Dr Mike Marshall 24 August 2017









- Knowledge of injuries in school athletes
- General injury prevention programs
- Specific injury prevention programs
- The role of the coach

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Incidence of sports injuries at school

 65% of all sports, recreation and exercise-related injury consultations at US emergency departments (4.3 million in 2000 and 2001) were sustained by individuals 19 years old or younger.

Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. Non-fatal sports- and recreationrelated injuries treated in emergency departments, United States, July 2000–June 2001

 Sports, recreation and exercise-related injuries were the most common cause of paediatric injuries - 19–29% of all paediatric injuries.

Burt CW, Overpeck MD. Emergency visits for sports-related injuries. Ann Emerg Med. 2001;37:301–8 Simon TD, Bublitz MS, Hambidge SJ. External causes of pediatric injury-related emergency department visits in the United States. Acad Emerg. Med. 2004;11:1042–8

Increasing injuries in youth sport

- Increased number of participants (esp. girls)
- Increased duration and intensity of training
- Year-round training
- Early specialization
- Increased difficulty of skills expected & practised
- Increased participation in "extreme sports" such as skate boarding, BMX, mountain biking, rock climbing, etc.



Risks for injury in younger athletes

- Sports code, level of sport participation, contact vs. non-contact sport, weekly training time, etc.
- Greater surface area : mass
- Proportionally bigger head
- Developing brain
- "Female" (wrt ACL injuries)
- Various psychosocial factors (incl. peer pressure, domineering coach, etc.)



Risks for injury in younger athletes

- Open growth plates
- More porous bones
- More susceptible cartilage
- Imbalance between muscle strength and flexibility
- Immature coordination, skills and perception
- Less endurance
- Greater impulsiveness and recklessness



Negative effects of sports injuries

- Time away from sport
- Increased pressure to participate
- Time away from school
- Substantial medical costs
- Later sequelae:
 - Musculo-skeletal dysfunction
 - Inactive life-style



- Knowledge of injuries in school athletes
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- Comprehensive warm-up program (2006):
 - Comprises:
 - Running exercises (start & end)
 - Specific preventative exercises:
 - Core and leg strength, balance and agility
 - Three levels of increasing difficulty (variation & progression)
- < 20 min to complete
- Minimal equipment (cones and balls)





- FIFA 11+ performed at least twice a week by female youth football players:
 - 37% fewer training injuries
 - 29% fewer match injuries
 - Severe injury rate almost halved
 - Higher compliance associated with a significantly lower injury risk



Soligard T, Nilstad A, Steffen K, et al. Compliance with a comprehensive warm-up programme to prevent injuries in youth football. Br J Sports Med 2010;44:787-93

- FIFA 11+ performed regularly not only reduces football injuries, but has the potential to substantially reduce health-related costs:
 - NZ Accident Compensation Corporation has saved NZ\$8.20 for every NZ\$1.00 invested in SoccerSmart Pogramme (including FIFA 11+)

Bizzini M, Junge A, Dvorak J. Implementation of the FIFA 11+ football warm up program: How to approach and convince the Football associations to invest in prevention *Br J Sports Med* 2013 47: 803-806

- Meta-analysis of 12 studies of FIFA 11+ implementation showed, when done ≥ 1.5 times/week:
 - Reduction in injured players: 30% 70%
 - Players with high compliance had 35% fewer injuries than those with intermediate compliance
 - Significant improvements in components of neuromuscular & motor performance
 - Substantial cost-saving potential



Barengo NC, Meneses-Echávez JF, Ramírez-Vélez R, *et al*. The Impact of the FIFA 11+ Training Program on Injury Prevention in Football Players: A Systematic Review . Int. J. Environ. Res. Public Health 2014, 11, 11986-12000

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Anterior cruciate ligament injury



Joseph AM, Collins CL, Henke NM, et al. A Multisport Epidemiologic Comparison of Anterior Cruciate Ligament Injuries in High School Athletics J Athl Train. 2013 Nov-Dec; 48(6): 810–817

Anterior cruciate ligament injury

- Major consequences:
 - Prolonged time away from sport
 - Surgery
 - 6 9 months post-operative rehabilitation
 - Long term complications (ie. knee instability, meniscus tears, cartilage injuries and development of OA



Lohmander LS, Ostenberg A, Englund M, Roos H. High prevalence of knee osteoarthritis, pain, and functional limitations in female soccer players twelve years after anterior cruciate ligament injury. Arthritis Rheum. 2004;50:3145–52

Anterior cruciate ligament injury

- 70% 78% of ACL injuries occur in non-contact situations
- Non-contact MOI includes:
 - landing from a jump
 - rapidly stopping or cutting
 - suddenly decelerating with a change in direction



Boden BP, Griffin LY, Garrett WE., Jr Etiology and prevention of noncontact ACL injury. Phys Sportsmed. 2000;8:53-60

ACL injury in females

- Non-contact ACL injuries 2 9 (ave = 3.5) X more in females
- Female risk factors:
 - Neuromuscular recruitment patterns:
 - Slower hamstrings activation; greater quadriceps activation
 - 'Landing' characteristics:
 - Minimal knee flexion; hip internally rotated & adducted; tibia externally rotated; valgus stress across knee; trunk tilted laterally
 - Also:
 - Anatomical differences
 - Smaller femoral notch, smaller ACL, more knee laxity, larger Q angle
 - Hormones and menstrual cycle
 - Greater flexibility

Ireland ML. The female ACL: why is it more prone to injury? Orthoped Clin N Am. 2002;33:637-51 Voskanian N. ACL Injury prevention in female athletes: review of the literature and practical considerations in implementing an ACL prevention program. Curr Rev Musculoskelet Med (2013) 6:158-163



From: Myklebust, G. ACL prevention in female handball. Aspetar Sports Medicine Journal

ACL injury (Norwegian handball)



PEP program for ACL injuries

- 20 minute program done 2–3 times a week during a 12 week soccer season
- Program:
 - Educational video on safe and unsafe landing patterns
 - Team workouts :
 - stretching, strengthening & plyometrics
 - soccer-specific agility drills
- Results (intervention vs. control):
 - 1st year (52 vs. 95 teams): 88% reduction in ACL injuries
 - 2nd year (97 vs. 112 teams): 74% reduction in ACL injuries

Mandelbaum BR, Silvers HJ, Watanabe DS, et al. Effectiveness of a neuromuscular and proprioceptive training program in preventing anterior cruciate ligament injuries in female athletes: 2-year follow-up. Am J Sports Med. 2005;33:1003-10

ACL injury prevention program

- RCT of highly compliant (87%) male & female youth handball players
- Structured warm-up programme:
 - Running exercises with and without ball
 - Technique training, specifically focussed on:
 - Safe cutting movements
 - Two-feet landings after jump shots
 - Balance training
 - Strength and power exercises

• Results: 50% reduction in acute ACL injuries

Key components of ACL programs

- Warm-up program:
 - Combination of balance/co-ordination, technique, lower limb and core strength, plyometric and agility exercises

• Focus on technique:

- A narrower cutting technique
- Landing on two-feet landing + toe-landing
- Proper balance on landing, with hip, knee and toes all in line
- Vary exercises and increase difficulty (for motivation)
- Exercise in pairs (fun and maximise movement quality)
- Include ball exercises when basic exercises are well established

Myklebust G, Skjolberg A, Bahr R. ACL injury incidence in female handball 10 years after the Norwegian ACL prevention study: important lessons learned. Br J Sports Med 2013; 47:476-479

Identify athletes at risk

- Screening tests can be used to identify athletes who are at greater risk for ACL injury
 - Drop vertical jump test
 - Single leg hop
 - Single leg squat
- 'At risk' posture of lower limb
- Specific programs for athletes at risk



Barber-Westin SD, Smith ST, Campbell T, Noyes FR. The drop jump video screening test: retention of improvement in neuromuscular control in female volleyball players. J Strength Conditioning Res. 2010;24:3055–62
Hewett TE, Ford KR, Hoogenbottom BJ, *et al.* Understanding and preventing ACL injuries: current biomechanical and epidemiologic considerations – update 2010. N Am J Sports Phys Ther. 2010 Dec; 5(4): 234–251.

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Ideal Coach : job description

- Have knowledge of:
 - Sports injuries:
 - Micro- and macro-traumas
 - Sport specific patterns of injuries
 - Injury prevention programs
- Deliver prevention programs effectively
- Communication skills (incl. player education, player motivation, etc.)
- Up-to-date with sport rule changes
- Work with healthcare professionals



Training considerations

Time management

- Periodization of training schedule (to avoid overload)
- Strength & flexibility training
- 'Grooving' of movement patterns
- Age-appropriate training
- Early specialization



Increased risk of injury in young athletes

Early identification of injury

- Elite young athletes not infrequently downplay their symptoms in order to continue playing
- Coaches should be aware of the more common symptoms of injury:
 - Pain with activity
 - Changes in form or technique
 - Decreased interest in practice
 - Pain at night



Rugby injury patterns

- Systematic review of injuries in adolescent rugby:
 - Injury necessitating medical attention = 27.5 to 129.8 injuries per 1000 match hours
 - Injuries more common:
 - During the first 4 weeks of the season
 - In higher age groups & in A-team players
 - 8thmen (then flanks and back-line players)
 - In the tackle (55% of all injuries)
 - In the lower limb (37%), head and neck (29%) and upper limb (20%)

Bleakley C, Tully M, O'Connor S. Epidemiology of adolescent rugby injuries: A systematic review. J Athl Train. 2011 Sep-Oct; 46(5): 555–565

Training vs. Competition

- In some studies, the majority of injuries occur during training not competitive events
- Reasons include:
 - Rules of sport aren't applied as strictly in training
 - Protective gear may be neglected during training
- Players and coaches must be mindful of injury prevention at all times

Ramirez M, Yang J, Bourque L, et al.: Sports injuries to high school athletes with disabilities. Pediatrics, 2009, 123: 690–696

'Healthy' attitude to injuries

- Accept that an injured player simply can't perform optimally
- Insist on quality first aid
- Encourage qualified sports medicine management early
- Accept the opinion of qualified medical practitioners wrt injury management, RTP decisions, etc.



Injury prevention exercise programs

- Review of 21 trials (> 27,000 athletes; age range = 10.7-17.8):
 - Overall RR = 0.54
 - Girls profited more from injury prevention than boys
 - Significant injury reduction with:
 - Programs focussed on specific injuries (RR 0.48)
 - Programs aimed at all injuries (RR 0.62)
 - Pre-season & in-season programs similarly beneficial
 - Programs that include jumping/plyometric exercises showed significantly better injury prevention (RR 0.45) than programs without such exercises (RR 0.74)

Rossler R, Donath L, Verhagn E, *et al.* Exercise-based injury prevention in child and adolescent sport: a systematic review and meta-analysis. Sports Med. 2014 Dec;44(12):1733-48

Implementation of programs

- Assessment of injury prevention programs at a professional youth soccer academy (compared to FIFA 11+):
 - Implemented primarily by coaches (assisted by physios)
 - Multiple delivery formats + extensive use of equipment
 - Results:
 - Average 1 'FIFA 11+' exercise in its original form
 - Anther **4** 'FIFA 11+' exercises in a modified form
 - Implementation challenges included poor staff communication, competing training priorities & heavy game schedules

O'Brien J, Young W, Finch CF. The delivery of injury prevention exercise programmes in professional youth soccer: Comparison to the FIFA 11. J Sci Med Sport. 2017 Jan;20(1):26-31

Implementation of programs

- Implementation of FIFA 11+ in 65 (of 125) female Norwegian football teams aged 13-17 years in one season
- Results:
 - 77% of teams completed program (mean 1.3 sessions/wk)
 - 35% lower risk of all injuries in high compliance group vs. intermediate compliance
 - Coaches who had previously utilised injury prevention training, coached teams with a 46% lower risk of injury
- Positive attitudes towards injury prevention correlated with high compliance and lower injury risk

Soligard T, Nilstad A, Steffen K, et al. Compliance with a comprehensive warm-up programme to prevent injuries in youth football. Br J Sports Med 2010;44:787-793

Implementation of programs

- ACL injury surveillance (female handball):
 - 1998-99: 0.5 ACL injuries/team/season
 - 2010-11: 0.25 ACL injuries/team/season (ie. 50% reduction when compliance was good)
- "The coach is the key partner. The coach is the one who can include balance and strength exercises with knee control as a natural part of every warm-up. Our results indicate that coaches have taken our messages seriously ..." (Grethe Myklebust)

Myklebust G, Skjolberg A, Bahr R. ACL injury incidence in female handball 10 years after the Norwegian ACL prevention study: important lessons learned. Br J Sports Med 2013; 47:476-479

Player education

- Attitudes of Australian Football players (aged 17-38 years) regarding lower limb injury and prevention:
 - 74.4% : doing specific exercises in training would reduce injury risk
 - 64.1%: training should focus more on improving game performance rather than injury prevention
 - < ³/₄ of all players believed that balance (69.2%), landing (71.3%) or cutting/stepping (72.8%) training could prevent injury

Finch CF, White P, Twomey D, Ullah S. Implementing an exercise-training programme to prevent lower-limb injuries: considerations for the development of a randomised controlled trial intervention delivery plan. Br J Sports Med. 2011 Aug;45(10):791-6

Promote fair play

- Risk of injury is lowered by:
 - Respecting the rules
 - Respecting the referee
 - Respecting the opposition
- In addition:
 - Enhances enjoyment
 - Valuable life lesson



Promote fair play

• The last 'exercise' in the FIFA 11+ program is Promote Fair Play



Rule changes

- Head injury risk in rugby:
 - 1.94 HIAs/1000 tackles (tackler = 1.4; ball carrier = 0.54)
 - Tackle characteristics most associated with HIAs:
 - Active shoulder (vs. passive shoulder and smother tackle)
 - Front on (vs. side, back or angle approach)
 - Tackler at high speed or accelerating into tackle
 - Ball carrier static or unbalanced and 'unbraced'
 - Body position:
 - Tackler: upright
 - Ball carrier: falling or diving
 - High contact (head-head or head-shoulder contact 4.25 X greater risk than contact below the sternum)

Tucker R, Raftery M, Kemp S, *et al.* Risk factors for head injury events in professional rugby union: a video analysis of 464 head injury events to inform proposed injury prevention strategies Br J Sports Med 2017;51:1152-1157.



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Applying rule changes

- Accept that the changes are based on quality research
- Train correct tackling techniques:
 - Tackler: bent at the waist
 - contact below the sternum
 - Ball carrier: bent at the waist braced
- Potential to significantly reduce HI risk to the tackler and the ball carrier



Tucker R, Raftery M, Kemp S, *et al.* Risk factors for head injury events in professional rugby union: a video analysis of 464 head injury events to inform proposed injury prevention strategies Br J Sports Med 2017;51:1152-1157.

Work with healthcare professionals



... not!

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Time management

- Periodization of training schedule (to avoid overload)
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Increased risk of injury in young athletes

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Specific area of expertise of the biokineticist



Increased risk of injury in young athletes

Communication

• "South African sports medicine is 10 years behind that in Australia ...

Dr Peter Harcourt circa 1997



Dr Peter Harcourt Melbourne Sports Medicine Physician

Communication

- "South African sports medicine is 10 years behind that in Australia ...
- ... in the way you communicate with the coach and the athlete"

Dr Peter Harcourt circa 1997



Dr Peter Harcourt Melbourne Sports Medicine Physician

Thank you for your attention

Dr Mike Marshall 24 August 2017



