

SPORTS INJURY 101 Clintonians focus on sports injuries



Fall in Mississippi brings opportunity for increased sports-related injuries

Special to The Clinton Courier

When athletes get hurt, there's a fairly short list of common injuries that come into play.

Chief among them: ankle sprains, muscle strains, concussions, shin splints and knee injuries such as anterior cruciate ligament (ACL) tears and meniscal tears.

"The end of July going into August is when football cranks up, and there will be a lot of football-related injuries over the next three to four months," said Dr.

ment of Orthopaedics and Emergency Medicine physicians treat is knee injuries, said Hurt, whose specialty is sports medicine. "It's pretty epidemic among young people, and a lot of it [is] related to lower extremity weakness and muscular imbalance."

Research shows about seventy percent of ACL tears occur in females, and most of them are non-contact injuries. An athlete who is running might stop suddenly or cut directions.

"But the knee continues to go, and the

UMMC's postgame high school sports medicine clinic operates from 9 until 11 p.m. every Friday night during football season in the orthopaedic suite at University Physicians Pavilion. For more information, call 601-815-4721.



Montoria Atkinson, a Tougaloo College basketball player, receives treatment from Dr. Jim Hurt of Clinton following a left knee ACL reconstruction.

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Jim Hurt of Clinton, assistant professor of orthopaedic surgery at the University of Mississippi Medical Center. "Soccer follows that, and then basketball. The majority of injuries in the younger population in those sports will be knee injuries."

Although some student-athletes with traumatic injuries or broken bones are seen at UMMC's Emergency Department, the most common thing Depart-

ACL can tear," Hurt said.

Such tears can be traumatic and painful, he said.

"A student will feel a pop in their knee, and the knee basically dislocates. Most people know something is wrong right away, and it tends to swell significantly."

If an ACL tear is suspected, he said, a parent should ice the knee and bring his or her child to an orthopaedic or

primary care doctor immediately during the workday or to an emergency department after hours.

"If you're not sure about it, getting attention sooner than later is better," he said.

Ankle sprains and muscle pulls also are common, Hurt said.

"We see a lot of kids whose ankle rolled or was stepped on," he said. "Typically, if you can't walk on it within a day or so,

there's a high risk that you broke something and need to seek medical attention."

He suggests parents and students follow a "RICE" procedure: rest, ice, compression and elevation.

"If that doesn't make it better in the next couple of days, you need to get it checked out and get X-rays to make sure there's not a fracture."

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James A. Hurt, III, M.D.



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