

Monitoring of sport injuries in young elite soccer players

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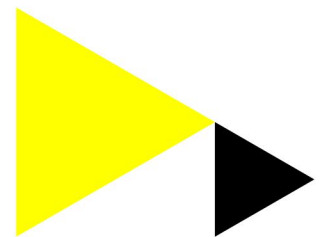
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Introduction Little information exists on the magnitude of injuries in elite development programs for young talented soccer players. The purpose of this study is to investigate the magnitude of the injury problem and to explore different monitoring methods. Methods During

a 5 month period (aug.– dec. 2014), 24 talented female soccer (mean age 17.2 ± 1.2) players filled in the OSTRC Overuse Injury Questionnaire (Clarsen et. al. 2014) on a 2-weekly basis to monitor injuries. In this questionnaire, 4 questions are used to monitor the severity (range 0 – 100) of any physical problem. Subsequently, all players were asked to retrospectively report all time-loss injuries after the 5 month period. Results The response rate over the 5 month period for the online OSTRC questionnaire was 97%. A total of 256 questionnaires were filled in by all 24 players. Based on the OSTRC questionnaire, 63 injuries were reported. The most common localisations were ankle (18%), knee (14%) and the front side of the upper leg (14%). Most injuries were acute (76%) and 24% of the injuries was a re-injury. The duration of injuries ranged from 0 to 71 days, with a median of 2 days. In total, 17 time-loss injuries were reported. The most common localisations of the time-loss injuries were the ankle (29%), the knee (17%) and the back side of the upper leg (12%). Time-loss ranged from 9 to 65 days, with a median of 31 days. The total burden of each injury, calculated by summing the severity score for each 2-week period, was higher in time-loss injuries (mean = 185 vs 38). The sum of the severity score correlated significantly with the duration of the injury problems ($r=0.91$, $p<0.001$). The sum of the score of only the first question of the OSTRC questionnaire (the existence of health problems) also correlated significantly with the duration of the injury problems ($r=0.91$, $p<0.001$). Discussion The presented data show that many reported injuries do not necessarily lead to time-loss. This indicates that participation in training and matches with physical discomfort is common. Future studies may investigate the risk of physical discomfort on future time-loss injuries. Finally, simplifying the OSTRC questionnaire will benefit monitoring in a practical setting, especially with younger athletes. Our findings suggest that the first question of the OSTRC questionnaire is representative for the total injury severity. This result can form a starting point for further research on practical and valid injury monitoring tools. Contact a.richardson@hva.nl