SUMMIT UNITED FC

PLAYER INJURY POLICY

Soccer is a physical game, and injuries happen. This policy is grounded in U.S. Soccer's Recognize to Recover program — a comprehensive player health and safety framework developed with medical experts to guide coaches, players, and parents through recognizing, treating, and safely recovering from injury.

On-Field Response: Minor Injuries

For common injuries like ankle sprains — the most frequent injury in soccer — coaches follow initial RICE therapy:

- REST — keep weight off the injured area
- ICE — apply for 20 minutes at a time, with a towel between skin and ice
- COMPRESSION — a wrap to stabilize the injury
- ELEVATION — raise the injured area to reduce swelling

Any player with a suspected sprain, strain, or similar injury should be evaluated by a medical professional afterward to determine the true extent of the injury and establish next steps — RICE is initial care, not a diagnosis.

Emergency Response

Summit United FC coaches follow the club's Emergency Action Plan (EAP) for any medical emergency, consistent with Recognize to Recover guidance. Every coach should know the location of emergency equipment, the fastest way to reach emergency services from each field, and how to reach a player's parent or guardian quickly.

CALL 911 IMMEDIATELY FOR:

• Head or neck injuries with loss of consciousness, confusion, or the danger signs in our Concussion Protocol
• Suspected fractures with visible deformity
• Chest pain, difficulty breathing, or a suspected cardiac event
• Any injury where the player cannot be safely moved
• Heat illness with confusion, vomiting, or loss of consciousness

Returning to Play After Injury

Getting back on the field too soon is one of the biggest risk factors for re-injury. Our approach is simple: no player returns to training or games after a significant injury without medical clearance from a qualified healthcare provider.

For more serious injuries — such as an ACL tear, a fracture, or anything requiring surgery — recovery follows a much longer, individualized timeline. As an example, for ACL injuries specifically, Recognize to Recover outlines:

1. Pre-habilitation immediately after diagnosis, typically 2–3 weeks, to reduce swelling, restore range of motion, and rebuild strength before surgery.
2. Surgery, when appropriate, followed by a structured, physician-guided rehabilitation program.
3. Running typically isn't reintroduced until around 3–4 months post-surgery.
4. Pivoting and cutting movements typically aren't reintroduced until around 5–6 months.
5. A formal return-to-sport assessment with a physical therapist or athletic trainer, usually around 6 months, to evaluate readiness and guide remaining rehab.
6. Return to competitive soccer is generally recommended at a minimum of 9 months post-surgery — and for some athletes, longer. Research shows waiting the full recommended timeline meaningfully reduces the risk of re-injury.

There is no universal timeline that applies to every player or every injury. Your player's medical provider will customize a recovery plan specific to their injury, and that plan is what the club follows — not a generic schedule.

What This Means for Our Team

- A player recovering from a significant injury may attend team activities to stay connected with teammates, but does not participate in training or games until the club has written medical clearance on file.
- Coaches will work with injured players and families to keep them engaged with the team throughout recovery.
- We never pressure a player to return before they're medically cleared — not for a big game, not for a tournament, not for any reason.
- Psychological readiness matters too. A player can be physically cleared and still need time and support before they feel confident competing again — that's normal, and we'll be patient with it.

Learn More

For detailed, medically-reviewed guidance on specific injuries, injury prevention programs, and emergency planning, visit U.S. Soccer's Recognize to Recover program directly.