WATER POLO

Over the past 20 years, water polo participation has grown significantly in the United States. Sportsmanship, equipment, and attention to preparation and strengthening can help prevent injuries and enhance and improve performance.

Water polo is physically challenging, combining the rigors of swimming, wrestling, and repetitive throwing. Similar to basketball, it involves bursts of activity around the goal and during transition, as well as subtle moves and positioning under the water. All of these factors contribute to injury risk, with shoulder injuries among the most common in the sport.

WHAT ARE SOME COMMON WATER POLO INJURIES AND HOW CAN THEY BE PREVENTED?

Shoulder Injuries
A water polo player’s arm is in a vulnerable position when cocking to throw. Tears of the labrum, the anchoring point for ligaments and the bicep tendon, can occur from both acute injuries such as dislocations and from repetitive injuries, such as too much throwing. After dislocation, some players can be managed in season if they can demonstrate full range of motion, full strength, and no or minimal instability symptoms. Surgical repair can be performed post-season.
WHEN IS IT NECESSARY TO SEE A HEALTHCARE PROFESSIONAL?

Injuries accompanied by loss of sensation, weakness, deformity, severe or persistent pain, ringing or muffled hearing, blurry vision, or persistent bleeding should be evaluated by a physician. Other pain due to overuse or mild injuries can be treated by rest and taking pain relievers such as ibuprofen or acetaminophen. Swelling and pain can also be treated with alternating ice and heat therapy.

EXPERT CONSULTANTS

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Sports Tips provide general information only and are not a substitute for your own good judgement or consultation with a physician. To order multiple copies of this fact sheet or learn more about sports injury prevention, please visit www.STOPSportsInjuries.org.

RESOURCES
