

Strong bodies, strong minds: How high school football builds character while managing injury risk

As the high school football season comes to an end and the playoffs get closer, it is a good time to talk about common injuries in football and the benefits of playing high school sports. Football is one of the most popular sports for high school students in the United States. More than a million athletes play each year. But it also has one of the highest rates of serious injuries compared to other sports like basketball or soccer. Most injuries happen during games, and tackling is the main reason why. Even though injuries are common, playing football and other high school sports has many benefits.

Playing high school sports, including football, can help students do better in school. It

also teaches important life skills like teamwork, discipline, leadership, time management and how to handle emotions. Athletes often do better in school, are more focused on their goals, and are more likely to graduate and go to college.

Being part of a team gives students a support system that can lower stress and depression. Many athletes also feel better about themselves and have higher confidence. Athletic participation is associated with enhanced cognitive abilities. Academic achievement and life skills benefit the athlete way beyond the sports context.

Athletes tend to do better in medical school and residency programs. They score higher on exams, have better surgical skills and deal with less stress and burnout. This shows that the lessons learned through sports can help people succeed even in very tough academic and professional careers.

Some of the most common football injuries in high school are sprains and strains in the knees and ankles, broken bones and concussions. Knee injuries, like ACL tears, can end a player's season and may lead to arthritis later in life. Shoulder injuries and pulled muscles are also common. Repeated concussions can cause long-term problems with memory and thinking.

While most football injuries are not life-threatening, football has a higher risk of life-altering injuries compared to other high school sports. Head and spine injuries, though rare, can be serious. That is why it is so important to teach safe tackling, have medical staff at games and make sure safety rules are followed.

There are several ways to help prevent injuries in high school football. Teaching safe tackling techniques and limiting full-contact practices can lower the risk of injury. Warm-up and strength programs that focus on balance and coordination help prevent joint and muscle injuries. Wearing helmets and mouthguards that fit well is also important. Programs like Heads Up Football have helped reduce head injuries by more than 30 percent. Coaches play a big role in keeping players safe by teaching safety first and stopping dangerous hits.

Even though football has more injuries than many other sports, the benefits of playing are very strong. Most injuries are not serious, and the life skills gained from playing football can last a lifetime. With the right safety steps in place, athletes can enjoy the game and stay as safe as possible while learning and growing both on and off the field.

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Lexi Rumbaugh, a UNC-Chapel Hill junior and nursing student, studies at her house in Chapel Hill on Sept. 4.

Jinrui Lui via NC Health News

Violence against health care workers: How the trend is impacting nurses

Mackenzie Thomas
UNC Media Hub via NC Health News

For Mel, a North Carolina nurse, getting ready for work was like getting ready for war.

That's what she told co-workers when she worked in the emergency room. Headed into a shift, she wondered, "Who's gonna fight today?"

In North Carolina, more than 48 percent of nurses said they witnessed violence at work, while more than 27 percent of respondents to a 2022 survey from the North Carolina Nurses Association reported they were victims of it themselves — and "the problem is getting worse," according to a news release from the association.

As part of a bill in 2023, North Carolina passed the Hospital Violence Protection Act to require improved safety measures to protect health care workers in hospital settings and to increase criminal penalties for assaulting medical and emergency personnel.

In January, ER nurse Crystal Thompson says, a patient at FirstHealth put her in a choke hold and broke her leg. The patient, Karla Hardy, was charged with felony assault causing physical injury to emergency personnel and for resisting a public officer, according to court records. Hardy's next hearing is scheduled for Nov. 17.

The hospital had already established its own police department with fully sworn officers who have jurisdiction across the entire system to improve safety for its staff, said Emily Sloan, director of public relations for FirstHealth.

"Prior to this incident, FirstHealth implemented a company police department in 2024 to further prioritize the safety and security of our staff, patients and visitors across our hospital campuses and facilities," Sloan said. "While we have long employed security officers, the decision to create a FirstHealth Police Department reflects our commitment to continually enhance safety measures in response to the need for law enforcement assistance."

Sloan said workplace violence against health care workers is a "critical issue" and that the incident in January "highlights a growing concern seen across the country."

Mel, who requested her last name be withheld because she feared retaliation at work, worked in a North Carolina ER for five of the roughly 12 years she's been a

nurse, and she has witnessed and experienced her fair share of violent incidents.

She was spat on by a patient brought in by EMS, forcing her and other co-workers to put on protective gear.

She experienced a hospital lockdown after a patient's upset family member threatened to shoot her and her co-workers.

She had a pregnant co-worker go into pre-term labor after she was punched in the stomach by an angry patient.

The hospital she was working at did nothing in response, Mel said.

"Nothing happened at the hospital that I was working at," Mel said. "The patients were given the excuse of, 'Oh they have psych issues.'"

But the "nail in the coffin" for Mel was a violent psychiatric patient who came into the ER one night. When a male co-worker tried explaining to the patient that they were going to be restrained and sedated, the patient punched one of Mel's female co-workers in the face, Mel said.

"We all kind of, like, backed up, and then the patient actually ended up running out of the emergency room," Mel said. "The police had to be called. They found her in the parking lot, and then they got her."

The incident made her realize she couldn't work in the ER anymore, Mel said.

"From then I was, like, 'You know, I don't feel comfortable working like this,'" Mel said. "I don't want to come to work and possibly be punched and kicked and whatnot. So that was it for me."

When the incident occurred, there were no law enforcement personnel on-site.

"I think if we had had law enforcement, the situation would've been handled much better," Mel said. "We had to call the police to help find her in the parking lot. Luckily, there was one near who was patrolling who came quickly."

Self-policing not effective

Before the bill passed, hospitals were left to determine their level of security themselves, said Bonnie Meadows, president of the North Carolina Nurses Association, who also is a nurse with more than 20 years of experience on the job.

"Everybody pretty much did whatever they wanted to do. They did their own risk assessment as far as, 'What do we actually need?'" Meadows said. "That bill said, we need the police. And I know just in my 21 years of health

care that they may have had their own security, but having police presence is totally different."

Security officers were reported by health care workers as often having limited capabilities when it comes to handling violent patients, according to a 2022 study from the National Institutes of Health. Some study respondents reported that security officers were "not physically able" to manage the patients, and one paramedic was quoted saying security "has no jurisdiction as far as arresting powers."

Along with round-the-clock police presence, the bill also calls for hospitals to conduct security risk assessments and violence prevention training, as well as to report assaults against health care workers to the state.

Because of the chaotic nature of the ER, Mel said, it can be hard to file complaints when incidents occur.

"Sometimes it's so busy that if you do want to make a complaint, then you'll get behind or your other patients will not get care on time because there isn't enough help," Mel said.

Violence not limited to ER

Only 1 in 3 nurses said their employer provides a clear way to report incidents, according to a 2023 survey from National Nurses United, a nursing organization that performs national advocacy and labor organizing.

But violent experiences aren't limited to the ER; they can occur anywhere in the hospital, with any patient. For Carolyn Paschall, a home health hospice nurse who used to work at a North Carolina hospital, it was in medical-surgical care. One minute, she was helping a patient get dressed; the next, he was grabbing her arm and telling her to stop what she was doing before he punched her.

Startled, she said she left the room and immediately notified her charge nurse. While the experience shook her, Paschall said she was pleased with the hospital's response. They offered her the option to press charges, which she declined. Her only request was to be reassigned, Paschall said.

"It did kind of shake me, because he seemed like any other person you know, for you to just turn and switch like that. It was kind of scary," Paschall said. "I'd be lying if it didn't make me more cautious. But like I said, I would never work in the ER. So I was just like, that was a bad patient. I kind of shook it off,

and I kind of moved on."

Workplace violence can also take the form of verbal abuse.

Roughly 8 in 10 nurses reported experiencing at least one type of workplace violence in the NNU survey. Verbal threats were the most common type of violence experienced, reported by almost 68 percent of respondents.

"You definitely don't want to deal with verbal abuse, but the physical abuse is definitely what's going to make you way more anxious," Meadows said.

If they knew how nursing was...

Violence not only has an impact on those involved, but also on the next generation of nurses.

Lexi Rumbaugh, a junior at UNC Chapel Hill who is in her first semester of the nursing program, said it worries her to see cases of nurses and other health care workers getting hurt at work.

"I think it is a little bit worrisome. I'm not really sure what I would do in that situation. I'd be scared, definitely, if it happened to me," Rumbaugh said.

Workplace violence is a contributing factor in nurses' desire to leave their place of work, and even the profession itself, according to an NIH report from 2022.

It's hard when you go into nursing with a desire to help people, only to feel taken advantage of, Mel said.

"I have a lot of friends who, and I hate to say this, a lot of people have said that if they knew how nursing was, they wouldn't have gone into it," Mel said.

While she hasn't faced any violent patients herself, Rumbaugh said she believes the most important thing in that situation would be to keep seeing the patient as a person.

"I would definitely think that that's something that's really hard to try and juggle," Rumbaugh said. "Like, 'this is a scary situation,' versus 'I need to take care of this person.'"

As the new president of the North Carolina Nurses Association, Meadows said her goal is to "help every nurse to understand their voice."

"To me, that is a huge piece of workplace violence and understanding that you're not just a nurse, but you are a key piece," Meadows said. "You are the key piece to the health care team, and what you have to say is valuable. What you have to offer is valuable."