TRIBUNE SPORTS REPORT

# Below-the-Belt Blocking Curb Urged to Cut Football Injury

*Hospital Tribune—World Wide Report*

BOSTON—Two-thirds of all knee injuries in football could be eliminated by a change in rules that would prohibit blocking below the belt line, according to David M. Nelson, of the University of Delaware, secretary and editor for the football rules committee of the National Collegiate Athletic Association.

MR. NELSON

"In some respects the blocks at the knee and ankle are every bit as dangerous as the clip and perhaps more dangerous than the clip high on the back," he said here at the 12th national conference held by the American Medical Association Committee on the Medical Aspects of Sports.

### Block More Dangerous Than Clip

"The blocks at the knee and ankle are usually executed without the defensive man seeing them coming. Also, the knee joint and ankle joint do not flex laterally, which makes this block more dangerous than the clip which causes the knee joint to flex with the blow."

The rule change, Mr. Nelson said, has been proposed to the N.C.C.A. football rules committee for consideration at its 1971 meeting because of evidence reported at its 1970 meeting by Dr. Thomas R. Peterson, of the University of Michigan Hospital, that 67 per cent of all knee injuries in football occur when an offensive player blocks a defensive player. But Mr. Nelson is certain that the proposal will not be adopted in 1971, although it will be someday.

"This change will be fought vigorously by the coaches," he said, "because they believe it will necessitate a changing of their coaching techniques."

Football, however, has seen changes in rules, systems, and techniques, about once every 10 years, he continued. Historically, rule changes have been accomplished to aid in the prevention of injuries and to maintain the balance between the offense and defense.

"The altering of any element of the game," Mr. Nelson observed, "though it appears to be insignificant, may have consequences that will affect this balance and also create an injury hazard. Placing the goalposts on the goal line is a recent suggestion for change that might have this effect."

He said that there appears to be some justification to the allegation that players are being taught tactics outlawed by the rules, such as piling on, hitting late, tackling out of bounds, and malicious use of the head.

### Committee Recommendation

"Therefore, the rules committee recommends that the American Football Coaches Association declare these coaching methods to be in violation of the code of ethics. In the interest of the protection of the players involved and the preservation of the game, we urge the coaches' association to strictly enforce this portion of the code and bring its violators to task.

"No rule change is proposed, but the committee recommends that necessary directives be initiated that would bring about the desired results in the area of interpretation, enforcement, and teaching."

# A.M.A. Recommends Changes in Football

*Hospital Tribune—World Wide Report*

BOSTON—The American Medical Association Committee on the Medical Aspects of Sports called here for two changes in tactics to help cut down on football injuries.

Meeting before the 12th annual Conference on the Medical Aspects of Sports, the committee criticized, as dangerous practices, both the use of the head to butt or ram an opponent and all blocking of an opponent from behind. Penalized as clipping downfield, blocking from behind is legal within 3 yards of scrimmage under present rules.

In its statement, the committee "deplored the deliberate or malicious use of the head to butt or ram an opponent by a defensive player (spearing) or by an offensive player (butt blocking, stick blocking, or head blocking)."

# Deep Heating Is Held a Danger to Athletes

*Hospital Tribune—World Wide Report*

CATONSVILLE, MD.—Superficial heat in the form of hydrotherapy is universally safe in the treatment of athletic injuries, but deep-heating agents, such as diathermy and ultrasound, "are not without dangers," Dr. Alvin M. Brown, Assistant Professor of Physical Medicine at Emory University School of Medicine, said here.

He suggested the following precautions in the use of diathermy: All clothing should be removed from the areas to be treated to eliminate its effects on radiation. Patients should experience only a pleasant sensation of warmth during treatments. They should report burning or pain at once and either should be used as an indication for cessation of treatment or reduction of dosage. All metallic objects should be removed from the region of treatment, since they may concentrate the field and cause burning.

### Care Over Bones Desirable

Further, Dr. Brown told a seminar on medical aspects of sports at Catonsville Community College, care should be exercised in treating over superficial bony prominences, to avoid overheating; the area under treatment should be kept dry; treatment should be avoided through plaster casts and adhesive strapping; and therapy should be avoided over areas with noninflammatory edema and thrombophlebitis.

Ultrasound, he cautioned, should not be used over the epiphysis of growing bones or over the reproductive organs, heart, eyes, lower cervical sympathetic ganglia, or the spinal cord.

Massage—"perhaps the oldest of all physical methods of treatment, as it is an instinctive act"—is receiving less and less emphasis today as a tool in the management of athletic injuries, Dr. Brown said. He noted that the most frequent massage technique used today is effleurage, that compression massage is used most often for muscle cramps and chronic muscular disorders, and that tapotement is rarely used.

"Therapeutic exercises, a rarely used physical measure in past years, are becoming increasingly more important in the restoration of the injured athlete to maximal functional capacity today," he observed.

# Local Medical Society Called Responsible for Review

*Hospital Tribune—World Wide Report*

scheduled, either by the local county so- the Medical Care Foundation of Sacra- than the national average of 10.3 days.

In operative groups with 18 or more discharges, the average hospital stay was