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## Common Wrestling Injuries and Conditions

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Wrestling is one of the oldest sports in the world, and holds a special interest in the hearts of many Iowans. Wrestling is an extremely aggressive and strenuous activity, and has a fairly predictable range of common injuries and conditions. Prompt recognition and treatment is needed to minimize time off the mat.

### **Skin Infections**

Wrestling has the highest incidence of skin infection of all high school and collegiate sports. This makes sense, due to the close proximity of wrestlers to each other, and the wrestling mats. Heat, humidity and breaks in the skin from trauma predispose wrestlers to infection. Skin disease accounts for 20% of lost mat time due to illness and injury. In addition, as athletes become fatigued, they become more susceptible to infection. Infections are usually bacterial (impetigo), fungal (ringworm), or viral (Herpes gladiatorum).

Prevention is paramount. Do not share equipment, towels, or clothing.

Shower promptly after practice with antibacterial soap. Wash all clothing and equipment between uses. Clean mats between uses.

Impetigo is caused by staphylococcus and streptococcus bacteria and causes blisters or scabs that then form a yellow crust. Treatment is with topical and/or oral antibiotics. Before a wrestler can compete, all lesions must be scabbed (no oozing) and no new lesions can have occurred in the last 48 hours. This may take 3-10 days of antibiotic therapy. Some patients become infected with resistant strains of bacteria, which can be more difficult to treat.

Ringworm is actually not a worm at all, but a fungus, and it forms a scaly red ring with central clearing. It is the same fungus (*Tinea corporis*) that causes jock itch and athlete's foot. Treatment is topical or oral antifungals. Athletes can return to sport after 3 days of treatment for skin lesions, 14 days for scalp lesions.

Herpes gladiatorum is a Herpes simplex virus that is highly contagious and is incurable. It presents as painful clear, fluid filled blisters or bubbles atop a reddened base. It then ruptures and becomes a painful crusty scab. Treatment is based on prevention of outbreaks and shortening the duration of symptoms using antivirals such as Valtrex. An athlete may compete three days after the last lesion has completely healed, or after 5 days of oral Valtrex treatment.

## **Knee Injuries**

By far, contusions to the front of the knee are the most common knee injury in wrestling. This constant pressure and friction on the knee can create a fluid collection in front of the knee joint called prepatellar bursitis (housemaid's knee). Treatment is with rest, ice, and oral antiinflammatories. Knee pads are very helpful. In very uncomfortable cases, I will drain the bursa and inject it with steroid.

Twisting injuries can tear the menisci, two semicircular cushions in the knee. I see this more in wrestling coaches. I think almost every wrestling coach I know has had a meniscus tear, or is currently ignoring one. Meniscus tears can be treated with arthroscopic surgery. If the tear is small, the athlete can get back to sports in a couple weeks, but larger tears can end a season.

Serious ligament tears are rare, but can require surgery. Anterior cruciate tears usually require surgery and return to sports is in 6-12 months. Minor ligament tears of the posterior cruciate and collaterals can be treated with rest, ice, and gradual return to sport.

## **Shoulder Injuries**

The majority of shoulder injuries I see from wrestling are strains from being placed in extreme positions under stress. These usually resolve with rest, anti-inflammatories, and ice. Dislocations can occur, and often become recurrent, requiring surgery. Return to sport is in 6-9 months after surgery.

## **Concussion**

Although concussion is more common in football, the incidence of concussion in wrestling is increasing, in part because more coaches and parents are recognizing the signs and symptoms of this condition.

Concussion is damage to the brain from trauma to the head. Symptoms can include loss of consciousness, confusion, loss of memory, headache, and nausea. Padded headgear and mouthguards may help to prevent concussions. In general, gradual return to play (starting with conditioning and progressing to light contact) can start a week after the last symptoms have gone.

Dr. Bremner is available at DMOS – East. To schedule an appointment with Dr. Bremner, please call 515-299-6363.