



Top Doctors for Top Performers.

Volleyball Injuries

Each year more than 400,000 high school students—including more than 300,000 girls—participate in interscholastic volleyball. As participation has increased over the past decades, the number of volleyball injuries rank lowest for all major sports, volleyball players are at risk for both traumatic and overuse injuries.

What Types Of Injuries Are Common In Volleyball?

Because volleyball involves repetitive overhead motions, such as spiking and blocking, players are prone to overuse injuries of the shoulder. In addition, volleyball players are particularly susceptible to finger injuries.

How Are Volleyball Injuries Treated?

Rotator Cuff Tendinitis

During serving and spiking, the rotator cuff muscles are important in generating the necessary power to move the shoulder. While rarely completely torn in young players, these

muscles can get irritated or fatigues with overuse. Often, rest, physical therapy and athletic training services may be enough to resolve pain. If pain persists despite these measures, talk to your physician about further treatment.

Finger Injuries

Fingers are vulnerable to injury during volleyball activities, such as blocking, setting, and digging. Most injuries occur when the ball forcefully strikes the fingertip. Common finger injuries include fractures, dislocations, and tendon and ligament tears. If you are unable to bend the finger, consultation with your sports medicine professional or athletic trainer is important. Treatment can vary significantly depending on the injury.

Ankle Sprains

Ankle injuries are the most common injury to volleyball players and responsible for the most lost playing time. Usually injuries can be treated nonoperatively with bracing and physical therapy. Occasionally, though, ankle sprains can be associated with subtle fractures or cartilage injuries. Continued pain after several weeks should prompt further evaluation, including X-rays and/or MRIs.

Return to play is usually allowed once players have no pain and are able to support their body weight while standing on the toes of the affected limb. Surgery is reserved for those with recurrent ankle sprains that have not responded to conservative measures or those with specific associated fractures.

Patellar Tendonitis

Patellar tendonitis is inflammation of the tendon that connects the kneecap to the tibia (or shin bone). Patellar tendonitis is common in any athlete subjected to repetitive, forceful jumping activities, such as spiking and blocking.

Patellar tendon straps are helpful in uploading the stress to the patella tendon and are often the first line of treatment. Physical therapy and athletic training services focused on stretching and strengthening are also helpful. Occasionally patellar tendonitis persists despite therapy and surgery is required.

Anterior Cruciate Ligament (ACL) Injury

Like ankle sprains, most ACL injuries in volleyball players occur when a player lands awkwardly after jumping. Usually ACL tears are associated with a pop and immediate knee swelling. Examination by a physician and MRI are often used to confirm the ACL injury. Because

ACL tears do not heal, those wishing to return to sports activities are encouraged to have the ACL reconstructed. Recovery time is usually at least six to nine months.

Low Back Pain

The low back pain is a common source of chronic pain among volleyball players. The cause of most low-back pain is related to muscle or ligament strain. The pain usually resolves with rest, physical therapy and athletic training services.

If low-back pain is accompanied by the pain that radiates down the legs and numbness or weakness in the foot or ankle, the culprit may be a herniated disk. In cases of radiating pain, an MRI may be helpful in evaluating the presence of a disc herniation. In most cases, volleyball players can return to play once the pain, numbness, and weakness resolves.

How Can Injury Be Prevented?

Many volleyball injuries can be prevented by following proper training guidelines and these tips:

- Use proper strength training techniques for the lower back, shoulders, and legs by working with an athletic trainer or other sports medicine professional

- Use an external ankle support, such as an ankle brace or taping, to prevent the ankle from rolling over
- Minimize the amount of jump training on hard surfaces
- Warm up muscles with stretching and light aerobic exercises
- Be sure to properly cool down after practice
- If you have a significant pain, visit your doctor and follow instructions for treatment.
- Speak with a sports medicine professional or athletic trainer if you have any concerns about the injuries or prevention strategies
- The athlete should return to play only when clearance is granted by a health care professional