

# Basic Detail Report

## Team Physician and Coach

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aware of a condition in his home.

Another way of solving the diet problem would be to give the team a liquid diet. The boys could report to the gymnasium and all drink together—dinner in a glass. While they are relaxing the coach could show a film, have a chalk talk, and then dress them for the game. The same procedure could take place at lunch time—when the team would meet for a liquid lunch. A lunch of this type would be much better for the boys than some of the lunches they eat. Therefore, we feel there is a high correlation between injuries and diet. A boy should be physically equipped to hustle and have a good practice.

It is our feeling that one of the most serious matters with which the high school coach is faced is the eating habits of his athletes, and if as much time were spent on this phase of the game as on blocking and tackling there would be fewer injuries. Diet on road trips presents another difficulty. We try to have at least one dinner away per season, usually, a pre-

game type of meal. Here again, this is not always successful because we change the boys' eating habits, which can have damaging effects. All the organization in the world can be wiped out because a boy has eaten too much or too little. In our opinion, diet in athletic training is one of the most important phases of conditioning.

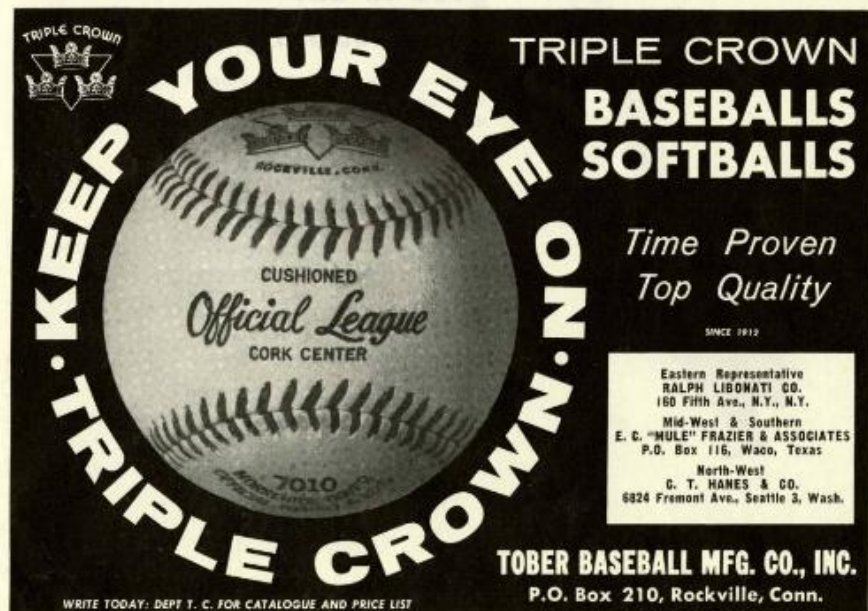
As we all know, there are many mental injuries. Coaches have seen the boy who probably never wanted to play football but was encouraged at home or for some other reason and is usually injured. Then he uses the injury as an excuse not to play. It is the duty of the team physician and coach to recognize this type of injury.

Then there is the boy who is playing because he wants to but his parents are against football and he lives in fear of getting hurt. He is always the one who is injured and the coach and team physician are the last to know about it because of fear of his parents. Another type is the boy who is always hurt. He would like to spend most of his school day in the whirl-

pool bath, and this is his claim to fame. He does not really want to play and uses his injury as an out. We only use the whirlpool bath when it is prescribed by our school physician. We have all encountered the boy who wants to be taped every day. In most cases, he just wants sympathy and uses this time to talk to the coach. This is his *psycho* period. He probably has some difficulty at home or with his girl and there is more on his mind than taping his ankle. Still another type of mental injury is the tough guy who will never see the doctor or tell the coach about an injury until it is too late and some serious damage has been done. Finally, we have the injury-prone boy who would probably get hurt walking down the stairs and should not play football.

The coach and the doctor must work together with the different types of boys to determine whether they need a *head doctor* or an *ankle doctor*.

If possible, the team physician should be with the players from the minute they are dressed until they shower at the end of the game, and he should be as much a part of the team as the coach. He should advise whether a boy should play or not, and his opinion as to whether or not a boy should go back into the game



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