

A National Action Plan for Child Injury Prevention

Reducing Sports and Recreation-related Injuries in Children

More than 7,100 children ages 0-19 were treated in hospital emergency departments for sports and recreation-related injuries each day in 2009.¹ That works out to 2.6 million children a year. And many more injuries are treated in doctor's offices and primary, acute care, and sports medicine clinics.

Deaths from participation in sports are uncommon and usually the result of head trauma, cardiac arrest or heat stroke.² However, children with nonfatal injuries may experience serious health consequences for the rest of their lives. This is especially true for those who injure their neck, spine, joints like knees, or suffer traumatic brain injuries (TBI).³

In 2003, sports and recreation-related injuries treated in emergency departments resulted in more than \$11 billion in direct medical costs for children less than 18 years of age.⁴ Many of these sports and recreation-related injuries are predictable and preventable.



A National Action Plan

The Centers for Disease Control and Prevention (CDC) is committed to preventing child injury by supporting solutions that will save lives. The National Action Plan for Child Injury Prevention (NAP) was developed by CDC and more than 60 stakeholders to spark action across the nation. The overall goals of the NAP are to raise awareness about the problem of child injury and its effects on our nation, offer solutions by uniting stakeholders around a common set of goals and strategies, and mobilize action to reduce child injury and death.

The NAP contains six domains that include goals and actions based on what we know, where we need to go, and how we can get there. See below for examples of what we can do to further reduce sports and recreation-related injuries among children.

Data and Surveillance—includes the ongoing and systematic collection, analysis, and interpretation of child health data for planning, implementing, and evaluating injury prevention efforts.

- Expand the current national data systems that collect injury and participation information (allowing for comparisons across sexes, activities, settings, age groups and years) to include younger age groups and activities outside of school settings. The current data systems only capture high school and collegiate athletics.

- Enhance the collection of exposure data. This could be done through validation of participation information collected by sports product marketing firms or collecting new participation data through public health surveillance of physical activity.

Research—includes research gaps and priorities in risk factor identification, interventions, and program evaluation, and dissemination strategies needed to reduce injuries.

- Conduct research on the costs and long-term consequences of sports and recreation-related injuries among youth (such as from TBI, neck and spinal injuries, and knee ligament injuries).
- Conduct research to identify effective screening for and strategies to prevent the most common (e.g., ankle sprains) or potentially devastating (e.g., TBI) injuries.

Communication—includes effective strategies to promote injury prevention to target audiences by designing messages and information and delivering them through relevant channels.

- Continue to widely disseminate information about the identification and management of potentially severe sports and recreation-related injuries such as TBI.
- Include injury prevention information, such as recommended safety gear, in physical activity promotion programs, policies and materials.

Education and training—includes organized learning experiences for increasing knowledge, attitudes, and behavior change conducive to preventing injuries.

- Educate all medical providers on the identification and management of common sports injuries, including TBI in medical school, residency, and continuing medical education.
- Educate and train medical providers, school teachers, coaches, and officials to use both physical and cognitive rest as part of the management of TBI. Cognitive rest involves avoiding mental exertion, such as working on a computer, watching television or reading.

Health systems and health care—includes the health infrastructure required to deliver quality care and clinical and community preventive services.

- Counsel parents and patients on strategies to prevent injuries in their sports and recreational activities.
- Counsel parents and patients on the importance of appropriate identification and management of sports and recreation-related injuries such as how to recognize possible concussion and the need to rehabilitate some seemingly minor injuries like ankle sprains.

Policy—includes laws, regulations, incentives, administrative actions, and voluntary practices that enable safer environments and decision making.

- Support evidence-based practices and policies to provide safer physical and social environments for sports and recreation activities including training for coaches and requiring strict officiating.
- Support evidence-based practices and policies to appropriately identify and manage participants injured during sports and recreation including return-to-play policies following concussion.

Moving Forward Together

Everyone—including parents, health care providers, educators, and community members—can take steps to prevent injury where they live, work, and play. We all have a part to play in the NAP and in protecting our children—America's future.

To learn more about CDC's work in child injury prevention, find references, or get your copy of the National Action Plan, visit www.cdc.gov/safekid/NAP.