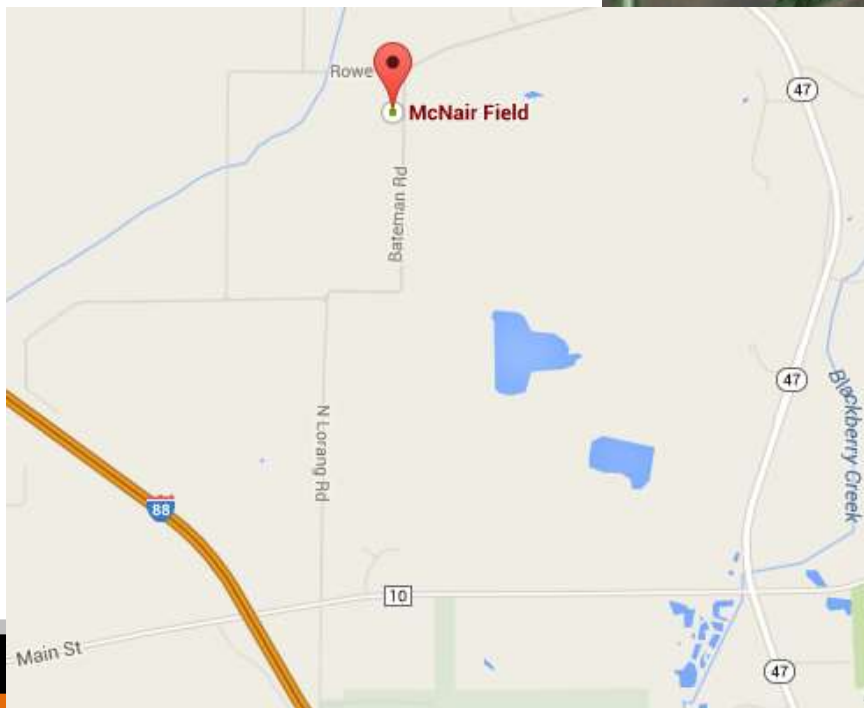
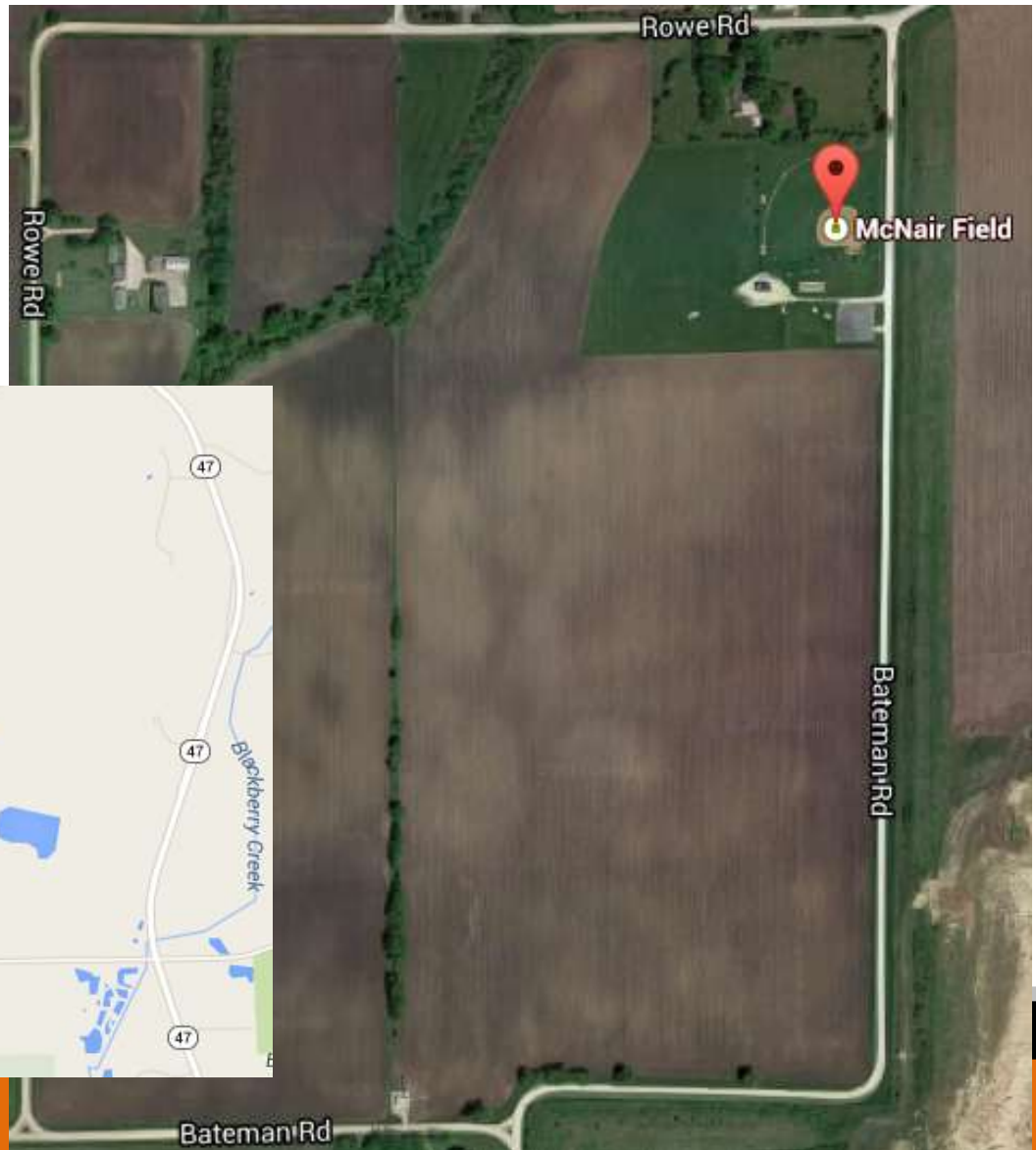
VOLUNTEERS
FULL DETAILS

KANELANDSC GEAR
SOCCER 2000R
SPIRIT WEAR & UNIFORMS

SITE LINKS
US Youth Soccer
Illinois Youth Soccer

CASTLE BANK

McNair 2



McNair 2



Community

Kaneland United SC is a community focused soccer club, providing area youth with recreational and competitive soccer opportunities.

- Volunteerism and support for other community programs
- Investing in the upkeep and maintenance of the Kaneland School District fields where games are held
- Hiring area youth as recreational referees, providing them with valuable life and work skills
- Hiring area college level soccer players as trainers to work with younger players



We Believe

- That soccer is the people's game and that we will provide an affordable, high quality soccer experience, training and player development across all programs
- That youth soccer is fun, everyone plays, we emphasize development over winning and adopt best practices of positive coaching
- That participation in youth soccer develops our children physically, mentally and socially, preparing them for bright futures and contributors to the community
- That the community we build around the game of soccer is a touchstone for lifelong friendships, mutual support & respect and a vehicle for connecting with each other

We Believe

That soccer is the people's game and that we will provide an affordable, high quality soccer experience, training and player development across all programs

- By providing licensed and experienced soccer trainers
- By providing a competitive training environment where our players will excel
- By providing technical, tactical, physical, psychological support for our players
- Coach & referee training
- Reusable uniforms
- Cleat Closet
- Free TOPSoccer
- Free Clinics

We Believe

That youth soccer is fun, everyone plays, we emphasize development over winning and adopt best practices of positive coaching

- By encouraging teamwork and respectful behavior
- By creating opportunities for players to experience multiple positions
- By instilling the belief that training is important
- Balanced teams
- Small sided games with high levels of engagement
- No scorekeeping
- Open to everyone

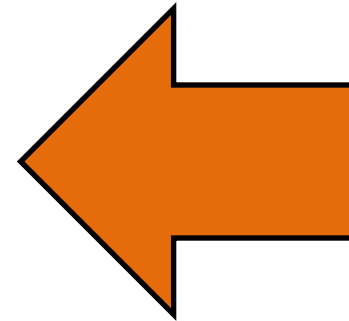


We Believe

That participation in youth soccer develops our children physically, mentally and socially, preparing them for bright futures and contributors to the community

- By implementing demanding training sessions that include small sided games to develop soccer awareness and teamwork
- By promoting personal accountability and responsibility
- By creating opportunities for community service

- **What he said!**



We Believe

That the community we build around the game of soccer is a touchstone for lifelong friendships, mutual support & respect and a vehicle for connecting with each other

- By providing the opportunity to develop friendships and build upon our soccer community
- By promoting independence and trusting relationships
- By honoring individuality
- Bridge D302 Elementary Schools and build friendships going into Middle School
- Would love to see a picture on the front of the Elburn Herald showing today's U6's playing together as KHS seniors

Training Philosophy

- Team Talk / Today's Goals
- Warm Up
- Fitness – Muscle Memory/Routine
- Technical Skills
- Tactical Skills
- Small Sided Games – Put Into Action
- Team Talk / Recap



Exciting Times

- Lots of change – All positive
- Committed to high quality experience for players, parents & volunteers
- Clear focus & direction

Concussions 101

Slides by:

Tim Rylander, PT, MPT, OCS

Paul Schoerder, PT, MPT, CSCS

Richard DeCarlo, PT, MPT



Accelerated

rehabilitation centers

Physical Therapy • Sports Medicine



Proud to combine with

ATHLETICO

PHYSICAL THERAPY



Accelerated Rehabilitation Elburn

Richard DeCarlo, PT, MPT
Northwestern University 1997

Practicing Orthopedic Physical Therapy 17 years
Physical Therapist for Brother Rice HS for 10 years
Trained in Concussion Management and
Return to Play Guidelines



Definition

■ Concussion:

■ Any blow or force to the head that causes mental status changes; disorientation, confusion, memory loss, slowness in thinking

■ According to the American Academy of Neurology:

■ “...trauma-induced alteration in mental status that may or may not involve a loss of consciousness”



Metabolic Mismatch

At the moment of impact of a concussion, all cells in the brain fire. And the brain is asking for more energy, but also in that moment of impact, you have a dramatic decrease in brain blood flow. The energy the brain uses is in the form of glucose which is carried in the blood flowing into the brain.



Metabolic Mismatch

So when the brain is asking for more energy, your body can't provide it. And it's this metabolic mismatch that causes the symptoms of a concussion. It causes the confusion, it can cause the loss of consciousness, and also other neurological symptoms that can occur for minutes, hours, days, weeks and sometimes months.



Sports Concussion Statistics

- 3,800,000 concussions reported in 2012, **DOUBLE** that of 2002
 - 33% of all sports concussions happen at **PRACTICE**
 - 39% the amount by which **CUMULATIVE CONCUSSIONS** are shown to increase catastrophic head injury leading to permanent neurological disability
 - 47% of all reported sports concussions occur during HS football
 - **1 IN 5** HS athletes will sustain a sports concussion during the season
 - 33% of HS athletes who have a sports concussion report **TWO OR MORE** in the same year
 - 4 to 5 million concussions occur annually, with rising numbers among **MIDDLE SCHOOL ATHLETES**.
 - 90% of most diagnosed concussions do not involve a loss of consciousness



Why Worry about Concussions?

Second Impact Syndrome

Definition:

A subsequent concussion or blow to the head sustained before the initial concussion had opportunity to completely resolve leading to tremendous uncontrolled swelling of brain tissue

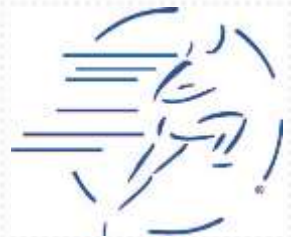


Dangers of Second Impact Syndrome

100% Morbidity and 50% Mortality

150 cases in literature:
all under age 18 having 2nd insult
occur <3 weeks, most <10 days

(Cantu & Voy 1995)



Predisposition for Future Injury

Risk of Another Concussive Incident

3+ previous = 3.5x more susceptible to concussion vs. a player without concussive history

5x likelihood of mild cognitive impairments, of which, 90% convert to Alzheimer's Disease

2 previous = 2.8x risk

1 previous = 1.5x risk

Zemper, et al (2003)



Answers to Concussion Myths

- You do not have to be knocked out to have a concussion!
- A concussion is a brain injury!
- A CT scan will not confirm a concussion, it will tell if you have a brain bleed
- Second concussion to occur when the first concussion has not healed can be fatal!
- Concussions are not labeled on scale as Grade I, II, III.
- Every concussion is different no one athlete can be compared or treated the same.



Physical Symptoms of a Concussion

- Dizziness
- Nausea and/or vomiting
 - Balance problems
- Sensitivity to noise or light
 - Blurred vision
 - Headache
- Low energy level
- Unequal pupils



Mental symptoms of a Concussion

- Difficulty remembering
 - Confusion
- Inability to concentrate
- Inability to think clearly
 - Mental fogginess
- Inability to remember new information
 - Trouble paying attention
 - Loss of focus



Sleep symptoms of a Concussion

- Sleeping more than usual
 - Unable to fall asleep
- Sleeping less than usual



Emotional Symptoms of a Concussion

- Easily angered or upset
- Feeling nervous or anxious
 - Feelings of sadness
 - Crying more than usual
- Lack of interest in usual activities
 - Depression



Prevalence of Symptoms Following a Concussion

- Headache (71%)
- Lethargy (58%)
- Difficulty concentrating (57%)
- Dizziness (55%)
- Fogginess (53%)
- Visual disturbance (49%)
- Visual sensitivity (47%)
- Memory deficits (43%)
- Balance problems (43%)



What to do if you suspect a concussion

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

(CDC.gov – heads up)



PT Evaluation/Injury Screening

- Posture
 - Strength Testing
- Cranial Nerve Testing
 - Vestibular/Balance
 - Visual System
 - Attention
- Referral to Concussion Doctor



Dr. Brian Babka - Area's Concussion Expert

Team Physician for USA Soccer
Treated over 500 concussions in 2014

Geneva Office
351 Delnor Drive, Suite 410
(630) 225-2663



What to do at home after MD visit

Rest! No school no practice

Limit cognitive use. **No video games, TV, computers, etc.**

Make academic accommodations

Monitor all physical symptoms and cognitive symptoms



Time Line Continued, Part II

- If symptoms persist longer than two weeks, physical therapy is recommended for athletes.
- Once PT and doctor feel that athlete is clear to participate then the Return to Play begins
- At this time athletes must be asymptomatic for a full week.



Return-to-Play Protocol

- RTP is a 5 step process based on current medical evidence
- Athlete must be asymptomatic every after each day to proceed to the next day.
- If athlete is not asymptomatic, then they will repeat that day, the next day.
- RTP must be done in consecutive days.



Return-to-Play Protocol

Student must be asymptomatic (without any cognitive or physical symptoms) at rest and exertion.

Monitoring:

- Heart Rate ($220 - \text{age} = \text{max HR}$)
- Perceived Exertion (Borg Scale)



BORG Scale

- 6 No exertion at all
- 7 Extremely light
- 8
- 9 Very light
- 10
- 11 Light
- 12
- 13 Somewhat hard
- 14
- 15 Hard (heavy)
- 16
- 17 Very hard
- 18
- 19 Extremely hard
- 20 Maximal Effort



Return to Play Protocol

Exertional protocol typically includes 5 steps:

Limited aerobic activity

More intensive aerobic activity

Agility movements

Sport specific practice without contact

Sport specific practice with contact



Return to Play Protocol

Exertional protocol typically includes 5 steps:

Limited aerobic activity

More intensive aerobic activity

Agility movements

Sport specific practice without contact

Sport specific practice with contact



RTP - Clinic Day 1 - Phase 2 RTP

Light Aerobic Exercise

< 60% max HR

RPE = 8-11

Goal : exertion, increase HR

**MUST BE SYMPTOM FREE FOR 24 HOURS
BEFORE PROGRESSING TO NEXT PHASE**



RTP - Clinic Day 2 - Phase 3 RTP

Moderate Aerobic Activity

60 – 75 % max HR

11-14 RPE

Goal: progressively increase HR
add movement



RTP - Clinic Day 3 - Phase 4 RTP

Higher Intensity Sport-Specific Aerobic Activity

70 – 80 % of max HR

RPE – 14-18

Goals: non-contact sports-specific drills
increased cognitive processing
dynamic closed chain function



RTP - Clinic Day 4 - Phase 5 RTP

Incorporate more complex movements
and sports-specific exercises with
cognitive challenges

75 – 90 % max HR

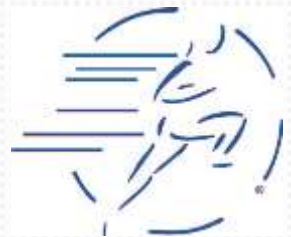
RPE = 17 – 19

After 24 hours call PT, if no symptoms, PT can
report completion of RTP and release to
full practice with contact



How to Decrease Rates of Concussion

- Neck strengthening exercises
- Core exercises
- Educate your athletes to tell you when there head hurts
- Limit hitting in practices and focus on skills and plays
- Make sure equipment is properly fitted, helmets and shoulder pads



Useful References:

- **CDC Heads UP Concussion in Youth Sports**

<http://www.cdc.gov/concussion/HeadsUp/youth.htm>

!

- **Illinois High School Association**

<http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx>

- **Sports Legacy Institute**

<http://sportslegacy.org/>



Sports Legacy Institute

7 Steps for Brain Safety

1. Preseason education for coaches
2. Preseason education for Athletes
3. Preseason education for parents
4. CDC concussion action plan
5. Utilize CDC's Heads Up Program and clipboard stickers
6. Prevention through neck strengthening
7. Prevention through overall brain trauma reduction



Thank-you



Questions?

