ENGLAND SQUASH & RACKETBALL AND RACKETBALL - SAFETY CODE FOR PLAYERS

Squash and racketball are competitive sports and the physical nature presents a risk of injury. One of the roles of the sport’s governing body, England Squash & Racketball and Racketball (ESR), is to promote safe play and publicise safety guidelines for their sport to help players minimise the risk involved in participation.

If you have never played squash or racketball before, ESR strongly recommends that you have a number of lessons from a qualified coach before playing competitively. The coach will be able to tailor the lessons to your fitness capabilities and ensure you know the basic rules of the game and have adequate fitness to participate before competing.

Here are a few simple guidelines to follow before play, training or competing to prevent injury or illness:

- Don’t play if you are currently unwell or injured. If at any time during play you begin to feel unwell, feel any pain or discomfort stop immediately. Particularly if you have a temperature or flu like symptoms.

- Don’t play for at least two hours after a heavy meal; take fluids between games.

- Don’t play after alcohol and avoid smoking.

- Always warm up before playing and warm down afterwards.

- Wear suitable clothing and footwear. Make sure your clothes, shoes are the correct size and equipment is properly maintained and in a safe condition.

- If you wear glasses, they must be unbreakable (lenses as well as frames); contact lenses should be soft.

- ESR recommends the wearing of Eye Protectors whilst playing squash and racketball. Eye protectors should be selected from those specifically designed for squash. Please refer to Section 4 which follows ESR Recommendations for Eye Protection.

- Familiarise yourself with the Rules of Squash and the Rules of Racketball before playing. The safety of your opponent is in your hands. If you cannot play your shot without the risk of hitting your opponent, STOP & ASK FOR A LET.

- Squash is a non-contact sport. Try to avoid colliding or bumping into your opponent, STOP & ASK FOR A LET.

- When showering after a game use warm rather than hot or cold water. Both hot and cold water can lead to a collapse.
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• All sports involve some risk and squash and racketball are no exception. With a few elementary precautions, the risk can be minimised and the reputation of squash and racketball as a health game may be preserved. As the game involves a rapid sequence of stops, starts, changes of direction and lunges, which is physically stressful for muscles, tendons and joints.

• It also places considerable demands upon the cardiovascular system: the heart and lungs, both because of the high level of physical effort involved and the excitement of competition. In addition, the speed of the ball and the close proximity of the players present further potential for injury.

1. BE PREPARED TO PLAY SQUASH AND RACKETBALL

As squash and racketball are both physically demanding and highly competitive, it is very easy to overdo it, especially if you are new to the sports. Build up fitness gradually by training and play against opponents at a similar level of fitness. This also applies after a period away from the game, particularly if it has been caused by illness or injury.

Before starting to play competitively, it is essential to be fully warmed up. This allows the heart and lungs to meet the muscles’ demand for oxygen, the joints in the arms, legs and back are loosened up with muscles warm, stretched and working smoothly. This type of preparation is particularly important on a cold day to avoid the muscle strains associated with sudden, jerky movements which occur when the player is not completely relaxed and in control.

It is similarly important to stretch and warm down after a game as this may reduce the tendency to stiffen up and suffer muscle soreness the following day.

To improve your skill and ability, take more advanced lessons from a qualified coach.

2. DON’T PLAY WHEN YOU ARE UNWELL OR INJURED

The advice is exactly the same for any form of heavy physical exertion. Besides being appropriately physically prepared, you should not play if you feel unwell and particularly have unexplained chest pain, undue breathlessness or are injured.

Sports participation when ill particularly with a high temperature, shivers, generalised muscle and joint aching or sore throats are associated with sudden collapse and heart events such as heart attack, muscle rupture and cardiac arrest.

In addition, if you feel at all unwell during a game, feel any pain or discomfort you must stop playing. Feelings of faintness and or actual fainting attacks during exercise are a danger signal and require a doctor’s attention.
3. PREVENT DEHYDRATION.

Squash and racketball are energetic games causing sweating, fluid loss and subsequent dehydration. This will be most marked in hot weather and playing on enclosed, warm courts. Dehydration impairs performance, judgement and increases the feeling of fatigue and places increased demands on the cardiovascular system. You don’t feel thirsty until you have lost almost 10% of body water so you are already significantly dehydrated. Alcohol increases urine output and exacerbates dehydration.

Make sure you are well hydrated before you play and take water or sports drinks between games, especially when playing a strenuous game or in a warm environment. Drink small frequent amounts. Don’t wait until you are thirsty and don’t use alcohol to rehydrate. Still drinks are more easily absorbed than fizzy carbonated drinks.

4. INJURY PREVENTION

Injuries can be reduced if you warm up appropriately prior to playing. Common injuries in squash are Achilles tendon ruptures. These may be prevented by ensuring you are adequately warmed up in addition to ensuring that you have had recent health checks by your Family Doctor e.g. blood cholesterol.

The symptoms of rupture are a sudden sharp pain at the back of the ankle. It may be accompanied by the feeling of a pop or bang to the back of the ankle. Many people sustaining a rupture feel as though they have been struck by their opponent’s racket. Patients with ruptures can still walk although it is painful. Always seek medical attention from your Family Doctor, a Sports Physiotherapist or the hospital Accident & Emergency Department promptly. Don’t forget to say that you think you have ruptured your Achilles tendon as it is common for even experienced doctors to miss a rupture when they are busy.

 Appropriately fitting footwear with soles specifically designed for court play may prevent players from going over on their ankles termed inversion injuries, leading to sprains and fractures.

Overuse injuries or tendinopathy are common in both the Achilles tendon and the small muscles around the shoulder. These problems typically occur in middle-aged players or those unaccustomed to the demands of competition. Knowledge of good technique learnt from a coach may help prevent these problems.

An experienced physiotherapist with an interest in sport will be able to help make a diagnosis and recommend treatment.

Squash players are particularly susceptible to eye injuries which may be caused either by the ball or by the opponent’s racket. Injuries due to a blow from the ball are often very severe because the ball fits perfectly into the eye socket and so may rupture the eyeball by direct contact or the thin bones surrounding the eye by transferred pressure.

Injury to the eyes may be prevented by use of various types of protectors, but some on the market are not safe. The basic requirement for an eye protector for squash is that it should
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(a) be sufficiently strong not to break when struck by the ball or racket, (b) keep the ball and racket out of contact with the eyeball, and (c) not interfere with vision, especially peripheral vision. Loss of peripheral vision is dangerous as it delays the reflex withdrawals of the head from the rapidly approaching ball or racket head.

Please refer to Technical Information Sheet No.14, Eye Protection, which provides information on eye protectors specifically designed for squash, and which have met the Safety Standard of the Country of origin, where they are in regular use. The list includes models that can be fitted with prescription lenses. If a player wears contact lenses, they should be soft rather than hard.

5. RACKET CONTROL

Injuries due to the racket head can be caused either by wild use of the racket or if the racket flies out of a player’s hand. Players must remember that they have a responsibility to others to learn the appropriate rules and skills of the game.

As a player it is your responsibility to familiarise yourself with the Rules of the game. A let should always be called in a dangerous situation. If you are in danger of hitting your opponent, do not make the stroke but ASK FOR A LET.

If a player’s hand regularly becomes slippery through excessive sweating and thereby the racket handle, frequent changes of racket grips should be made. If necessary, a thong from the racket handle extending around the wrist in case the grip is lost should be considered. Blistering of the hand may reduce a player’s ability to control the racket. Use tape to cover frequently worn areas of skin.

6. SUMMARY

Even when the utmost care is being exercised, accidents will happen from time to time. It is important that every attempt is made to reduce the number of accidents and minimise their severity.

In summary following these simple rules will help:

a) Don’t play if you are unwell or injured. If at any time during play you begin to feel unwell, feel any chest pain or discomfort stop immediately and seek medical attention if required

b) Familiarise yourself with the Rules of Squash and the Rules of Racketball before playing. If you are in danger of hitting your opponent or colliding with them, stop and ASK FOR A LET.

c) Always warm up before playing and warm down afterwards. Always wear appropriate clothing and footwear

d) Ensure the squash court is clean and free of any potential hazards. Ideally, place any belongings off court or right at the front of the court
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7. DEALING WITH SUDDEN COLLAPSES, ACCIDENTS & EMERGENCIES

If an accident should happen:

- Stop play
- Stay calm
- Contact relevant first aider

If your opponent collapses suddenly and does not respond to your voice, it is likely they have had a cardiac arrest and their heart has stopped beating. Summon help immediately, by shouting loudly, use the nearest phone to call reception and grab a nearby Automated External Defibrillator switch it on and follow the verbal instructions. On your way to the court make a note of where the Automated External Defibrillator (AED) is located.

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Please note that the information for the maintenance and provision of squash courts contained in the England Squash & Racketball & Racketball Technical Information Sheets apply to courts built in the United Kingdom only.