

**JIMMA UNIVERSITY**  
**COLLEGE OF NATURAL SCIENCES**  
**DEPARTMENT OF SPORT SCIENCE**  
**SCHOOL OF GRADUATE STUDY**



**PERCEIVED CAUSES, PREVENTION AND TREATMENT OF MALE PLAYERS  
INJURIES: THE CASE OF ASSELA TOWN FOOTBALL CLUB**

**BY:**

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**JUNE, 2014**

**JIMMA, ETHIOPIA**

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MALE PLAYERS INJURIES: THE CASE OF ASSELA TOWN  
FOOTBALL CLUB**

**BY:**

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**A THESIS PRESENTED TO DEPARTMENT OF SPORT SCIENCE, JIMMA  
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**JUNE, 2014**

**JIMMA, ETHIOPIA**

**DECLARATION**

I, the under signed, declared that this thesis my original work and has not been presented for a degree of master in any other university, and that all source of materials used for the thesis have been duly acknowledged.

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The thesis on the title “**perceived causes, prevention and treatment of male players’ injuries: the case of Assela town football club**” is approved as the original work of **Demie Girma**.

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## **ABSTRACT**

*The injury was defined as an incident occurring during a training session or a match and causing a soccer player to miss the following sessions. One important element in determining the causes of injuries and prevention is having a proper understanding of the causes and ways of preventing as well treatment techniques. The purpose of the research was to identify the perceived causes, prevention and treatment of players' injuries in Assela town football club. The participants of the research were 31; Out of this 25 football players, 2 coaches, 3 administrators of the clubs and 1 team physician were approached. The major instruments in this study were questionnaire, interview, observation and focus group discussion. Both a qualitative and quantitative methods were used to analyze the data. Scarcity of proper sportswear, lack of awareness on causes of injury, absence of a qualified team physician, lack of first aid materials, inappropriate training surfaces, overdose of training and inappropriate warm-up, cool down, stretching of the ligaments and joints were the major perceived cause of injuries stated by football players, coaches, administrators of the club and team physician. For this reason adequate sport wears, aware on cause of injuries, qualified team physician and coaches, adequate first aid materials, appropriate training surfaces, appropriate warm-up, cool down and stretching and using RICE treatment where the main preventive and treatment of players injuries. Therefore, depending on the result, it is recommended that concerned bodies such as football players, coaches, administrators of the clubs and team physician should strive to minimize player injuries.*

**Key words:** *causes, prevention and treatment*

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## **ACRONYMS**

**FIFA:** Federation International de Football Association

**PRICER:** **P** – Protection, **R** – Rest, **I** – Ice, **C** – Compression and **E** – Elevation, **R**-Refer

**n. d:** not date

**NHS:** National Health Service

**FGD:** Focus Group Discussion

## **CHAPTER ONE: INTRODUCTION**

### **1.1.BACKGROUND**

Football is one of the most popular sports throughout the world. It has a high injury rate, and most injuries occur in the lower limb (Hagglund, Waldén & Bahr, 2005; Powell & Barber, 2000).

The injury was defined as an incident occurring during a training session or a match and causing a soccer player to miss the following sessions (Hawkins & Fuller, 1999; Orchard, 2001).

Any physical complaint sustained by a player those results from a football match or football training, irrespective of the need for medical attention or time loss from football activities. An injury that results in a player receiving medical attention is referred to as a “medical attention” injury, and an injury that results in a player being unable to take a full part in future football training or match play as a “time loss” injury (Finch, 1997).

Football is fun, keeps you fit and prevents diseases. However, it can sometimes result in injury or in very rare cases, sudden cardiac arrest, if football health potential is to be fully exploited, possible risks must be kept to a minimum. To this end, FIFA Medical Assessment and Research Centre have developed a series of prevention measures (Michel, n. d). According to Hackney (1994), sports injuries are the result of both intrinsic factors, also called internal athlete-related risk factors, as including the age, sex, weight, strength, and flexibility of the athlete and extrinsic risk factors can be divided into factors related to exposure, training, equipment and environment. Type of sports, exposure time, position in the team, and level of competition are exposure factors. Doctors should be able to recognize the types of injuries associated with various sports (Bahr & Holme, 2003).

The common football injuries are hands and arms, head and face, groin pull, muscle cramp, hamstring pull, knee, ankle sprain/fracture, Achilles tendonitis, calf strain and shoulder dislocation. While overuse injuries can occur, traumatic injuries such as concussions are most common therefore, Soccer injuries can be prevented in different way such as, warm up, cool

down and stretching have a pre-season physical examination, hydrate adequately, appropriate footwear and protection, eat enough balanced diets, rest and recovery and avoid overuse injuries (Samuel, 2012).

According to Samuel (2012) the most football injury prevention methods are performing warming up, cool down, and stretching, appropriate sportswear and protection, hydration, rest and recovery. According to Van Mechelen, Hlobil & Kemper (1992) injury prevention research has been described as a model of four step sequence by reducing sports injuries such as, (1) establishing the extent of the problem: incident and severity (2) establishing the cause and mechanism of injuries, (3) introducing preventive measures (4) Assessing the effectiveness of prevention measures by repeating step one. Therefore, Injury risk can be reduced through implementing injury prevention measures such as those discussed above. Adopting most or all of these measures will help provide a safer sporting environment for players.

In order to effectively manage soft-tissue injuries the PRICER (Protection, Rest, Ice, Compression, Elevation and Refer) procedure needs to be followed. The immediate management of soft-tissue injuries during the acute inflammatory phase is very important for successful rehabilitation after the injury. The aims of immediate treatment are to: prevent further tissue damage, minimize swelling, ease pain, reduce the formation of scar tissue and reduce the time needed to rehabilitate (Chris, n. d).

Hence, one important element in determining the causes of injuries and prevention is, having a proper understanding of the causes and ways of preventing as well as rehabilitation techniques. Therefore, the causes of football sport injuries are the one among the factors that affect the performance of athletes. To maintain pick performance of the players, it requires understanding causes, prevention and treatments of football player injuries. The purpose of this study, therefore, was to examine the perceived causes, prevention and treatment of soccer players' injuries in Assela town football clubs.

## **1.2. STATEMENTS OF THE PROBLEM**

Soccer, commonly known as football, is one of the most popular team sports in the world and continues to provide many young people with an opportunity for healthy exercise (Levy & Lohnes, 1996). It is characterized as a vigorous, high intensity, intermittent ball and contact sport

(Grath & Ozanne-Smith, 1997). The characteristics of soccer, along with the required functional activities, obviously place great demands on technical and physical skills of the individual player. According to Hawkins and Fuller (1999), soccer is known to be associated with a relatively high injury rate compared to other contact team sports and the injury rate is around 1000 times higher than for industrial occupations generally regarded as high risk. The overall level of injury to the professional football player has increased tremendously and thus calls for preventative action based on the results of epidemiological research (Hawkins, Hulse, Wilkinson, Hodson & Gibson, 2001).

Africans are as football-crazy as the rest of the world. However, Africa has yet to turn this passion into success (The Economist, 2000). Although Africa has produced many great soccer players, there are few great teams at national level. This is due to the fact that almost all the best players' play for European clubs, because the salaries exceed by far, those on offers in, for example, Malawi or Kenya (The Economist, 2000). Many people now know that professional soccer is a great employer and now there is an increased level of participation in sporting activities suggesting the possible increase in sports-related injuries. Although the level of league and tournament competitions in Ethiopia soccer is not higher than that of developed countries; the researcher believes that the perceived causes, prevention and treatment of players injury could be the same or even more than those observed in developed countries due to the fact that the financial resources of Ethiopian soccer teams are still very low.

In Ethiopian soccer is developing in event know a day, male soccer teams are grouped into two divisions; the first division is called premier league and the second divisions is called national league. The first division is more competitive than the second one because it is the one from which Champion clubs are drawn and regional as well as international competitions deal with. Therefore, there could probably be an expectation of more injuries in the first division than in the second division. However, the researcher has also to consider that the second division teams are fighting in order to get a place in the first division. After each league season, the last two teams in first division moves to the second division whereas the first two teams in second division joins the first division. As both divisions are in incessant competitive events, the researcher believes that there might be a high risk of injury occurrence. Which expose soccer players to more risk of injuries and thus ensures the health and safety of the soccer players, thus there is a need to

conduct an epidemiology study towards the common soccer injuries for both divisions in Ethiopia but this research focus at regional level in the case of Assela town football players’,

Injuries to players can have a significant effect on the performance, results, and morale of the team, which also impacts on the financial status of the team (Woods, Hawkins, Hulse & Hodson, 2002).

Therefore, it is necessary to get a clear understanding and provided certain necessary information on the perceived causes, preventive and treatment methods for the football player’s injuries during training or competition season.

As a result, even though the researcher expects lots of research on this related problem, to the investigator knowledge, there is scarcity of research conducted relating to the perceived causes, prevention and treatment of soccer players' injuries at the Africa and Ethiopia level, especially in Assela town football club. Hence, the purpose of this research was to fill a gap that is observed on the stated problem. Therefore, the current research answered the following basic research questions.

- What are the major causes of football players’ injuries?
- What are the major prevention methods of football players’ injuries?
- What are the main treatments of football players’ injuries?

### **1.3.OBJECTIVES**

#### **1.3.1. General objective**

The general objective of this study was to examine the perceived cause, prevention and treatment of football players' injuries in Assela town football club.

#### **1.3.2. Specific objectives**

In order to address the peculiar perceived causes of injuries in the Assela town football club and to provide a means to prevent and treat in regards to the above aim the following were specific objective:

1. To identify the main cause of a player's injury.
2. To identify prevention methods of players' injuries.
3. To identify most important treatment of players' injuries.
4. To forward the possible solution for the existing problems.

### **1.4. SIGNIFICANCE**

The study was significant in the following ways:

- The study also provides relevant information to perceived causes, prevention and treatment of players' injuries.
- It would help to increase awareness about the causes of football injuries.
- It would help to provide favorable suggestions that help in preventing and treating injuries.
- It would serve as stepping stone for conducting further and detailed research in the area.

### **1.5. DELIMITATION**

The study is delimited to the perceived causes, prevention and treatment of football players' injuries in Assela Town football club.



## **1.6. LIMITATION**

The study, however, was not without limitations. One limitation was that the survey was limited only to Assela town due to time and financial constraints. This undoubtedly affects the generalization of the results to another club.

## **1.7. OPERATIONAL DEFINITIONS**

The following terms are used throughout this study, for clarity of their meaning and usages of the terms are defined as follows:-

**Cause:** factors/reason of Assela town football players' injury.

**Prevention:** - Minimizing the Assela town football players' injuries.

**Treatment:** during training or competition session care provided to improve a situation (especially medical procedures or applications that are intended to relieve illness or injury) of Assela town football clubs.

**Club:** - is Asela Town football organization that provides training and other benefits for the athletes.

**Mechanism** is types of activity that lead to injuries

**Sport swears** that include shin guard and ankle protection

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1. INJURY HISTORY**

Soccer is a sporting activity that demands a combination of endurance, fitness, running and discontinuous sprinting. The sport specific skills used in soccer include quick turns, pivots, jumps in the air and both forward and backward running (Ireland & Nattiv, 2002). These activities are accompanied with increased risk of soft injuries. A number of studies have investigated the type, location and severity of injuries in male soccer players (Andersen 2004; Delfoco & Garrett 1998; Gize 2003; Andersen 2004b; Fuller 2004; Moeller & Lamb 1998; Larsen, 2003; Arni & Oslsen, 2004).

Injuries are a major barrier towards increased participation in, or maintenance of, physical activity. Removing the injury barrier will help to increase participation in sport and other physical activities. It will also lead to improved health without the impairment of injury and the health costs will be reduced. Overall, there is a significant benefit to the individual and the broader community by reducing injuries (Australian Sports Commission, 1997).

A theoretical definition of an injury has been often difficult because of its dependence on context (Langley & Brenner, 2004). Generally, sports injuries are considered as all types of injury occurring during sporting activities (Bahr & Holme, (2003). An injury occurs when the stress that falls upon a tissue exceeds the tissue's ability to absorb the stress acutely or chronically (Bain, 2012).

Injury definitions are based on medical treatment, which includes injuries requiring any treatment from a physician, and loss of time, which includes injuries that result in loss of time from training or competitions (Brooks & Fuller, 2006).

### **2.2. COMMON FOOTBALL INJURIES**

Soccer is a great way to build endurance, improve speed, and stay fit; all while enjoying being a part of a team. However, soccer does involve quick start and stop motions and physical contact, which can lead to injury. Risk of injury is no reason not to play soccer though, Soccer players just need to be aware of the risks and know what steps they can take to play as safely as possible (Christie, n. d).

In all contact sports, there are many minor and serious injuries that can happen, more so in football, especially if reasonable care is not taken. With so many injuries to mention, I will only concentrate solely on the most common that the coach and coaching staff can administer before professional help arrives. For detailed, professional remedy and treatments for all sports related injuries, please consult a specialist or your doctor so as to avoid more damage (Elizabeth, 2013).

According to Samuel (2012), the common football injuries are stated as follows:-

**Hands and Arms** – The types of injuries to the hands or arms vary in severity and usually result in pains, bruising, swelling and fractures (i.e. Loss of the ability to move or use the joints) which can happen in the shape of sprains and strain dislocations and these are more common with goalkeepers than outfield players, since the goalkeepers have to stretch to catch the ball, dive to prevent goals or when they fall awkwardly.

**Head and Face** – Injuries to the head or face can cause concussion, cuts, chin damage, bleeding or loss of teeth resulting from banging of heads in a challenge for the ball in the air, a blow or elbow smash to the face, a kick to the head or face when a goalkeeper tries to prevent opposing player from scoring and when a player stoops low to head a ball.

**Groin Pull** – This (sometimes called groin strain/adductor) normally occurs when the inner thigh muscles are stretched beyond the limit and stress is applied to the muscles. Groin pull could also happen when jumping suddenly, landing awkwardly, changing directions, kicking, rapid acceleration or deceleration or twisting.

**Muscles Cramps** – Usually caused by involuntary and forceful contractions of the muscles due to excessive use of the muscles (partial local paralysis). The definite causes are yet to be known, but insufficient stretching, exercising in the heat, some type of medicines, dehydration, low blood calcium & magnesium or low potassium is all part of stated causes.

**Hamstring Pull** – Hamstring is located at the back of the thigh. Hamstring strains can occur either during a collision between two players, running or forceful stretch of the leg muscles which can cause the muscle tissue to tear thereby affecting the player's performance. It could be first, second or third degree.

**Calf Strain** – A sharp pain commonly felt at the two back leg muscles where they join the Achilles tendon. This type of injuries can occur from stretching the calf muscles beyond their limits, thereby causing the calf muscle fibers to tear which could be mild, moderate or severe (rupture i.e. complete tear of the calf muscles).

**Achilles Tendonitis**– This is the largest tendon in the human body that can withstand heavy forces and is located at the back of the ankle just above the heel. Pains, in this area can either be acute or chronic which can be as a result of heavy landing, wear and tear, inadequate stretching, overuse and lack of flexibility in the calf muscles.

**Ankle Sprain/ Fracture** – Ankle injury can happen to any age group, the most common are sprains & fractures which could be damaging to ligaments and/or bones including tear or strain of a tendon. A fracture is when there is a break in one or more of the bones whilst a sprain is damage to the ligaments sustained during over stretching that can cause a rupture of the ligament or tear in the fibers. The causes of these types of injuries could range from sudden impact, landing awkwardly after an aerial challenge for the ball, twisting the ankle, tripping, walking to running on uneven surfaces.

**Shoulder Dislocation** – Shoulder dislocation occur usually when there is a fall on the shoulder, thereby causing an extreme rotation of the upper arm bone to pop out of the socket, this can be very painful and result in swelling, weakness and numbness of the arm.

### **2.3.ANATOMICAL LOCATION OF INJURIES**

According to Janvier, (2004) study revealed that the most affected body parts of 186 injured players. The most affected part in the lower extremities and in the whole body in general was the ankle (38.5%) followed by the knee (26.7%). The upper limbs were also affected (11.4%), followed by the trunk (9.1%) and head and neck (5.9%). The upper limbs injuries comprised upper arm, elbow, fore arm, wrist, hand and finger injuries. The trunk injuries included both chest, abdomen, back and shoulder injuries. The face injuries included head and neck injuries. The rest of the body parts such as pelvis, buttock, groin, hip, anterior and posterior thigh, shin, calf, foot and toe were less affected. The injuries reported in this study showed that the lower extremities were more commonly affected than the upper extremities.

### **2.3.1. Upper body injuries**

Upper body parts were also affected such as upper limbs, trunk and head and neck. The upper limb injuries comprised upper arm, elbow, forearm, wrist, hand and finger injuries. The trunk injuries included both chest, abdomen, back and shoulder injuries. The face injuries included head and neck injuries (Wolfel, Kohne, Schaller, Gerland & Walter, 2003).

### **2.3.2. Lower body injuries**

The lower extremities are divided into the following regions: hip, groin, upper leg, knee, lower leg ankle, and foot. Athletes experience a variety of injuries, head to toe. It has been estimated that the number of injuries caused by sports in the world is similar to that of car accidents (Wolfel, Kohne, Schaller, Gerland & Walter, 2003). For every sport there are certain injuries that are more common than others, however, injuries in the ankles and knees are very frequent among all sports and levels of competition.

In soccer, which is another physically demanding sport with running styles similar to football, ankle, knee, and thigh structures were the most frequently injured for football players (Fuller, Molloy, Bagate, Bahr, Brooks, Donson, Kemp, Crory, McIntosh, Meeuwisse, Quarrie, Raftery & Wiley, 2007). Of these injuries, the joint (non-bone) /ligament/cartilage injuries of the lower limb were the most common (Fuller et al., 2007).

## **2.4.THE CAUSES OF SPORT (FOOTBALL RELATED) INJURIES**

Understanding the individual risk factors for injury in soccer is an important basis for the development of preventive measures (Arnason, Sigurdsson, Gudmundsson, Holme, Engebretsen, & Bahr, 2004)

According to Hackney (1994), sports injuries are the result of both intrinsic and extrinsic factors, and doctors should be able to recognize the types of injuries associated with various sports.

**Intrinsic factors** include age, gender, body composition, health, physical fitness, anatomy, previous injuries, sports specific skills and abilities, and psychological factors (Parkkari, Taanila, Suni, Mattila, Ohrankämnen, Vuorinen, Kannus, Pihlajamäki, 2011; Bahr & Krooshaug, 2005).

### **2.4.1. Age**

Age (when considered independently of past history) was found to be a risk factor for hamstring and calf muscle strains but not for quadriceps muscle strains. Orchard (2001) stated that these findings were consistent with the theory that abnormalities of the lumbar spine are implicated in the development of muscle strains, since the lumbar nerve roots, which supply the hamstring and calf muscles, are more likely to be affected by age-related spinal degeneration than the nerve supply of the quadriceps muscles. Morgan & Oberlander (2001) stated that on the role that age may have played in injury rates and severity, players have been divided into three age groups: those less than 25 years, those 25 to 30 years and those over 30 years.

### **2.4.2. Muscle flexibility / Anthropometrics, anatomical**

Anthropometrics, anatomical factors and physical abilities have been suggested to be factors that influence the injury risk. Increased body mass index and increased body weight may predispose to ankle joint injuries. Also, certain asymmetries, such as asymmetries in functional leg length or in the eccentric muscle strength of the lower extremity have in some studies shown to increase the risk of leg injuries (Fousekis, Tsepis, Poulmedis, Athanasopoulos & Vagenas, 2011; Fousekis et al., 2012). In addition, other neuromuscular deficiencies, such as lack of strength, delayed muscle firing, and defective muscle activation order have in some studies shown to associate with injury risk. Aerobic fitness level is also an important factor, because fatigue, reduces coordination and muscle control (Pasanen, 2009).

Muscular tightness is frequently postulated as an intrinsic risk factor for the development of muscle injury. In a prospective cohort study conducted by Witvrouw, Daniels, Asselman, D'Have & Cambier (2003), the authors concluded that soccer players with an increased tightness of hamstring or quadriceps muscles have a statistically higher risk for subsequent musculoskeletal lesions. Their findings suggested that pre-season testing of flexibility of these muscles could identify soccer players at risk of developing muscle injuries.

**Extrinsic risk factors** can be divided into factors related to exposure, training, equipment and environment. Type of sports, exposure time, position in the team, and level of competition are exposure factors. Training factors include type, amount, frequency and intensity of training (Parkkari et al., 2001)

Equipment factors include sports equipment (e.g. Footwear and clothing) and protective equipment (e.g. Helmet, shin guards). Risk factors associated with the environment are a type of a playing surface, weather conditions, time of season, indoor/outdoor conditions as well as human factors (coaching, rules, referees, teammates, opponent and spectators) (Parkkari et al., 2001; Bahr & Krosshaug, 2005).

### **2.4.3. Training methods**

In literature the review conducted by Baker, Horton, Robertson & Wall (2002), evidence was found that research on the quality and quantity of training indicated that these two elements were crucial predictors of attainment. According to Brukner & Khan (2003), training errors are among the most common predisposing factors in the development of sport injuries. They further stated that it is essential for all sports medicine practitioners to understand the different elements of the training and their possible relationship.

### **2.4.4. Playing surface**

Traditionally soccer is played on a rectangular field, not more than 68m wide and 105 m long with a predominantly grass surface, and less common a surface of sand, gravel or artificial turf. A player covers approximately 10 km of ground per game, of which 8-18% are at the highest individual speed and therefore suffers significant impact forces of two to three times his own body weight (Grath & Ozanne, 1997). Therefore, the surface and the environmental surrounds are important factors to consider when reviewing the nature and incidence of soccer injuries (Grath & Ozanne, 1997).

### **2.4.5. Footwear and padding**

According to Grath & Ozanne (1997), protective equipment, such as shin pads and appropriate footwear were introduced in Federation International de Football Association (FIFA) regulations as compulsory for both competition and training in 1990. Prior to FIFA regulations, the voluntary use of shin guards was limited. In the study concerning the evaluation of the effectiveness of shin guards in protecting against tibia fracture in soccer players (Fransisco, Nightingale, Guilak, Glisson & Garret, 2000), the results have shown that shin guards provide significant protection from tibia fracture.

#### **2.4.6. Adequate warm-up and pre-season conditioning**

According to Grath & Ozanne (1997); Prentice (1999), a program such as physical fitness, a warm-up period of 15-20 minutes, stretching during cool-down, strengthening, endurance and power are imperative in pre-season conditioning for soccer players in order to cope with the requirements of competitions. Fatigued athletes have decreased skill performances, which can lead to injury (Grath & Ozanne, 1997). They should encourage proper warm-up exercises and stretches prior to matches or training sessions. The coaches should prevent previously injured players from playing until their injuries are adequately healed. In this study, factors such as protective equipment and the condition of the playing ground should also be included as ways to prevent or reduce the risk of injury. According to Drawer and Fuller (2002), playing when not fully fit exposes soccer players to high risk of reinjured.

#### **2.4.7. Carbohydrate and water intake**

The athlete is often encouraged to eat dietary carbohydrates at special times, or in quantities greater than that, which would be provided in an everyday diet or dictated, by their appetite and hunger. The carbohydrate is used as fuel at onset of exercise at all intensities and is obligatory for the continuation of exercise at intensities above 50-60% of the subject's maximal oxygen uptake. Depletion of the muscle carbohydrate stores will impair exercise performance (Maughan, 2000). The main deficiencies in awareness of injury strategies for players were identified as: use of shin pads during training, carbohydrate intake before and after matches, cool downs after training and matches, and flexibility work. According to Hawkins and Fuller (1998a), these deficiencies were the indicators of a need for wider education of players in current injury prevention strategies.

### **2.5. SEVERITY OF INJURIES**

Injury severity is defined according to the length of incapacity. It is usually calculated as time lost from training and games participation through injury. Normally it is classified in three categories, although some studies use four categories (Newell & Michael, 2011).

Three Classifications of Injury Severity, according to Finch (1997), as stated

- ❖ Minor (absence from sport < 1 week) no further treatment required
- ❖ Moderate (absence from sport 1-3 weeks) some further treatment required



- ❖ Severe (absence from sport > 4 weeks) referral to hospital

Four Classifications of Injury Severity (Manus, 2000) as stated

- ❖ Minor (if able to return to game/training in which injury occurred)
- ❖ Mild (if missed one week)
- ❖ Moderate (if missed two weeks)
- ❖ Severe (if missed more than two weeks)

## **2.6. INJURY PREVENTION PROGRAMES**

Football injuries can be prevented only partly by improving the physical condition of the players. A substantial amount of football injuries is caused by foul play, so the observance of the laws of the game and especially Fair Play is essential for the prevention of injury (FIFA, 1904 - 2004).

According to Grath & Ozanne (1997), injuries are considered to result from a culmination of sets of circumstances and pre-existing conditions that may best be understood as a chain of events: pre-event, event and post-event. Injury countermeasures can be equated with primary (pre-event), secondary (event) and tertiary (post-event) prevention in the chain of events leading to injury.

### **Primary injury counter measures**

According to Grath & Ozanne (1997), primary injury countermeasures are viewed as measures acting before an event or incident that could potentially lead to injury, to prevent the event from occurring in the first place. The primary injury countermeasures consist of conditioning, protective equipment and environmental conditions. Adequate warm-up and strengthening exercises, good nutrition, correct use and maintenance of equipment and awareness of environmental factors and personal limits all help to prevent sports injuries. In environmental conditions, the surface that is being played on as well as weather conditions are matters of concern in occurrence of injury.

## Secondary injury countermeasures

According to Grath & Ozanne (1997), secondary injury counter measures are viewed as measures acting during the event to prevent the injury from occurring or to reduce the severity of injury.

## Tertiary injury countermeasures

According to Grath & Ozanne (1997), tertiary injury countermeasures are viewed as measures acting after the chain of events or incidents leading to injury and help to minimize the consequences of injury. This stage is considered as the rehabilitation stage. Rehabilitation is both for injuries and the prevention of reoccurrence. Many techniques such as mobilization, traction technique, neuromuscular facilitation, therapeutic exercise, regaining muscular strength, endurance and power.

According to Van Mechelen, Hlobil & Kemper (1992); Van Mechelen (1997) & Hawkins (2001) the process of injury prevention can be considered in 4 stages: Firstly, the extent of injury must be identified and described. Secondly, the factors and mechanisms that play a part in the occurrence of injuries have to be identified. Thirdly, preventive strategies are implemented based on stage 1 and 2 and finally strategies are evaluated to see effectiveness. Van Mechelen model prevention of sports injuries can be seen as a four step sequence as follow;

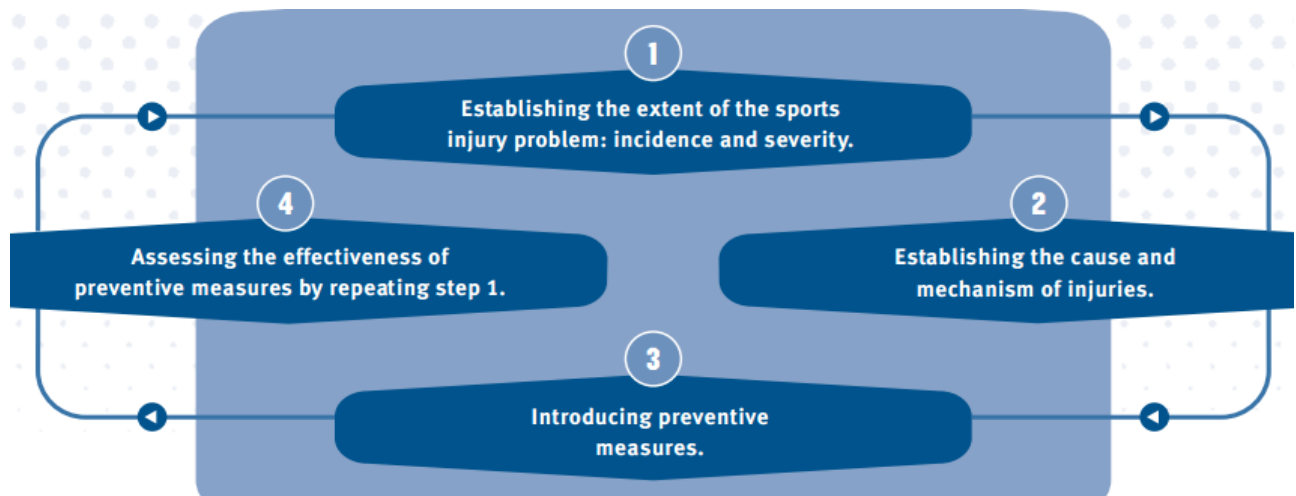


Figure 1: A sequence of sports injury prevention

According to FIFA medical experts at a recent conference stating their drive to initiate, introduce and implement measures to reduce and prevent both contact and non-contact injuries in football and for this reason the following suggestions are just the general rules to apply in order to avoid and prevent injuries in football training or matches.

According to Samuel (2012), prevention of injuries stated as follows:-

- Engage in proper and regular conditioning program of exercises to build & strengthen the muscles and the bones.
- **Warm up and stretching:** Warm up and stretching exercises are essential for the muscles before participating in any football activities. This helps to increase the blood flow and oxygen to the muscles so as to withstand the rigors and mental demand of the game.
- **Cool Down:** The cooling down process is one that is often ignored by most youth football coaches, it is important to cool down because this has a long term effect on injury prevention and it does help to gradually lower heart rate, help restore the muscles to their original condition and to circulate the blood & oxygen to the muscles.
- **Wear appropriate footwear and protection:** Always be sure to wear the necessary footwear (in relation to the playing surface and weather conditions), shin guards, gloves and shirt with padded elbows (goalkeepers), and teeth guards.
- **Eat enough balanced diets:** A nutritious diet is a balanced diet. Eating a balanced diet that contains carbohydrates, proteins, fats, vitamins, minerals and fiber in proportionate measure will aid Healthy Eating needed for any footballer. Lack of proper balanced diet will surely inhibit the recovery process from training sessions and make the player prone to injury.
- **Hydration:** The fluid intake before, during and after being very important for recovery, rehydration and to prevent injury. For a footballer to perform at their very best they need to have enough fluid, most especially water as opposed to other drinks full of sugar & other chemicals.
- **Rest and Recovery:** Allowing the body and mind to properly recover with adequate hours of sleep will help the player immensely and also help to avoid or prevent injury.

Prevention is precaution and it is very important to adhere to, though specific, a variety of conditioning programs that will alleviate the obvious common injuries mentioned above. If serious injury persists with pain and discomfort should continue, it is time to visit a specialist for

a professional assistance. Now it's your turn to share your experience about injuries in youth football (Samuel, 2012).

## **2.7. PHYSIOTHERAPY AND SPORTS INJURIES**

One of the skills of physiotherapists dealing with team sport is to utilize experience in order to formulate and implement an injury preventive conditioning program for that sport. Since physiotherapy is the health care profession that is recognized for its role in the management of musculoskeletal dysfunction, physiotherapists have an important role to play in the prevention of soccer injuries (Zuluaga, Briggs, Carlisle, Donald, Meeken, Nickson, Oddy & Wilson, 1995).

### **2.7.1. Treatment**

According to Gonigle & Matley (1994), most of soccer injuries occur in the soft tissue. The aim of soft tissue treatment is:

- To minimize the extent of damaged tissue,
- To reduce associated pain and inflammation,
- To promote healing of damaged tissue,
- To maintain or restore flexibility, strength and overall fitness during the healing process of the athlete,
- To functionally rehabilitate the athlete to enable his/her return to sport activity
- Finally to assess or correct any predisposing factor in order to prevent recurrence.

There are different ways in which authors define the first aid management of soft tissue injuries, namely PRICE. The common first aid is called RICE, which means Rest, Ice, Compression, and Elevation. If a part of the body is injured, the body's reaction will cause damage to the tissue surrounding that part. PRICE is an acronym for a self care regiment to manage a number of injury types at home and developed and is supported by the United Kingdom's National Health Service (NHS). The steps in PRICE are a particularly effective home treatment regiment for most repetitive stress injuries as well as for acute traumas and injuries that do not require a trip to the hospital (Adams, n. d). The PRICE acronym stands for:

- **P** - Protection

- **R** - Rest
- **I** - Ice
- **C** - Compression
- **E** – Elevation

**Protection:** When treating an injury you want to make sure to protect the injured area. Pads to reduce impact, slings and braces to limit movement, and compression bandages to hold everything still can help protect the injured area. Even a band-aid provides protection from germs and dirt.

**Rest:** An injury often needs to be rested so it can heal. Take things easy and do not exercise the injured area. If you can stop using it all together for a while, you may see a greater improvement.

**Ice:** Using ice packs and cold therapy on an injured area helps reduce the swelling and inflammation and can numb some of the pain as well. Ice should not be placed directly on the skin. Wrap it in a cloth first. If you are using a cold pack that does not get to freezing temperatures it is probably fine. Consult the manufacturers' recommendations. Icing the injury a few times a day for 15 minutes or so will aid your healing. Do not keep the ice on for much more than 15 minutes though. If you still have pain and a lot of inflammation after your initial icing you can go with a 15 minute on - 15 minute off approach.

**Compression:** Compression bandages help stabilize the injury so there is not any internal or external jostling that could further injure the area.

**Elevation:** Lifting the injured area over the level of your heart will help reduce the inflammation. If it is elevated above your heart the local blood pressure is reduced due to gravity, so less blood will gather at the injured (Chris, n. d).

### **2.7.2. Rehabilitation**

While treatment may lead to an athlete becoming pain-free and return to activities of daily living, rehabilitation is required to return the athlete to previous level of functioning. According to Brukner & Khan (2003), all musculoskeletal injuries require active rehabilitation. The primary

aim of injury rehabilitation is to enable the athlete to return to sport with full function in the shortest possible time. If rehabilitation is inadequate the athlete is:

- Prone to re injury to the affected area,
- Incapable of performing at pre-injury standard, and
- Predisposed to injuring another part of the body.

According to Brukner & Khan (2003), the important components of rehabilitation include: muscle conditioning, flexibility, functional exercises, sport skills, correction of abnormal biomechanics, maintenance of cardiovascular fitness and psychology.

Within the muscle conditioning, four components are necessary to varying degrees in both activities of daily living and sport. Those are: muscle strength, muscle power, muscle endurance and motor re-education (Brukner & Khan, 2003). Regaining full flexibility of joints and soft tissues is an essential component of rehabilitation.

As athletes often harbor the fear that they will not regain their pre-injury skill level, even if the physical defects are corrected, (Brukner & Khan, 2003) recommend that an important part of the initial discussion with the athlete should include the reassurance that talent was not lost overnight and that the rehabilitation process will permit sport-specific skill training as soon as possible. The athlete begins with the most basic level in the program and works until the required level is reached. The athlete should incorporate skills into the program as soon as he is able. For soccer players, jogging and stretching with the rest of the team while recovering from an injury makes Him feeling more motivated and skill levels are maintained as much as possible.

However, a good rehabilitation program must be progressive (Brukner & Khan 2003) as mentioned, that the type of activity, duration of the activity, the frequency of the activity / rest, intensity as well as the complexity of the activity are parameters to be manipulated by the therapist to progress the athlete's program to a level where it is possible for the athlete to return to sport.

## CHAPTER THREE: METHODS

### 3.1.THE RESEARCH DESIGN

In order to investigate the perceived causes, prevention and treatment of male football player's injuries in Assela town football clubs, a cross sectional design was used (carried out at one time point or over a short period).

### 3.2.STUDY SITE AND PERIOD

This study was conducted in Oromia Region, Arsi zone in Assela. Assela is a town and separate woreda in central Ethiopia. Which is located 175 km far from Addis Ababa, this city has a latitude and longitude of 7°57'N 39°7'E, with an elevation of 2430 m (7,970 ft). The 2007 national census reported a total population for Asella of 67,269, of whom 33,826 were men and 33,443 were women.

Hence, the study was conducted on February 2014/ 2006.



Figure 2: Assela Town Map (source: Google map)

### 3.3.POPULATIONS

There was only one club in Assella town. Thus, the populations were:-

- ✓ Football players
- ✓ Football Coaches
- ✓ Administrators of the club
- ✓ Team physician

### **3.4. PARTICIPANTS**

Consequently, the total participants were:-

- ✓ **25** Football player
- ✓ **2** Football Coaches
- ✓ **3** Administrators of the clubs
- ✓ **1** Team physician

### **3.5. DATA COLLECTION INSTRUMENTS**

To get reliable information from the research participants the following instrument was used:-

- Questionnaires
- Observation
- Interview
- Focus group discussion

The detail of each data collection instrument discussed as follows:

#### **Questionnaire**

Closed and open-ended self-administered questionnaires were used to collect the data for this study. The quantitative data were gathered by using closed ended questionnaires and open ended questionnaires were gathered through qualitative approach. The soccer players', football coaches and club administrator questionnaires comprised four parts. Part one was constructed purposely to provide background information about the respondents such as sex, age, experience as well as the played position. Part two solicited the player's concept on injuries, part three contained items on the causes and prevention of players' injuries and part four deals about the treatment of players' injuries (see Appendix A). The questionnaire for soccer players was originally constructed in English by the researcher and then was translated into Amharic to enhance the comfort of every respondent and after data collected from respondents then translated back to English with help of experts. The questionnaire for coaches and club administrators were administered in either in Amharic or English as all coaches and club administrators were supposed to have an understanding of either Amharic or English languages.



The content of each questionnaire was composed of statements related to the perceived causes, prevention and treatment of football sport injuries. The questionnaires were administered to football players, football coaches and club administrators. The questionnaires consisted of 18 items for football players; 10 items for football coaches and 6 items for club administrators.

### **Observation**

With regard to the practical session, observation was made by the researcher and assistant in the training session for about five days. Observation checklist (see Appendix E) was prepared containing items that check different activities of the coaches, players and team physician from the warming up to the conclusion of the training session as indicated below:

- Application of training (warm up, cool down, stretching)
- Adequate equipment and facilities for sport
- Convenience of training field/ playing ground
- Providing first aid if happen, injuries
- The availability of first aid materials

### **Interview**

The face-to-face structured interview was conducted with the team physician of the football club. The interview items (Appendix F) were mainly focused on the perceived causes, prevention and treatments of football player injuries. The data obtained from the interview consisted of responses of the medical team of the club about their knowledge, experience, opinions, perception, and intervention concerning the perceived causes, prevention and treatments of injuries football players.

### **Focus Group Discussion (FGD)**

Focus group discussions were formally being organized, groups of individuals brought together to discuss on the causes, prevention and treatment of players' injuries. The discussion took place among 11 discussants (5 injured players, 2 coaches, 3 club administrators and 1 team physician for 1 hour. It enables the researcher to obtain in-depth information about the perceived causes, prevention and treatment of player's injuries. The focus group discussion (see Appendix G) items were:

1. What are the main causes of football player's injuries during training and competition session?
2. Is there adequate equipment and facilities for sport and first aid materials?
3. In which training session mostly players injured?
4. The main prevention and treatment method of player's injuries?
5. Does medical team available during training and competition period always?

The items were translated from English to Amharic Language. The purpose of translating the items into Amharic is to ensure football players, coaches, club administrators and team physician better understanding of the questions and the discussion was taking place through Amharic. The tape recorder was used. Before conducting, focus group discussion the researcher was informed of the participant guidelines (ground rule).

### **3.6.PILOT TEST**

The purpose pilot test was to check the content validity of the instruments that the researcher selected. Before the actual study was carried out, a pilot test was conducted in Assela town B football players' (10), coaches (1) and team physician (1) respondents who were not part of the sample group. On the bases of the feedback in the pilot tests and expert's comments, some modifications were done on the instruments. For example, some questions which were found unnecessary were cancelled; some unclear statements were also elaborated. The questionnaires were reduced from 24 to 18 items for football players, 12 to 10 items for football coaches and 7 to 6 items for club administrators. Then, the actual study was conducted at an Assela town football club.

### **3.7.PROCEDURES OF DATA COLLECTION**

After designing the research instruments (observation checklist, questionnaire, interview and focus group discussion) the research sites and participants were identified. Then, observation of the training session was taking the first step in data collection. Secondly, date and times of contact were determined and questionnaires were distributed to football players, coaches and club administration. The interview session was followed by team physicians'. Focus group discussion took place among injured players, coaches' club administration and team physician with the help of assistants.

### **3.8. METHODS OF DATA ANALYSIS**

The study employed both quantitative and qualitative data analysis techniques. Specifically,

- Frequency and percentage were used for background information on players, coaches, club administrators and team physician.
- Frequency and percentage were used for the causes of football players' injuries.
- Frequency and percentage were used for prevention of football players' injuries.
- Frequency and percentage were used for treatment of football players' injuries.
- Thematic analysis was used for what the researcher observed and interviewed for open ended questionnaires.

### **3.9. ETHICAL CONSIDERATION**

The study was conducted after getting permission from Jimma University, natural science research office that sends the researcher with a letter of permission to the study area Assela Town football clubs. A concerned club administrator was informed about the purpose of the study. By respecting their beliefs and culture the respondents were informed about the objective of the study and their agreements were taken before conducting the questionnaire, interview and FGDs. Any personal information was kept confidential.

## **CHAPTER FOUR: RESULT**

### **4.1.DEMOGRAPHIC CHARACTERISTICS OF SOCCER PLAYERS, COACHES AND CLUB ADMINISTER AND TEAM PHYSICIAN**

As it is already mentioned earlier, four groups of respondents were used as data sources for the study (i.e. Players, coaches, and club administer and team physician). The total population of this study as indicated in the above discussion was 31 and of these, 25 football players, 3 club administrators, 2 coaches and 1 team physician. The response rates were 100 % as all the questionnaires were returned.

As it can be observed from table 1, 12 (42%) of the players were between 21-25 years old, 8(32%) of the players were 19-20 years old, 3 (12%) of the respondents were above 26-30 years old and 2 (8%) of the respondents were under 18 years.

With regard to playing experience, 16 (64%) of the respondent had 2-3 years experience, 4 (16%) of the respondents had 4-5 years experience, 3 (12%) had below 1 year experience and 2 (8%) of the players had above 5 years experience.

Regarding to playing position, (36%) of the respondents were mid fielder, 8 (32%) of the respondents were defender, 5 (20%) of the respondents were striker (forward) and the remaining 3 (12%) of the players were goal keeper. Large number of respondents in this club was mid fielder 9 (36%) players and followed by defender 8 (32%) players.

**Table 1: Frequency of socio-demographic background information**

<b>Variables measured</b>	<b>Characteristics</b>	<b>Frequency</b>	<b>Percents</b>
<b>Age</b>	Below 18	2	8
	19-20	8	32
	21-25	12	42
	26-30	3	12
	Above 30	0	0
<b>Experience</b>	Below 1	3	12
	2-3	16	64
	4-5	4	16
	Above 5	2	8
<b>Position</b>	Goal Keeper	3	12
	Defender	8	32
	Midfield	9	36
	Striker	5	20

2 (100%) of the coaches were male. With regard to their experience in coaching as a main coach, one of the coaches has 5 years experiences and the other coach has less than two years experience. With respect to the educational background of the respondent both coaches have a first degree in physical education and sports.

3 (100%) of the club administrators were male. With regard to their experience in club administrators, two administrators have 5 years and the other one has less than three years experience. With respect to educational qualification, the respondents revealed that one of them has a degree in management and two of them have a first degree in physical education and sports.

One male team physician was present, but this respondent was not graduated in physiotherapy or related fields, but serving with his mere experience. With regard to his experience in this club, the team physician holds an experience of more than 5 years and had the first degree in management.

## 4.2. PATTERN OF INJURIES

Table 2 data revealed that 18 (72%) of the players responded that most injuries happened during competition period. The remaining 7 (28%) of the respondents revealed that the injuries happened during per competition period as well as non injuries happened during the transition period as players claimed.

**Table 2: Frequency of injuries in various training periods**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Pre competition period	7	28
competition period	18	72
Transition period	0	0
<b>Total</b>	<b>25</b>	<b>100</b>

All coaches also responded that all types of injuries happened during competition period. The FGDs discussants said that most football players injured during the competition period and some time there was also an injury in pre training periods. Because, during competition period the team need to win its opponents so there is high tackling, collusion, running, jumping and charging this reasons exposed players during competition rather than a training period.

As it can be observed from table 3, 20 (80%) of the players responses revealed that lower body part such as ankle, knee, hamstring Pull and heel, 5 (20%) of the respondents revealed that upper body parts were also affected. The injuries reported in this study revealed that the lower extremities were more commonly affected than the upper extremities.

**Table 3: Frequency of injuries in different body parts**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Upper body part	5	20
Lower body part	20	80
<b>Total</b>	<b>25</b>	<b>100</b>

Similarly the data obtained from the coaches indicated that the most repetitive types of players' injuries were ankle, knee, thigh, head and hand and arms. Team physician as well responded that

both upper and lower body parts of players injured, but the most affected body parts of players were in the lower extremities parts (knee, ankle, thigh, hamstring pull and heel).

Table 4: illustrates that, 11 (44%) of the players were defenders that mostly exposed to injuries, 10 (40%) of the players were midfield that mostly exposed to injuries, 3 (12%) of the respondents were striker that mostly exposed to injuries and lastly, 1 (4%) of the respondents were goalkeeper that mostly exposed to injuries.

**Table 4: Frequency of injuries in players' positions**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Goal Keeper	1	4
Defender	11	44
Midfielder	10	40
Striker	3	12
<b>Total</b>	<b>25</b>	<b>100</b>

According to players responses obtained from open-ended questions, they had pointed out that the midfield and defenders were the players commonly injured in this study. This can be understood because soccer is more forceful in the midfield and the strength of the lower limbs is required to win the ball. The defenders put their lower extremities 'on the line' when defending a ball, hence they are more likely to be injured. The midfield was found to be more likely to incur foot and toe injuries compared with other positions. Tackling and running during matches for players in the midfield positions could be associated with injuries. Similarly, according to coaches and team physician responded that the midfielders and defenders were the players mostly injured in this study.

#### **4.2.CAUSES OF INJURIES**

In table 5 revealed that 19 (76%) of the players did not have awareness about the causes of football injuries and the rest 6 (24%) of the respondents have awareness about the causes of football injuries but had not deep knowledge about causes of injuries as players responses obtained from open ended questions.

**Table 5: Awareness about the causes of football injuries**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	6	24
No	19	76
<b>Total</b>	<b>25</b>	<b>100</b>

According to players, coaches and team physician responses obtained from open-ended questions, they had also pointed out that the causes of football as follows:

- ✓ Inappropriate footwear (shoes, ankle protection, and shin guard),
- ✓ Lack of physical fitness
- ✓ Inadequate warm-up, cooling down and stretching
- ✓ Nutritional deficiency,
- ✓ Lack of adequate rehabilitation,
- ✓ An age, which is not adapted to high competition,
- ✓ Clubs lack awareness in possessing team physician and poor understanding of the injury's occurrence would play a role in its aggravation of injuries.

According to the discussants, the state of the pitch has been the most frequently reported causes of the soccer injuries, followed by over training and violent game.

As shown in table 6, 5 (41.7%) of the players running mechanism, 4 (33.3%) of the respondents collision mechanism, 3 (25%) of the respondents jumping were mechanism which players were commonly injured during training period. With regard to competition period, 17 (50%) of the respondents collision mechanism, 7 (20.6%) of the respondents jumping mechanism, 2 (5.9%) of the respondents heading mechanism; the rest 2 (5.9%) of the respondents turning were mechanism which players were commonly injured during the competition period. These results revealed that most players' faced at different mechanisms (types of activities) leads to injuries during competition period rather than a training period.



**Table 6: Frequency of injury mechanism (types of activities)**

Mechanisms	Training period		Competition period	
	Frequency	Percent	Frequency	Percent
Running	5	41.7	6	17.6
Jumping	3	25	7	20.6
Heading	0	0	2	5.9
Turning	0	0	2	5.9
Collision	4	33.3	17	50
<b>Total</b>	<b>12</b>	<b>100</b>	<b>34</b>	<b>100</b>

Table 7, illustrates that 15 (60%) of the players revealed that they were absent for 1-3 days (minor), 5 (20%), of the respondents revealed they were absent for 4-7 days (Mild), 3 (12%) of the respondents revealed that they were absent for 1-4 weeks (moderate) and 2 (8%) of the respondents responded were greater than 4 weeks (sever) players had been absent for training or competitive matches because of injuries respectively.

**Table 7: Frequency of players absent (injury severity)**

Variables	Frequency	Percent
1-3 days (Minor)	15	60
4-7 days (mild)	5	20
1-4 weeks (moderate)	3	12
>4 weeks (Sever)	2	8
<b>Total</b>	<b>25</b>	<b>100</b>

Therefore, these results revealed that most players absent for 1-3 days (minor) during training/competition session in this study.

#### 4.3.PREVENTION OF INJURIES

As can be seen in table 8, 24 (96%) of the players did not wear appropriate shoes, ankle protection and shin guards during training or competition sessions, 1 (4%) of the respondents revealed that have worn appropriately.

**Table 8: Frequency of appropriate sportswear during training period**

Variables	Frequency	Percent
Yes	1	4
No	24	96
<b>Total</b>	<b>25</b>	<b>100</b>

According to players responses obtained from open ended questions, there was no supply of appropriate sport wear (ankle protection and shin guards) for training or competition because of financial problems. However, during the match or competition, they are given shoes, but after the end of the competition they return it to the store. Moreover, information from observation and open-ended comments, the majority of players were attending their training with different color, quality and standards of sportswear. As information gained through the above instruments, players sportswear is supplied from their family. The quality and standard of sportswear also differ based on the supply of their family. However, the players are given sportswear from their club only for the purpose of competition because of financial problems. Therefore, these reasons might be increase the players' injuries.

With regard to players sport wear concerning to injury, 2 (66.7%) of the club administration claimed that poor sport wears and on the other hand 1 (33.3%) of the respondents reported good players sport wear concerning to injury.

As the data collected revealed that in table 9, 19 (76%) of the players responded that training and competition shoes were discomfort able, 4 (16%) of the respondents revealed that training and competition shoes were comfort and 2 (8%) of the respondents said that training and competition shoes were always comfortable.

**Table 9: Frequency of training and competition shoes**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Always comfortable	2	8
Comfortable	4	16
Discomfort able	19	76
<b>Total</b>	<b>25</b>	<b>100</b>

In table 10, application of warm-up, cool down, and stretching exercise before and after training exercises, 15 (60%) of them did not perform well and 10 (40%) of players were responded that perform warm-up, cool down, and stretching before and after training exercises.

**Table 10: Frequency of warm-up, cool down and stretching exercise**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	10	40
No	15	60
<b>Total</b>	<b>25</b>	<b>100</b>

Even though players responded that warm-up, cool down and stretching exercise did properly; but did not have deep knowledge about the value of warm up and cool down and stretching exercise data revealed from open-ended questions. In addition, data from open-ended questions shows that there were awareness difference or gap between players about warm-up, cool down, and stretching exercise. From observation in the training area, coaches do not lead and follow the warm-up, cool down, and stretching phase. As a result, players were not warm-up properly merely they stretch without proper jogging and rushing to the balls.

As shown in table 11, 21 (84%) of the respondents did not perform strength training; while only 4 (16%) of the players perform strength training in the gymnasium.

**Table 11: Frequency of doing strength training in the gymnasium**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	4	16
No	21	84
<b>Total</b>	<b>25</b>	<b>100</b>

According to the players responses gathered from open-ended questions asked about performing strength training in the gymnasium most of the players responded not performed strength training in the gymnasium, the reason was lack of gymnasium facilities, financial standards of the team, awareness and it leads to wastage of time to address every single player in the club as much training as every player was needed and also affecting individual interest for the sport so that it may decrease the number of potential players and a few players were perform strength training in gymnasium by themselves. Even though most of the respondents would believe to have training in gymnasium to bring about changes, but the reality is that there is only one private gymnasium that hosts the training in Assela, so most players had no

chance to get training in the place they need. Thus, this would indicate that the shortage of gymnasium is one of the problems.

As shown in table 12, 24 (96%) of the players had not eat appropriate diet before and after the training session, while only 1 (4%) of the players had some time. Thus, these results reflect that the club was supply inappropriate diet eat before and after the training session.

**Table 12: Frequency of appropriate diet eat before and after the training session**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	0	0
Some time	1	4
No	24	96
<b>Total</b>	<b>25</b>	<b>100</b>

As the coaches, club administrator and team physician' responses indicated that to minimize the potential causes of players' injury the following points were mentioned:

- Players should aware about the main causes of soccer injuries such as tackling, collision, heading, jumping, landing, turning, overuse and fair play.
- Relating playing ground or field, it was not only our problem, but as a country, there were problems as much as possible, we used Assela Green Stadium and Cilalo Terara Secondary School.
- Players should do the warm up and cool down, and stretching properly before and after exercises.
- Coaches should follow the proper training principles in improving performance without harming players beyond their capacity.
- Players should have checked their medical status and aware of themselves, and see doctors if the pain happens in any way
- Athletes should have proper sportswear, especially the shoes as it creates of his/her training comfortable

- Aware to avoid any pain of the players immediately as pain feels through orthopedists or sport physicians.

According to the FGDs discussants, results indicated that the major prevention methods of the players' injuries were:

- ✓ Using appropriate shin guards, ankle protections and shoes
- ✓ Performing sufficient warm-up, cool down and stretching
- ✓ Adequate endurance, nutrition, rehabilitation,
- ✓ Using adequate first aid materials and good qualified team physician practitioners.
- ✓ Train on good playground

#### 4.4. TREATMENT OF INJURIES

Table 13, illustrated that of the responsible person to treat injured players'. Accordingly, 11 (44%) of the respondents (players) had responded that their team physician were responsible, 10 (40%) all are responsible, 3 (12%) athlete them self and lastly 1 (4%) coaches. So the player's responses indicate that all the club stakeholders should have responsible to treat injured players.

**Table 13: Frequency of players' injuries responsible to treat**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Coaches	1	4
Athlete	3	12
Team physician	11	44
All	10	40
<b>Total</b>	<b>25</b>	<b>100</b>

The results in table 14, clearly show that 23 (92%) of players responded that their team physician had no present always where as 2 (8%) of respondents that their team physician have present. These results indicate that the team physicians yet not present always training or competition session so reason might expose for different injuries.

**Table 14: Frequency of team physician present during training or competition session**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	2	8
No	23	92
<b>Total</b>	<b>25</b>	<b>100</b>

According to the players' responses gathered from open-ended questions asked about the presence of team physician, the respondents answered that they have not had physicians because of the financial problems. Clubs lack awareness on the necessity of possessing team physician and the club had a poor understanding that of injury would result in further complications

As the data collected from interviews with team physician also indicated that he was not present at all training sessions because mostly spend his time in coaching jobs; consequently, some injuries may occur in his absence.

As a focus group discussion (discussants) responses revealed that team physician was not often present during training sessions and players could not obtain first aid, but if there was a competition or match some time present and consequently some injuries may occur in his absence.

As table 15 data indicated that 2 (66.67%) of the club administrators had no team physician and 1 (33.33) of the respondents revealed that yes.

**Table 15: Frequency of the club had team physician**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	1	33.33
No	2	66.67
<b>Total</b>	<b>3</b>	<b>100</b>

Table 16, illustrates that 15 (60%) of the players had got traditional treatment, 4 (16%) of the players have got medical treatment, 3 (12%) of the players have got self treatment, 2 (8%) of the players did not benefit at all from any treatment and lastly 1 (4%) of the players have got Physiotherapy.

**Table 16: Frequency of treatments received during injury**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Medical	4	16
Physiotherapy	1	4
Traditional	15	60
Self treatment	3	12
None	2	8
<b>Total</b>	<b>25</b>	<b>100</b>

Table 17 outlines the investigated reasons leading to the inaccessibility of physiotherapy services. Financial problem, lack of awareness and none contributed unequally to inaccessibility. Out of 25 players, 14 (56%) players mentioned that the inaccessibility was due to the lack of awareness (information) from their team medical practitioners, 2 (8%) were reported that the lack of financial means led to the inaccessibility of physiotherapy services, and finally, 9 (36%) of respondents revealed none physiotherapy services available in their respective places.

**Table 17: Frequency of treatments not received**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Financial problem	2	8
Lack of awareness	14	56
None	9	36
<b>Total</b>	<b>25</b>	<b>100</b>

### **Kind of first aid player obtains during training or competition session**

According to players, coaches and team physician responded that first aid services included here:

- ✓ Traditional massage
- ✓ RICE (**R**est, **I**ce / cold, **C**ompression and **E**levation)
- ✓ Joint mobilization and stretching

Most of them reported that traditional massage, ice and rest as most treatment provided to injured players during training or competition session. However, almost all players reported that they associated treatment with not good follow-up and health education, even if the lack of equipment and financial deficiency interfered. All (100%, respondents) soccer players reported that treatment plays a crucial role in management of soccer injuries in Assela town soccer club and it is of utmost importance to have these services available.

Almost all of the coaches responded that team physician already have to treat player’s injuries, even though the team physician present was not qualified with related subject rather than experiences.

These indicated that the treatments were given when players injured, but this means the players treated not by professional team physician used their coaches, traditional and other person who had experienced this implies that the players more exposed to injuries.

Table 18 illustrates the accessibility of physiotherapy services to soccer players. Out of 25 players, 20 (80%) of the players reported that they never had access to physiotherapy services when required. Only 5 (20%) of the players reported that they often or always had access to physiotherapy services however, Players themselves have got physiotherapy services.

**Table 18: Frequency of physiotherapy services**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	5	20
No	20	80
<b>Total</b>	<b>25</b>	<b>100</b>

Table 19 revealed that the need of physiotherapy treatment, according to soccer players. Out of 25 players ranged from strongly agree to strongly disagree whereas 17 (68%) of the respondents ranged strongly agree, 6 (24%) of the respondents ranged agree, 2 (8%) of the respondents ranged disagree and no one of the respondents ranged strongly disagree regarding their need for physiotherapy treatment services.

**Table 19: Frequency of physiotherapy treatment required**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Strongly agree	17	68
Agree	6	24
Disagree	2	8
Strongly disagree	0	0
<b>Total</b>	<b>25</b>	<b>100</b>



As indicated in the table 20, all of the coaches (2, 100%) responded that there were no enough first aid materials. As the data collected indicates that in this club there is no sufficient equipment and the existing manpower is also unskilled to treat and prevent the injury of players.

**Table 20: Frequency of enough first aid materials**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	0	0
No	2	100
<b>Total</b>	<b>2</b>	<b>100</b>

Similarly, 3 (100%) of the club administrators responded that there was no enough first aid materials. According to the club administrators responses gathered from open-ended questions asked about first aid materials. As the data collected indicates that in this club there was no sufficient first aid materials and the existing manpower are also unskilled to treat and prevent the injury of players as well as there were financial and awareness problems.

As well as the team physician and discussants responses revealed that there were no enough medicines and first aid materials to help injured players. Because of the club had financial and awareness problem.

As the team physician (the club used as team physician) revealed that there were a number of challenges faced to treat injured players among them:

- Lack of first aid materials,
- Lack of continuing training
- Club lack awareness in possessing team physician

Table 21, as the researcher and assistant observed that adequate equipment and facilities during training session were very poor, the application of training (warm up, cool down and stretching) was poor, convenience of training field/ playing ground was poor, Providing first aid if happen, injuries was very poor and the availability of first aid materials was very poor.

**Table 22: Observation checklist during coaching in training field**

No	Activities	Excellent	Very good	Good	Poor	Very poor
	Rating	5	4	3	2	1
1	Adequate equipment and facilities during training session					X
2	Application of training (warm up Cool down, stretching) and etc.				X	
3	Convenience of training field/ playing ground				X	
4	Providing first aid if happen, injuries					X
5	The availability of first aid materials					X

## **CHAPTER FIVE: DISCUSSION OF THE FINDINGS**

The aim of this study was to examine the perceived cause, prevention and treatment of players' injuries in Assela town football club. This chapter discusses the perceived causes of soccer injuries, by looking at the injury prevention and treatments of injuries. The discussion is based on comparison with other studies. The findings are the results of the information gathered from soccer players, coaches, club administrators and team physician. The findings of the analyses are integrated and discussed in this section. The discussions of the findings were made in relation to the research questions posed. That is to say, the organizations of the discussions were made in a way to address the objectives of the research questions.

### **PATERN OF INJURIES**

In this study players revealed that more than 72% of the players responded that most injuries happened during competition than training period. Similarly, according to Janvier (2004) 5 out of 7 Rwandan team medical practitioners reported that soccer injuries were more prevalent during competition than training sessions.

The results of this study revealed that more than 80% of the respondents responded that the lower body part injuries such as ankle, knee and heel observed in any training or competition season. The body sites prone to soccer injuries did not differ from those found in various literatures. By summing up injury frequencies reported to ankle, knee and other remaining lower extremity parts, the findings of this study agreed with similar studies that have found lower extremity injuries as representing 60%-87% of the total injuries incurred by soccer players (Hawkins et al., 2001; Lyon, 2001; Morgan & Oberlander, 2001; Rahnama et al., 2002).

The defenders and midfielders were the players commonly injured in this study. This can be understood because soccer is more forceful in the midfield and the strength of the lower limbs is required to win the ball. The defenders put their lower extremities 'on the line' when defending a ball, hence they are more likely to be injured. The midfielders were found to be more likely to sustain foot and toe injuries compared with other positions. Tackling and running during matches for players in the midfield positions could be associated with injuries. Although other studies was reported that defenders and midfielders are injured more in relation to other positions of play, the location of injuries was not related to player position (Dvorak & Junge, 2000).

Other studies have shown contradictory results, with some studies reporting that strikers and forward players were more susceptible to injury than other players (Andersen et al., 2004; Árnason et al., 1996).

### **CAUSES OF SOCCER INJURIES**

The results of this study further revealed that the causes of injuries observed were inappropriate footwear (ankle protection, and shin guard), lack of physical fitness, inappropriate playground, inadequate warm-up, cool down, stretching lack of adequate rehabilitation, lack of adequate nutrition (inappropriate diet. In another study, it was reported that Extrinsic factor, also called external environmental risk factors, (Bahr & Holme, 2003) include training methods, the surface upon which the sport is played, equipment such as footwear and padding, and environmental factors such as the weather. In addition to these, Grath & Ozanne (1997) added pre-season conditioning whereas Rahnama et al. (2002), in their study, found that playing action, zone of pitch, periods of the game were also among extrinsic factors influencing injuries.

### **PREVENTION OF INJURIES**

The results of this study further revealed that the major prevention method of the player's injuries was using appropriate shin guards, ankle protections and shoes, Performing sufficient warm-up, cool down and stretching, adequate endurance, nutrition, rehabilitation, using adequate first aid materials and good qualified team physician practitioners and train on good playground. In another study, it was reported that a set of sporting program such as warm-up, stretching, protection and suitable equipment, appropriate surface as well as appropriate training, adequate recovery, psychology and nutrition have been designed as main components of injury prevention and rehabilitation (Brukner & Khan, 2003).

Protective equipment has been designed to shield various parts of the body against injury without interfering with the sporting activity. Protective equipment can also be used to return to activity after injury in situations where direct contact may aggravate the injury (Brukner & Khan, 2003). However, the use of protective equipment (shoes, shin guard, ankle) by Assela soccer players was very critical. Despite the importance of protective equipment in injury prevention and their compulsory wearing in both training and competitions as recommended by FIFA in 1990, in this study revealed that only 1 out of 25 players were prevalent users and 24 players not used.

The results of this study further revealed that, 60% of players were never performed warm-up, cool down and stretching exercise before and after training exercises. However, John, Michael and Helen (2000) suggest that warm-up should start with jogging to gently raise the pulse rate. And this is followed by stretching by giving particular attention to joints and muscles that will be most active. Therefore, coaches should follow and guide while the players warm-up and stretching and create awareness about the advantage of proper warm-up or limbering-up exercise.

Cool-down exercise is the third phase of the training session. This exercise has been done at the end of the training session because it helps to prevent players (trainees) from blood pooling and muscle damage. It is in this phase, players are relaxed both physically and mentally from the stress of the main session. This implies that players could easily susceptible to dizziness and muscle damage. In line with this idea, John, Michael and Helen (2000) states that if muscle action stops suddenly the amount of blood returning from skeletal muscle to the heart drops dramatically. This intern reduces the stroke volume and causes a drop in blood pressure, making in the athlete dizzy and light headed.

According to Brukner & Khan (2003), nutrition aids recovery from intense exercise by replenishing glycogen stores and by providing the necessary protein and water. Referring to the findings on nutritional intake in this study, less attention was given to nutrition before and after the training session. Although, the results of this study revealed that 96% of the players had not eat appropriate diet before and after the training session. If nutrition were to play a big role in injury prevention, this would explain the high injury prevalence reported in the current study generally and more training and competitive injuries specifically.

The results of this study revealed that the team physician practitioners could be explained by the fact that in the Assela town soccer context, team physician practitioners are not often present during training or competition and consequently some injuries may occur in their absence. The authors in a previous study also agree that the limited training attendance of team medical practitioners may lead to underestimation of minor injuries causing players to miss one or two training sessions (Arnason et al., 2004). The authors further stated in their study that, only physical therapists were present before, during and after matches and that, very few teams had a

team physician present during matches or training sessions. In Assela therefore, if medical practitioners are absent during training sessions, it is due to lack of finances in the team and consequently the inability to employ team medical practitioners.

## **TREATMENT OF INJURIES**

The results of this study revealed that traditional treatment presented a higher during training and competition session than the other three (self treatment, medical treatment and Physiotherapy) treatments. Each of the above treatments could not be used in conjunction with other treatments that revealed in this study. Contradict with another study, it was reported that when one treatment was used, there was a possibility of also using other treatments. The study revealed that, physiotherapy was classified third as a method of management after medication and self-treatment. The third ranking of physiotherapy was similar to the findings observed in a previous report after self and traditional treatments (Hakizimana, 2002). As well as, traditional massage, Ice / cold, compression, Joint mobilization, elevation, stretching and rest treatment approaches which were mainly used in both training and competitive sessions in this study were similar to the Secondary injury countermeasures consisting of PRICER, matched with the use of joint mobilization, rest, ice, compression, soft massage, compression and elevation treatment approaches which were mainly used in both training and competitive sessions in this study (Janvier, 2004).

## CHAPTER SIX: CONCLUSION AND RECOMMENDATION

### 6.1.CONCLUSION

The main objective of this study was to examine the perceived cause, prevention and treatment of football players' injuries in Assela town football club. Besides this, the target populations of the study were a football players, coaches, club administrators and team physician. The cross sectional design was used, however, it is worth mentioning that these findings might limit because of over a short period data collection. Despite these limitations, the study came up with the following important findings.

- Most players injured during the competition season; players injured lower body part such as ankle, knee and heel by means of tackling, collusion, running, jumping and charging this reasons exposed players during competition rather than a training session.
- The prolonged work of training, inappropriate sportswear's, inadequate warming up, cool down, lack of adequate physical fitness and rehabilitation, lack of adequate nutrition, inappropriate playground, hard surfaces, misunderstanding of training principles and lack of qualified team physician practitioners were the causes of injuries.
- Most players did not have awareness about the causes of football injuries
- The nutrition that players eat appropriate before and after the training session had found inadequate. As the study showed that player's food item before training inadequate means the players easily exposed to different injuries.
- Although treatment showed its effectiveness to prevent (counter) those common soccer injuries, Assela town soccer players still had got traditional treatment services sufficiently to help. This means that the players treated not by a professional team physician, this implies that the players more exposed to injuries.
- There was no sufficient first aid materials and the existing manpower were also unskilled to treat and prevent the injury of players; Because of the club had financially and awareness problem.

## 6.2. RECOMMENDATIONS

Based on the finding of the perceived causes, prevention and treatment of players' injuries in Assela town football club, the following possible solutions are suggested in hopes that the problems would be resolved.

- ❖ Players should aware about the main causes of soccer injuries.
- ❖ Players should do the warm up, cool down and stretching properly before and after exercises.
- ❖ Coaches should follow the proper training principles in improving performance without harming players beyond their capacity
- ❖ The players should get appropriate nutrition and sport wears (shoes, ankle protection and shin guards).
- ❖ Prevention of injuries should always be a right of way and is even more important when treatment possibilities are limited.
- ❖ Assela football club should have a professional team physician and sufficient first aid materials.
- ❖ Assela town football club stakeholders have to encourage and facilitate the implementation of injury prevention strategies to counter the causes of soccer injuries as revealed by the present study.
- ❖ Finally, detailed research is necessary to identify the perceived causes, prevention and treatment of players' injuries as a country as well Assela town football players.



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## APPENDIX-A

JIMMA UNIVERSITY

COLLEGE OF NATURAL SCIENCE

SCHOOL OF GRADUATE STUDIES  
DEPARTMENT OF SPORT SCIENCE

ACADEMIC YEAR 2006 E.C

The purpose of this questionnaire is designed to gather data on the causes, prevention and treatment of football sport injuries in an Assela Town club. Since the success of the study depends upon the responses that you provide, I will ask your genuine and accurate response to each of the items. I would like to assure you that your response and answers remain strictly confidential.

**Thank you in advance!**

**Please don't write your name**

### **PART ONE: BACKGROUND INFORMATION**

**Instruction one:** - Please respond your own background information by circling the number of your choice.

**Your age:** 1. Bellow 18      2. 19-20      3. 21-25      4. 26-30      5. Above 30

**Years of Experience in this club**

1. Bellow 1      2. 2-3      3. 4-5      4. Above 5

**Players' position:** - 1. Goalkeeper    2. Defender      3. Midfielder      4. Striker

**Instruction two:** - Please respond to the following questions either by circling the number of your choice or writing a complete answer in the space provided.

### **PART TWO: PATTERN OF INJURIES**

1. In which training period, mostly injuries happened?

1. Pre competition period      2. Competition period      3. Transition period

2. Which body parts, sustained injury, mostly?
  1. Upper body part (please list them \_\_\_\_\_)
  2. Lower body part (Please list them \_\_\_\_\_)
3. Which players' positions are mostly exposed to injuries?
  1. Goalkeeper    2. Defender    3. Midfielder    4. Striker

**PART THREE: CAUSES OF INJURIES**

4. Do you have awareness about the causes of football injuries?
    1. Yes                    2. No                    If you say "yes" list them \_\_\_\_\_
- 

5. Which were the injury mechanisms (types of activities) in the following training and competition periods? (One or more answers are possible).

<b>Training period</b>		<b>Competition period</b>	
1	Running	1	Running
2	Jumping	2	Jumping
3	Heading	3	Heading
4	Turning	4	Turning
5	Collision	5	Collision

6. How long have you been absent for training or competitive matches because of injury?
  1. 1-3 days (Minor)    2. 4-7 days (mild)    3. 1-4 weeks (moderate)    4. >4 weeks (Sever)

**PART THREE: PREVENTION OF INJURIES**

7. Do you wear appropriate shoes, ankle protection and shin guards during training or competition sessions?
    1. Yes            2. No            if you say "No" why? List them \_\_\_\_\_
- 

8. How do you feel your training and competition shoes?
  1. Always Comfortable    2. Comfortable    3. Discomfort able

9. Have you warm-up, cool down, and stretching exercise before and after training?
  1. Yes    2. No    if you say "yes" please specifies its value \_\_\_\_\_

10. Do you perform strength training in the gymnasium?

1. Yes    2. No    if you say “No” why? Please specify its \_\_\_\_\_
- 

11. Do you eat appropriate diet before and after the training session?

1. Yes                      2. Sometime            3. No

**PART FOUR: TREATMENT OF INJURIES**

12. Who is responsible to treat injured players’?

1. Coaches            2. Athletes            3. Team physician    4. All

13. Does the team physician present during training or competition session always?

1. Yes                      2. No

14. What kind of treatment did you receive during injury? (One or more answers are possible).

1. Medical    2. Physiotherapy    3. Traditional    4. Self treatment    5. None

15. What kind of first aid did you obtain during training or competition session? If you faced injuries, \_\_\_\_\_

---

16. Did you get physiotherapy services when it requires?

1. Yes                      2. No

17. If your answer for Q 17 is “No” what were the reasons?

1. Financial problem    2. Lack of awareness    3. None

18. Do you think physiotherapy treatment was needed/ helpful for your injuries?

1. Strongly agree    2. Agree    3. Disagree    4. Strongly disagree

**Thank you for your cooperation!**



APPENDIX-B

ጅማ ዩኒቨርሲቲ

የተፈጥሮ ሰይንስ ኮሌጅ

የድረ ምረቃ ትምህርት ክፍል

የስፖረት ሰይንስ ክፍል

2006 ዓ.ም የትምህርት ዘመን

ይዚህ መጠይቅ ጠቀሜታዊ በአሰላ ከተማ የእግረ ኳስ ክለብ ላይ የተጫዋቾች ጉዳት መንሰዕዎች፣ መከላከሊዎች ና ህክምናዎች ዙሪያ መረጃዎችን ለማስባሰብ ነው። በመሆኑም ከስረ ለተዘረዘሩት መጠይቆች ዕያንዳዱን በማንበብ ትክክለኛውን መልስ ይፃፉ። የጥናቱ ዉጠታማነት የተመሰረተዉ በእረሶ መልስ ላይ መሆኑን መልሰዉን ሚስጥራዊ ይሁን።

**ክልብ አመሰግናለሁ!**

**ስም መፃፍ አያስፈልግም**

**ክፈል አንድ:** ስለ ራስዎ መሰረታዊ መረጃዎችን

**ትእዛዝ አንድ:** እባኮህን ስለ ራስዎ መሰረታዊ መረጃዎችን የተሰጠዉን ቁጡሩ በማክበብ ወይም በባዶ ቦታ ላይ በመፃፍ ይመልሱ።

**እድሜ:**

- 1. ከ 18 በታች
- 2. 18-20
- 3. 21-25
- 4. 26-30
- 5. ከ 30 በላይ

**በዚህ ክለብ ዉስጥ ስንት አመት ልምድ አለህ**

- 1. ከ1 በታች
- 2. ከ 2-3
- 3. ከ 4-5
- 5. ከ 5 በላይ

**የምትጫወትበት ቦታ:** 1. ግብ ጠባቂ 2. ተከላካይ 3. አማካኝ 4. አጥቂ

**ትእዛዝ ሁለት:** እባኮዎን የሚከተሉትን ጥያቄዎችን በትክክል ያንብቡና ትክክለኛዉን መልስ ቁጥሩን በማክበብ ወይንም መልስ መስጫ ቦታዎች ላይ መልስ ይስጡ።

**ክፈል አንድ:** የጉዳዮዎች ሁኔታ

- 1. ብዙዉን ጊዜ ጉዳት የሚያጋጥመዉ በዬትኛዉ የልምምድ ወቅት ነዉ?
  - 1. በቅድመ ዉዱዱረ ወቅት
  - 2. በዉዱዱረ ወቅት
  - 3. በሽግግረ ወቅት

2. አብዛኛውን ጊዜ የትኛው የሰውነት ክፍል ላይ ነው ጉዳት የሚያጋጥም ?

1. የላኛው የሰውነት ክፍል እባኩን ይዘረዝረው- \_\_\_\_\_

2. የታችኛው የሰውነት ክፍል እባኩን ይዘረዝረው \_\_\_\_\_

3. በአብዛኛው ጊዜ ለጉዳት የሚጋለጠው የት ቦታ የሚጫወተው ተጫዋች ነው?

1. በበረኝነት    2. በተከላካይ    3. በአማካኝ    4. በአጥቂ

**ክፍል ሁለት: የጉዳት መንስኤዎች**

4. ስለ እግረ ኳስ ጉዳት መንስኤዎች ግንዛቤዎ አለህ?

1. አዎ            2. የለኝም            አዎ ከልክ እባኩን ዘረዝራቸው \_\_\_\_\_

5. ከሚከተሉት የልምምድ/ ወደድረ ወቅት ያጋጠመህ የጉዳት መንስኤ የትኛዎቹ ናቸው?

በልምምድ ወቅት		በወደድረ ወቅት	
1	ስሮጥ	1	ስሮጥ
2	ሰዘል	2	ሰዘል
3	በግንባረ ስገጭ	3	በግንባረ ስገጭ
4	ስዞር	4	ስዞር
5	ስጋጭ	5	ስጋጭ

6. በጉዳት ምክንያት ከልምምድ / ከወደድረ ላይ ለምን ያህል ጊዜ ቀርተህ ታወቃለህ ?

2. ከ 1-3 ቀን    2. ከ4-7 ቀን    3. ከ 1-4 ሳምንት    4. ከ 4 ሳምንት በላይ

**ክፍል ሶስት: የጉዳቶቻችን መከላከያዎች**

7. በትሬንግ / በወደድረ ወቅት ምቹ የሆነ ጫማ፣ የጉልበት መከላከያና የቅልጥም መጋጫ በአግባቡ ታደረጋለህ?

1. አዎ            2. አላደረግም            አላደረግም ካልክ ለምንድነው? እባኩን ዘረዝራቸው \_\_\_\_\_

8. ለልምምድ / ወደድረ የምታረገው ጫማ ምቹነቱ ምን ያህል ነው?

1. ሁሌም ይመቻል    2. ይመቻል            3. አይመቻም

9. ከልምምድ በፊትና በሕክላ ሰውነት ሟሟቂያ፣ ማቀዝቀዥና ማሳሳቢያ እንቅስቃሴ ትሰራላችሁ ?

1. አዎ            2. አንሰራም            አዎ ካልክ ጠቀሜታውን እባኩን ይዘረዝሩ \_\_\_\_\_

10. በጅምናዝዬም ውስጥ የጥንካሬ ልምምድ ትሰራላችሁ?

1. አዎ            2. አልሰራም

11. ከልምምድ በፊትና በኋላ ተስማሚ ምግብ ይመገባሉ?

- 1. አዎ
- 2. አንዳንዴ
- 3. የለም

**ክፍል አራት: የጉዳት ህክምናን የተመለከተ**

12. የተጎዳትን ተጫዋቶች መንከባከብ የማን አላፊነት ነዉ ?

- 1. አሰልጣኙ
- 2. ተጫዋጩ
- 3. የብድኑ ሃኪም
- 4. ሁሉም

13. የብድኑ ሃኪም በትሬንግ / ዉድድረ ወቅት ሁሌ ይገኛል?

- 1. አዎ
- 2. አይገኝም

14. ጉዳት ባጋጠመህ ጊዜ ምን አይነት ህክምና አግኝተሃል ? (ከአንድ በላይ መመለስ ይቻላል)

- 1. በህክምና
- 2. በአካል እንቅስቃሴ ህክምና
- 3. በባህላዊ
- 4. በራሴ
- 5. የለም

15. በልምምድ / ዉድድረ ወቅት ጉዳት ሲያጋጥምህ ምን አይነት የመጀመሪያ እረዳታ ህክምና አግኝተሃል ?

16. የአካል እንቅስቃሴ ህክምና አገልግሎት በሚያስፈልግ ጊዜ አግኝተሃል?

- 1. አዎ
- 2. አለገኝሁም

17. ለ16ኛዉ ጥያቄ መልስህ አላገኝሁም ከሆነ ምክንያቱ ምንድነዉ?

- 1. የገንዘብ ችግረ
- 2. የግንዛቤ እጥረት
- 3. አላዉቅም

18. ለገጠመህ ጉዳት የሰዉነት እንቅስቃሴ ህክምና አስፈላጊ/ ጠቃሚ ነዉ ብለህ ታስባለህ?

- 1. በጣም እስማማለሁ
- 2. እስማማለሁ
- 3. አልስማማም
- 4. በጣም አልስማማም

**ለትብብራችሁ ከልብ አመሰግናለሁ!!**



---

3. Write the common repetitive types of players' injuries? \_\_\_\_\_

---

***PART TWO: CAUSES OF INJURIES***

4. What are the main causes of players' injury during training or competition session? Please specify it \_\_\_\_\_

5. Do the athletes exercise by themselves beyond your training program?

1. Yes                                      2. No                                      If it is "yes" How it affect the players and training program? Please specify it \_\_\_\_\_

***PART THREE: PREVENTION OF INJURIES***

6. What's to be done to minimize the potential causes of players' injury? Please specify it \_\_\_\_\_

---

7. Do your players perform/undertake strength training in the gymnasium?

1. Yes                                      2. No

***PART FOUR: TREATMENT OF INJURIES***

8. Do you have a team physician to treat player's injuries?

1. Yes                                      2. No                                      If you say No why? Please specify it \_\_\_\_\_

---

9. What type of treatments gave when players injured? Please list them \_\_\_\_\_

---

10. Do you have enough first aid materials?

1. Yes                                      2. No

**Thank you for your cooperation!**



**PART THREE: PREVENTION OF INJURIES**

3. What type of preventative measures of injuries did you take? Please list them,

---

---

4. What's to be done to minimize the potential causes of football players' injury? Please list them

---

---

**PART THREE: TREATMENT OF INJURIES**

5. Do you have team physician?

1. Yes                      2. No                      If you say "No" why? Specify it \_\_\_\_\_

---

---

6. Do you have enough first aid materials?

1. Yes                      2. No                      If you say "No" why? Please specify it \_\_\_\_\_

---

---

**Thank you! For your cooperation**

## APPENDIX-E

JIMMA UNIVERSITY

COLLEGE OF NATURAL SCIENCE

POST GRADUATE STUDIES PROGRAM

DEPARTMENT OF SPORT SCIENCE

### Observation checklist

Name of the club \_\_\_\_\_ Training period \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

No	Activities	Excellent	Very good	Good	Poor	Very poor
	Rating	5	4	3	2	1
1	Adequate equipment and facilities during training session					
2	Application of training (warm up Cool down, stretching) and etc.					
3	Convenience of training field/ playing ground					
4	Providing first aid if happen, injuries					
5	The availability of first aid materials					



## **APPENDIX-F**

JIMMA UNIVERSITY

COLLEGE OF NATURAL SCIENCE

POST GRADUATE STUDIES PROGRAM

DEPARTMENT OF SPORT SCIENCE

### **Interview checklist/ questions for team physician**

#### **Background information of the team physician:**

**Sex:** 1. Male                      2. Female

**Educational status:** \_\_\_\_\_

**Years of experience in this team physician:** \_\_\_\_\_

#### ***PART ONE: PATTERN OF INJURIES***

- 1 Are you available in all training sessions? If you say “No” Please specify
- 2 Most of times, which body part of the players injured? Please specify
- 3 Which player's position, mostly injured in training or competition period? Please specify

#### ***PART TWO: CAUSES, PREVENTION AND TREATMENT OF INJURIES***

- 4 What types of injury causes did you observe in your experiences?
- 5 What types of challenges you to treat player’s injuries? Please specify
- 6 Do you think that the club has enough medicines and first aid materials to help injured players? Please specify
- 7 Do you think that the players have awareness about football injuries prevention?

**Thank you for your cooperation!**

**APPENDIX-G**  
**JIMMA UNIVERSITY**  
**COLLEGE OF NATURAL SCIENCE**  
**POST GRADUATE STUDIES PROGRAM**  
**DEPARTMENT OF SPORT SCIENCE**  
**ACADEMIC YEAR 2006 E.C**  
**FOCUS GROUP DISCUSSION FOR FOOTBALL PLAYERS COACH, CLUB ADMINISTRATORS AND TEAM**  
**PHYSICIAN**

The purpose of this focus group discussion is designed to gather data on the causes, prevention and treatment of football sport injuries: In Assela Town club. Since the success of the study depends upon the responses that you provide, I will ask your genuine and accurate response to each of the items. I would like to assure you that your response and answers remain strictly confidential.

**Thank you in advance!**

**Ground Rules**

- The information provided in the focus group must be kept confidential
- Stay with the group and please don't have side conversations
- Everyone should participate, Turn off cell phones if possible and Tea/coffee program
- The focus group will last about one hours, then Turn on Tape Recorder lastly there is per diem

**Questions:**

- 1 Let's start the discussion by talking about the main causes of football player's injuries during training and competition session?
- 2 Is there adequate first aid materials?
- 3 Discuss, in which training session mostly players injured?
- 4 Discuss, on the major prevention method of the player's injuries?
- 5 Discuss, does the team physician available during training and competition time?

**THANK YOU FOR YOUR COOPERATIONS!**