Assessing the Prevalence and Causes of Sport Injuries in Selected Ethiopian Premier League Football Clubs.

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This is to certify that the thesis prepared by Admasu Lemma, entitled:

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Acronyms and Abbreviations

A.A.U : Addis Ababa University.

A.D.A : American Dietetic Association.

A.M.D.R : Acceptable Macronutrients.

FIFA.: Federation of International De Football Association.

K.M.U: Kotebe Metropolitan University.

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ABSTRACT

The purpose of this study was to assess and evaluate the prevalence and causes of sport injures in selected Ethiopian premier league football clubs. For the implementation of the Study, a descriptive survey design was employed. The study subjects were selected from the availability samples. In this attempt, data were collected through questionnaires, structured interviews and observation check list. Consequently, the study demonstrated that the selected Ethiopian men's premier players ,coaches physiotherapists and technical staffs contributed for the study to be conducted by giving their own views regarding the raised issues were selected on the base of their own voluntary cooperation. The total number of players is 90 of these the researcher selected 3 of the clubs (i.e. 10× 3=30 One club has an average of 10 players). Of this total population, the researcher has taken 3 male Ethiopian male premier football clubs from this 30 male players selected from 3 Ethiopian male premier league football clubs by using Simple random sampling technique was used to select trainees. And, 6 club coaches, 3 physiotherapists and 3 club technical staffs also purposeful sampling technique was applied to gather data. They all, owing to their limited and manageable size, have been taken as a sample study subjects. The study also paid a thorough consideration to the players, coaches' physiotherapists and for the club technical staffs should contribute for the preventing prevalence and causes of sport injuries as a whole. Moreover, the players awareness about sport injuries ,the coaching system ,and roles of administrative bodies to work cooperatively, the facilities provided, the roles of coaches, lack of un proper using of protective sport equipment's including shin guards, warm up programs, attention to environmental conditions, first aid and rehabilitation, all other related issues are taken as focal point of the study to achieve these objectives and to detect the factors that hindered the concerned bodies the researcher included male players, coaches, physiotherapists and technical staffs and encouraged them all to involve themselves in the issues raised in terms of the prevalence and causes of sport injuries Their genuine responses are collected and used as analytical framework for the effective implementation of the study.

Key words: *-technical, physiological, psychological, physical, facility, Performance, title, introduction, sport injuries, methods, materials, analysis and conclusion.*

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CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

Sport injuries are injuries that occur when engaging in sports or exercise. Sport injuries can occur due to over training, lack of conditioning and improper form or technique falling to warm up increases the risk of sport injuries. Bruises, strain, sprains, tears and broken bones can results, ligaments tendons, fascia and bursa may be affected. (p.h.hong.2005.)

Football is the most popular sport in the world. As many as about 200 million individuals playing that game including about 200,000 professional players. The popularity professional football creates a big financial effect. At the same time football players are at a high risk of injuries the risks in professional football being about thousand times higher than industry workers. Every elite male player is supposed to be exposed to injury at least once in a year, which affects his performance. (Inklaar, 1994)

Football is characterized as vigorous high intensity intermittent ball and contact sport. The characteristics of football along with the required functional activities obviously places great demand on technical and physical skills of individual players. A direct blow from a soccer ball or a stray kick may result in fractures bruising or even death. Football players can also suffer from a range of overuse injuries associated with running, jumping, pivoting, heading and kicking of the ball. (Lewin G, 1989)

In the history of Ethiopian football from the very beginning of it emergency it is observable there was football injuries in the national team, club and other league football players. Due to these injuries players suffer a lot of problems especially premier league players has suffer majority of injuries. Injuries in Ethiopia premier league have increased in number.

Since it is sport characterized by intense physical contact, fast, non-continuous movement, such as acceleration, declaration, jumps and sudden changes of directions.

Prevention and onset of orthopedic injuries in soccer are based on intrinsic or personal factors such as age, previous injuries, articular instability, physical preparation and ability, while the extrinsic factors are exercise overload, excessive number of game, field quality, in adequate equipment and the game's rule violations (excessive fouls and moves).

It is evident that knowing the type of injuries it is anatomical localization and playing position of the players is important not only prevent injuries but also for selecting appropriate treatment. Thus the aim of the study is to assess injury prevalence in some selected Ethiopian premier league football clubs.

1.2. Statement of the Problem

During football games and practice due to the combination of high speed and full contact while overuse injuries can occurs. In Ethiopia premier league injuries can be occur due to many reasons, like lack of conditioning and technique, falling to warm up and cooling down, etc… In Ethiopia premier leagues different clubs suffer different types of injuries on their players the most injuries are like strains, sprains, tears and broken bones can result in the football players.

Depending on the above Ethiopia premier league football injuries prevalence and there is no research works regarding to injuries prevalence in Ethiopia primer league football club. Due to these reasons the research is going to be Assessing the prevalence and causes of sport injures in selected Ethiopian Primer league football clubs. In order to contribute possible solutions and results for the clubs.

1.3. Research Questions

The study is intended to assessing injury prevalence in some selected Ethiopian premier league football clubs. In order to Assessing the prevalence and causes of sport injures in selected Ethiopian Primer league football clubs the following basic research are formulated:

- ✓ What is seems the prevalence of injuries in Ethiopian premier league football clubs?
- ✓ What is the major cause of the injuries in the Ethiopian primer league football clubs?

- ✓ When they do the major causes of the injuries happens in the Ethiopian premier league football clubs?
- ✓ What are the types of injuries happen in the Ethiopian primer league football clubs?

1.4. Objective of the study

1.4.1. General Objective

The general objective of the study is to Assessing the prevalence and causes of sport injures in selected Ethiopian Primer league football clubs and seek further possible solution to minimize the challenges of injury in some selected Ethiopian primer league football clubs.

1.4.2. Specific Objectives

Specific objectives of the study would expect to:

- ✓ To assess the prevalence of injuries in Ethiopian premier league football clubs.
- ✓ To assess the major cause of the injuries in the Ethiopian primer league football clubs.
- ✓ To assess the major causes of the injuries happens in the Ethiopian premier league football clubs.
- ✓ To assess the types of injuries happen in the Ethiopian primer league football clubs.

1.5. Significance of the Study

The study is expected to:

- Identify the factors that hinder the sport injury prevalence of Ethiopian premier league football clubs.
- To examine the club managers to aware about sport injury prevalence.
- May help the club to aware about incidences and consequences of sport injuries.
- Pave the way for individuals who need to conduct further research.
- Suggest possible solutions to the players to know how to prevent sport injuries.
- The clubs helps to know the type of sport injuries and to give frequent treatment.

1.6. Delimitation of the Study

The study is delimited to the prevalence and causes of sport injuries in selected Ethiopian men's premier league football clubs in Addis Ababa in the case of three selected male football clubs (St .George football club ,,Defense football club, and Ethioelectric football).Ethiopian men's premiere league, It consists of sixteen (16) participant clubs are registered in Ethiopian Football Federation. Of these sixteen clubs, (16) , three(3) clubs are selected three. Totally, three male football clubs are included.

For the sake of assessing and evaluating the overall program, it seems mandatory and invaluable to make the study at a national level. However, because of the resource and financial constraints the researcher has obliged to undertake the study on the prevalence and causes of sport injuries in selected Ethiopian premiere league football clubs. Though the researcher has intended to work with those three male football participant clubs, in Ethiopian men's premier league football clubs. The study had been delimited to only the prevalence and causes of sport injuries in the selected Ethiopian men's premier league football clubs.

1.7. Limitations of the study

The most serious limitations are lack of reference materials, and other resources, including related researches in the context. Besides these, there are factors that may have negative influence on findings such as lack of accurately recorded profiles of athletes, unclear explanations in the documents, relatively short period of observation of actual training.

The injury prevalence occurred in such club are also intended to be seen in detail in this area of the research. The solution to be sought for the hindrance based on the club activity.

1.8. Operational Definitions

- Factors ⇨ the cause that product
- Sport ⇨ A human activity capable of achieving a result and physical skill which by its nature and generally accepted as being sport is formal competition that have rule and regulations and specific place.
- Physical Fitness ⇨ Is the body's ability to function effectively and efficiently.
- Injury ⇨ is damage to the body caused by external force.
- Sport injuries ⇨ injuries that occurs when engaging in sport or exercise.

- Football injuries ⇨ any physical compliant sustained by a player that result from a football match or football training ,irrespective for the need for medical attention or time loose from football activities(fuller et, al 2006).
- Injury preventation ⇨ The implementation of interventions to reduce the occurrence and severity of bodily injuries caused by external or internal mechanisms before they occur (Lawrence, 2008).
- Physiotherapy ⇨ also called physical therapy, is a dynamic profession with an established theoretical and scientific base and widespread clinical application in the preventation of injury, restoration, maintenance, optimal promotion of physical function (APTA, 2001).
- Team doctor ⇨ any person who provides firs aids during matches is referred as team doctor. Most of the super leagues use clinical officers or nurses and these are the once referred to as team doctor throughout the study.
- Mixed methods ⇨Mixed method involve investigation integrating qualitative and quantitative data collection and analysis in a single study(Creswell ,Fetters, Ivankova, 2004)
- Premier league ⇨ the football league in Ethiopia.
- Chronic injury ⇨ is an injury that recurs due to weakness or insufficient rehabilitation.
- Overuse injury ⇨ is an injury caused by excessive and repeated use of the same muscle bone, or join.

1.9. Organization of the Study

This study was organized into five chapters. The first chapter deals with the general background of the study and the underlined problem, objectives, research method, significance of the study, scope of the study, delimitation and limitation of the study, operational definitions of the terms used in the study and organization of the study. The second chapter includes the review of related literature. The third chapter reveals the research design and methodology. Chapter four focuses on the presentation and analysis of the data gathered and chapter five presents the summary, conclusions and recommendations of the study as a whole.

CHAPTER TWO
2. REVIEW OF RELATED LITERATURE

To develop the research, the researcher intended to use various reference materials. Especially reviews of literature that are designed based on the aim s of the study area. Therefore, a source of basic details on the youth soccer development the following extracts are going to be used in the courses of developing the content of the study as a core point. These are:

2.1. Sport injuries

Sport injuries are injuries that occur when engaging in sports or exercise. Sport injuries can occur due to over training, lack of conditioning and improper form or technique falling to warm up increases the risk of sport injuries. Bruises, staring sprains, tears and broken bones can results, ligaments tendons, fascia and Bursae may be affected. (P.H.Hong.2005)

2.2. Types of Sports Injuries

Sports injury can be of two types: acute and chronic. An injury that occurs suddenly, such as a sprained ankle caused by an awkward landing, is known as an acute injury. Chronic injuries are caused by repeated overuse of muscle groups or joints. Poor technique and structural abnormalities also contribute to the development of chronic injuries. Some of the more common acute and chronic injury in soccer sports include.

- ✓ Ankle sprain – symptoms include pain, swelling and stiffness.
- ✓ Bruises – a blow can cause small bleeds into the skin.
- ✓ Concussion – mild reversible brain injury from a blow to the head, which may be associated with loss of consciousness. Symptoms include headache, dizziness and short term memory loss.
- ✓ Cuts and abrasions – are usually caused by falls. The knees and hands are particularly prone.
- ✓ Dehydration – losing too much fluid can lead to heat exhaustion and heat stroke.
- ✓ Dental damage – a blow to the jaw can crack, break or dislodge teeth.
- ✓ Groin strain – symptoms include pain and swelling.
- ✓ Hamstring strain – symptoms include pain, swelling and bruising.

- ✓ Knee joint injuries – symptoms include pain, swelling and stiffness. The ligaments, tendons or cartilage can be affected.
- ✓ Nose injuries – either blood nose or broken nose, are caused by a direct blow.
- ✓ Stress fractures – particularly in the lower limbs. The impact of repeated jumping or running on hard surfaces can eventually stress and crack bone.

2.3. Classification of injuries

Injuries can be classified into three types: acute, chronic and overuse. An acute injury is one that occurs quickly and for which pain and loss of function is immediate. Acute injuries are classified according to how the injury occurred; either via a direct (external force) or indirect (internal force) mechanism.

Acute injuries can be further classified by the structure that is injured (e.g. bone, ligament, muscle, joint) and the nature of the injury (e.g. fracture, sprain, strain). For example, a netballer who changes direction suddenly may sprain their ankle. Chronic injuries tend to start out as acute in nature, and then recur as a result of Overuse injuries are caused by excessive and repeated use of the same muscle, bone or joint, and are usually diagnosed by the presence of inflammation and pain. These injuries tend to be prolonged, taking a long time to recover (such as shin splints and stress fractures). Around 80 per cent of all overuse injuries occur in the lower body. Overuse injuries may occur via: Internal causes e.g. muscle imbalance, anatomical problems such as poor posture External causes, e.g. training errors, incorrect technique, or uneven surfaces or hard running tracks. (Van Mechelen, 1992)

2.3.1. Acute injuries: soft and hard tissue

Soft tissue injuries are the most common in sports and include any damage to skin, muscles, tendons and ligaments. A tear occurs when connective tissue such as muscles, tendons and ligaments is excessively stretched or ruptured. A tear can be either a:

Strain: muscle or tendon, e.g. strained hamstring

Sprain: ligament, e.g. sprained ankle.

These injuries occur when the connective tissue fibers cannot cope with sudden acceleration in a sprint take-off) or when a joint is overextended (e.g during a side push on the knee during a football tackle). Strains and sprains are classified by the number of fibers torn and thus the

severity of the injury. The stress being placed on them (e.g. when a muscle contracts too quickly during the re-injury through a prolonged weakness or insufficient rehabilitation following the previous injury. Recurring hamstring strains in players are chronic injuries

Body area	**Injury type**
Head/neck	Concussion Facial fractures Neck sprains Other head/neck injuries
Shoulder/arm/elbow	Shoulder sprains and dislocations Acromio-clavicular joint injuries Fractured clavicles Other shoulder/arm/elbow injuries
Forearm/wrist/hand	Forearm/wrist/hand fractures Other forearm/wrist/hand injuries
Trunk/back	Rib and chest wall injuries Lumbar and thoracic spine injuries Other buttock/back/trunk injuries
Hip/groin/thigh	Groin strains/osteitis pubis Hamstring strains Quadriceps strains Other hip/groin/thigh injuries
Knee	Knee anterior cruciate ligament (CL) Knee medial CL or posterior CL Knee cartilage Other knee injuries
Shin/ankle/foot	Ankle sprains or joint injuries Calf strains Achilles tendon injuries Fractures/stress fractures of leg or foot Other leg/foot/ankle injuries
Other	Medical illnesses/non-football injuries

2.3.2. Indirect injury

An indirect injury can occur in two ways:

The actual injury can occur some distance from the impact site. For example, falling on an outstretched • hand can result in a dislocated shoulder.

The injury does not result from physical contact with an object or person, but from internal forces built • up by the actions of the performer, such as may be caused by over-stretching, poor technique, fatigue and lack of fitness. Ligament sprains and muscle strains and tears are examples of these injuries.

2.3.3. Overuse injury

Overuse injuries occur when excessive and repetitive force is placed on the bones and other connective tissues of the body. Little or no pain might be experienced in the early stages of these injuries and the athlete might continue to place pressure on the injured site. This prevents the site being given the necessary time to heal. Eventually the damage accumulates, and the injured site becomes inflamed, and therefore painful.

The symptoms of overuse injury often occur when there is a change in training practices (such as increasing training frequency or intensity), and the body is unable to deal with the new stresses that are placed upon it. A large number of overuse injuries results from poorly planned training programs in which the athlete is not given appropriate time to recover between intense sessions. (AG. Frederickson M: MR 2004)

Overuse injuries

Injury	Symptoms and signs	Possible causes	Management
Shin soreness	Tenderness Pain in shins Pain increases by running and jumping Swelling	Increased activity Poor footwear Postural imbalance Muscle imbalance	Decrease painful activity RICER Physiotherapy Correct footwear Orthotic control
Knee pain	Pain around knee Pain increased by sport, stairs, sitting, hills Swelling Discoloration	Increased activity Postural imbalance Poor footwear Muscle imbalance Growth spurt	Decrease activity RICER Physiotherapy Tape Correct footwear Orthotic control
Heel pain	Tenderness over heel Pain increased by running, jumping	Tight calf muscles Growth spurt Poor footwear	Decrease activity RICER Physiotherapy Stretching program Correct footwear Orthotic control
Shoulder pain	Pain on certain movements Reduced movement Local tenderness	Increased activity, e.g. swimming Poor technique, e.g. swimming, pitching, serving	Decrease activity RICER Physiotherapy Stretching program Exercises Modify activity
Elbow pain	Pain in and around elbow Pain increased by certain activities, e.g. shaking, lifting, gripping	Jarring Increased activity e.g. golf, tennis Muscle imbalance Poor technique Change of grip Lack of control	Decrease activity RICER Physiotherapy Stretching program Elbow brace Modify technique

A direct injury is caused by an external blow or force. Direct injuries can be caused by: a collision with another person (for example, during a tackle in rugby union) being struck with an object (for example, a cricket ball or hockey stick).

Examples of injuries that result from external forces include hematomas (‘corks’) and bruises, joint and ligament damage, dislocations and bone fractures of this bleeding aids recovery.

2.3.3.1. Hard-tissue injury

Hard-tissue injuries are those involving damage to the bones of the skeleton. They range from severe fractures and joint dislocations to bruising of the bone. A direct force can bruise a bone and cause bleeding between the outer layer of the bone and the underlying compact bone. This is common in a bone such as the tibia (shin) where there is little muscle tissue over the bone to absorb the force. (Jacobson, 84-91, 2007)

2.3.3.2. Types Hard-tissue injuries

2.3.3.2.1. Fracture

A **fracture** is a break in a bone. This can result from a direct force, an indirect force or repetitive smaller impacts (as occurs in a stress fracture).

If the skin over a fractured bone is intact, the fracture is described as ‘simple’ or ‘closed’. If the skin over a fracture is broken, the fracture is described as ‘open’ or ‘compound’. The skin might be broken either by the force of the injury that caused the fracture or by a piece of broken bone protruding through the skin. A fracture is described as ‘complicated’ if nearby tissues and/or organs are damaged.

In some cases, a simple fracture can be difficult to detect. The signs and symptoms of a fracture include:

- ✓ Pain at the site of the injury
- ✓ Inability to move the injured part
- ✓ Unnatural movement of the injured part
- ✓ Deformity of the injured part
- ✓ Swelling and discolorations
- ✓ Grating of bones.

Table 1. Types of fractures

Type of fracture	Definition	Associated factors
Closed	The bone is fractured but there is no cut or wound at the fracture site.	Bleeding remains concealed beneath the skin.
Open	A jagged end of the fractured bone protrudes through the skin or there is a cut near the fracture site.	Visible external bleeding occurs. Infection may enter the body and the bone through the cut. Infection will significantly delay healing and should be prevented.
Complicated	The fractured bone damages the local tissues; i.e. the organ(s) that it protects (e.g. a lung punctured by a fractured rib).	Seek medical assistance quickly as the damage to other structures may cause internal bleeding

2.3.3.2.2. Dislocations

Dislocations are injuries to joints where one bone is displaced from another. A dislocation is often accompanied by considerable damage to the surrounding connective tissue. Dislocations occur as a result of the joint being pushed past its normal range of movement. Common sites of the body where dislocations occur are the finger, shoulder and patella. (Jacobson, 2007)

2.3.3.3. Soft-tissue injury.

Three common soft-tissue injuries are tears, sprains and contusions.

Tears, sprains and contusions

A tear is a disruption of the fibers of a muscle or tendon. This can be tiny and microscopic (often called a strain). A tear can also be more severe, and involve larger fibers of muscles and tendons. Tears (and strains) occur when a muscle or tendon is over-stretched or when a muscle contracts too quickly. The severity of the tear can range from the microscopic level (a strain), to a small number of fibers through to a complete rupture of all muscle fibers.

A sprain is a tear of ligament fibers, muscles or tendons supporting a joint. This can occur when a joint is extended beyond its normal range of movement. A sprain can involve a small number of fibers through to a complete rupture. In extreme circumstances, the fibers of the ligament, muscle or tendon can remain intact and rip from the bone.

A contusion or bruise is bleeding into the soft tissue. It is caused by a direct blow from another person, an implement or an object. A bruise can occur to any soft tissue of the body. (Van Mechielen, 1992)

Skin abrasions, lacerations and blisters

Injuries to the skin are very common in sport. They include minor wounds, such as abrasions (grazes), blisters and small lacerations. They also include bone fractures and more serious lacerations that require suturing (stitches). Small skin abrasions, lacerations not requiring sutures and blisters are manageable conditions, and in most cases do not require referral to a doctor.

Skin abrasions occur when the outer layer of skin is removed, usually as a result of a scraping action. The open wound can contain dirt or gravel, which should be removed. More extensive, deeper abrasions require medical attention.

When the skin is lacerated (cut), the depth and location of the laceration will determine whether suturing is required. Medical attention is required if the laceration is deep enough to expose tissues, such as fat, tendons or bone. Sometimes a superficial laceration will require suturing. This

can be required if the laceration is located: over a joint (such as the knee) because • **flexion** will continually open the wound in a cosmetically sensitive position (for example, • on the face).

Deep lacerations are usually accompanied by significant bleeding.

2.3.3.4. Managing soft-tissue injuries

In order to effectively manage soft-tissue injuries the RICER procedure needs to be followed. Ricer

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
- ✓ Reduce the time needed for rehabilitation.

2.3. Injury Location

The type and location of injury at the time of soccer playing seems to vary between men and women. It has been observed that most of the injury usually affects the lower extremities of the soccer players. The knee and ankle have typically been the most common injury sites in women soccer players, whereas in most recent studies on male players, thigh injuries have dominated. Furthermore, injuries to the hip/groin are typically more common in male players. In male players, 65-94% of injuries are acute (traumatic) with sudden onset, and 6-35% are overuse without a specific event causing the injury. Similar results have been found among female players, with 69-85% acute injuries and 15-31% due to overuse. Common traumatic injuries include contusions, muscle strains (commonly affecting the hamstrings, quadriceps or adductor muscles) and ligament sprains (typically to the ankle and knee joints).In soccer, hamstring strain is one of the most common traumatic injury severely found in male players, which is characterized by sudden accelerations and decelerations, often followed by changes of direction, and eccentric muscle activity during sprinting and kicking. On the other hand, ankle and knee injury are also recognized as traumatic injury mainly found in their female counterpart. On this note, it should be mentioned that anterior cruciate ligament (ACL) injuries are common and

serious, and are associated with an increased risk for early osteoarthritis. The majority of ACL-injured athletes will develop osteoarthritis within 15-20 years, regardless of treatment. In female youth soccer, up to 40% of all injuries are ankle sprains. (Wong P.H. Hong. 2005)

2.5. Injury Severity

It has been found from various studies that injury severity can be described according to six criteria: nature of sports injury, duration and nature of treatment, sporting time lost, working time lost, permanent damage, and cost. Most studies of soccer injuries describe the severity of injury based on sporting time lost. Commonly, injuries are categorized into slight injuries (absence1-3 days), minor injuries (absence up to one week), moderate injuries (absence 1-4 weeks) and major injuries (>4 weeks). Some other studies categorizing injuries as minor (1-7 days lost), moderate (8-21 days) and severe (>21days). In male soccer players, between 27-59% of injuries are minor, while 12.4-34% are severe. The injury severity pattern is similar for female soccer players, with minor injuries representing 39-51% and severe injuries 13-22% of all injuries sustained (20, 21). Severe injuries commonly constitute joint sprains, typically to the knee, and muscle strains, commonly affecting the hamstrings. (Jacobson, 2007)

2.6. Risk Factors

Knowledge regarding risk factors and injury mechanisms are necessary in order to develop effective preventive measures against soccer injuries. Risk factors are traditionally divided into two main categories: internal (or intrinsic) athlete related risk factors and external (or extrinsic) environmental risk factors. (Van Mechelen, 1992)

2.7. Internal Factors Related to the Soccer Player

Age: The relationship between age and injury risk factors in adult soccer players is contradictory. Some studies found an association between increasing age and injury in general while other studies reported no association between age and injury. Players in the older age group (>28 yrs) had a high injury risk. Similarly, it has been found in the study conducted on European female soccer players that older female players (≥25 yrs) had a higher injury risk than younger players (<25 yrs) (45).

Gender: There are several studies indicating that female soccer players have a higher risk for ACL injury and female players also sustain their ACL injuries at a lower age than males. Male soccer players seem to sustain more concussions than do female players.

Physical Fitness: Physical fitness is associated with less injury occurrence. Person with better physical fitness is usually less prone to injury. Fatigue may also be a cause for injury. Fatigue appears more quickly in a player with low physical fitness.

Flexibility: Flexibility is an intrinsic property of the body tissues that determines the range of motion achievable without injury at a joint or group of joints. Flexibility is dependent on the viscoelasticity of muscle, ligaments, and other connective tissue. It has been found in many studies that there is a potential relationship between flexibility and injury risk. Poor flexibility has been found to be a risk factor for hamstring and quadriceps strains.

Muscle Strengthening: Muscle strengthening is one of the important parts of pre-seasonal soccer training (strength training). Strengthening the muscle and connective tissues is believed to result in fewer muscle injuries. Reduced muscle strength is considered to be a risk factor for injury.

Joint Laxity/Instability: Generalized joint laxity in female soccer players seems to be a risk factor for injury to the lower extremity. It has been found in studies that in male soccer player's knee instability or ankle instability increases risk factor for knee sprain and ankle sprain.

Skill Level/Level of Play: There is positive association exists between individual's skill level and performance. Better skill will lead to better performance. The tendency to get injured in lower level players is more compared to their higher level counterpart. (Peterson, 2000)

2.8. External Factor Related to the Playing Environment

Warm Up: Warm up is an important criterion in any sports. It is commonly believed that cold and stiff muscles are more susceptible to injury, and warm up could thus act to prevent muscle injury by increasing range of motion, increasing muscle temperature and thereby muscle viscosity, and by muscle relaxation. Another study, providing a plausible link between warm-up and muscle injury.

Playing Surface: One of the important factors regarding soccer injury is the playing surface. It has a great impact on soccer playing. The risk of injury occurrence is more when someone is playing on artificial surface compared to natural grass.

- ✓ Equipment's: The equipment used may also contribute to injury. Failure to wear shin guards may increase the incidence of lower leg injuries, and using bad-quality footwear may also predispose to injury. Wearing an ankle orthosis has been found to reduce the risk for ankle sprain in previously sprained ankles. Finally, specific head gear may be of benefit in head-to-head impacts, but are rarely used. (Dvorak J, Junge, 2000)

2.9. Common Soccer Injuries

Head injury: Head and neck injuries are common across many sports. Soccer (e.g. American and Australian soccer) is sport where head injuries can result from a fall or from direct contact with sports equipment or opponent, either by chance or through poor individual skills or rule violations. Many reviews clearly show that a head injury is the most frequent reason for hospital admission and the most common cause of death among players. A concussion is an injury to the brain that is usually the result of a blow to the head. Symptoms include disorientation, vision disturbance, headache, dizziness, amnesia, loss of balance, difficulty concentrating, and nausea. A concussion does not necessarily involve a loss of consciousness. Concussions typically result in rapid but short-lived impairment of neurological function that resolves spontaneously. Although most soccer players with head injuries recover uneventfully following a single concussive episode, repetitive mild head trauma may cause cognitive impairment. (Kikendall, Dt Jordan, 2001)

Prevention: One of the possible approaches has been used to prevent head injury: using a helmet. Helmets or padded headgear are used in many high-energy and collision sports to prevent head injury. Now days, various kind of helmet have been introduced but sometime it fail to provide protection to the player. Research on padded headgear (soft shell helmets) indicates that they do not reduce the incidence of concussion or serious head injury in rugby union football. Similarly, data from soccer and Australian Rules football suggested that currently available head gear is unlikely to reduce the incidence of concussion.

Groin Strain: A strained groin or adductor muscles — the fan-like muscles situated in the upper thigh that serve to pull the legs together — usually happens when the player suddenly change directions while running. Symptoms include sharp pain, swelling and sometimes even bruising on the inside of the thigh. A strain to the groin muscles may be acute but often becomes chronic in nature. Suffering from persistent groin injuries results in extensive rehabilitation and longstanding pain; as an example, 40% of groin injuries in soccer result in more than one week out, and 10% in more than one month out). There is clear evidence that a previous strain of the groin muscles on the same side is a strong predictor for a recurrent injury. This may be due to scar tissue formation in the muscle or tendon or inadequately rehabilitated strength or flexibility. Other intrinsic risk factors believed to be involved in groin injuries are reduced adductor strength and flexibility of the hip abductors. Decreased adductor muscle strength and an imbalanced adductor-to-abductor muscle strength ratio have been shown to predict groin strain injuries. Reduced flexibility of the abductor and adductor muscles has been suggested as a risk factor for groin strain injuries. (Dvorak. J, Junge, 2000)

Prevention: As with most sports injuries, the best way to prevent a groin pull is to stretch properly before exercising. Also, gradually increasing the intensity of the activity rather than jumping into the activity too quickly may help prevent injury, and strengthening the groin muscles can be helpful too. RICE, combined with anti-inflammatory medications, is the best treatment plan. Player should not do anything too strenuous for a week or two after the injury, and when he/she does resume exercising, apply ice to the affected area after the workout until healed. When he/she will feel better, start a stretching and strengthening program.

Knee injury: Typical injuries to the knee are ligament tears of the collateral or cruciate ligaments; these may be associated with meniscal tears, or cartilage and bone damage of varying severity. Anterior cruciate ligament (ACL) injuries are common and serious, and are associated with an increased risk for early osteoarthritis. Soccer players are at risk of sustaining such injuries. ACL injuries are commonly non-contact in nature and can occur during plant and cut man oeuvres or during landings. Although most ACL injuries are non-contact by definition, the movement patterns often involve perturbation by an opponent, such as body contact prior to the injury. (Smith G, 2007)

Prevention: Injury prevention programmers have been developed to reduce the risk of ligament us knee injuries in general, and ACL injuries in particular. They are generally based on the assumption that modifying the dynamic biomechanical risk factors can prevent injuries. Successful prevention programs alter the dynamic loading of the knee joint through neuromuscular training. Based on the likely injury mechanisms, it is recommended that soccer players should avoid knee valgus and land with knee flexion to absorb landing forces. Training programs that incorporate plyometrics aim to result in safe levels of valgus stress to the knee and alterations in neuromuscular control patterns. (Hewept, 2006)

Ankle Sprain: Ankle sprains are very common among soccer players. The most common ankle sprain happens when the foot rolls to the outside and sprains the ligaments on the outside of the ankle. The outside of the ankle swells up and throbs, and may turn black and blue around the injury. They are almost inevitable in sports that involve jumping, running and turning quickly; these movements can lead to twisting the ankle and even possibly tearing a tendon or ligament. If weight-bearing is possible on the ankle after a sprain, the ankle probably is not broken. If soccer player feels pain on the inside of the ankle, then it should be x-rayed to rule out a hair-line fracture.

Prevention: Strengthening the ankles by doing exercises such as ankle lifts on stairs, as well as taping the ankle or wearing a lace-up brace can help, but these measures in no way guarantee that it won't be injured if fall hard or make a false movement. Treat an ankle sprain with RICE and anti-inflammatory drugs, but don't rest it excessively for more than a day. To help the ankle heal faster, player should try to move his/her ankle gently to get the circulation going and reduce swelling.

Muscle Pull: Probably the most common soccer injury is a muscle pull, which can happen to almost any muscle in the body, Not warming up properly, fatigue, lack of flexibility, and weakness can cause pull a muscle. Muscle pull can also occur due to overuse or taking a fall. The most commonly pulled muscles are hamstrings. The hamstrings are the muscles behind the thighs; pulling them is painful and can even cause bruising. Muscle pull may occur in many different muscles depending on the sport that are performing. A muscle pulls is caused when a

sudden, severe force is applied to the muscle and the fibers are stretched beyond their capacity. If only some of the fibers tear, that is a muscle pull. If most of the fibers tear, that is a muscle tear.

Prevention: The best way to prevent pulling a muscle is to stretch properly before and after exercising, and avoid working out when the player is fatigued and weak. As with most injuries, RICE and anti-inflammatory drugs are helpful, as well as gentle stretches. The universally held treatment for a muscle pull or tear is to apply ice and rest until the pain and swelling subside. The ice relaxes the muscle and helps relieve any spasm. Ice should be applied for about 20 minutes on, then 20 minutes off, as much as possible for a few days. The dull ache of a muscle pull usually disappears within a few days. As soon as tolerable, begins gently stretching the muscle. A pulled muscle may go into spasm as a reaction to being overstretched. If the muscle fibers are not gradually re-lengthened, the muscle will pull again with return to activity because it will have healed in a shortened state. In general, player can return to action when the injured body part can be stretched without pain as far as the healthy one on the other side of the body. That may take a week for a calf muscle or more than a month for a hamstring pull.

Last but not the least it may be mentioned that the sportspersons must be very conscious about injuries as it can jeopardize their career prospects; soccer players are no exception. Sportspersons may irrespective of their particular nature of sports can get themselves involved in various other types of low or no cost traditional enjoyable exercise modes like yoga, dancing of various forms to keep themselves fit. Without taking undue risk of injuring as in case of rock climbing and like them especially in general fitness programs. (Banerjee N. Santrat. T, 2014)

2.10. Warm-up and cool down

2.10.1 Warm-up

A warm-up prepares the body for physical activity. Physiologically, a warm-up increases heart rate and respiratory rate, resulting in increased delivery of oxygen to working muscles increases blood flow to muscles, resulting in an increase in muscle temperature and an increase in oxygen delivery to the muscle cells increases extensibility of the muscle fiber as (and tendons) due to the increase in muscle temperature increases enzyme activity within the muscle cells due to increased muscle temperature, facilitating improved energy release within the muscle. Psychologically, it prepares the mind for competition by increasing focus, attention and concentration. The type of

activity being undertaken should determine the type of warm-up conducted. All warm-ups include a general phase followed by a sport-specific c phase. The general phase (beginning of the warm-up) should include low-impact aerobic activities, such as jogging, that are continuous in nature, as well as stretching the sport-specific c phase should include activities directly related to the muscles, joints and body parts about to be used in the activity. These activity-related movements should be dynamic movements and could involve activities such as: run-throughs, high knee-lift running, horizontal ladder stepping, skill drills that replicate the specific movement patterns performed during the sport or activity; for example, kicking a football.

By warming up the muscles, the risk of injury is reduced, particularly muscle strains and tears. This is due to the fact that there is an increased range of motion around the joint and decreased stiffness of the surrounding connective tissue. There is no set duration for a warm-up, however the athlete should be guided by how they feel. A general guideline is that the warm-up should produce mild sweating without fatigue. The length of the warm-up is related to weather temperature and, in warmer conditions, the time needed for an adequate warm-up is generally much less than in cooler conditions. (Van Mechelen, 1992)

2.10.2 Cool-down

The cool-down assists the body to recover from exercise via completion of a low-intensity version of the activity just participated in. It is a gradual reduction in the intensity of the activity being performed, followed by a period of static and proprioceptive neuromuscular facilitation (PNF) stretching of the major muscles used in the activity. The main aims of the cool-down are to: prevent venous pooling (accumulation of blood in the veins), ensure that waste products, such as lactic acid, are broken down and removed from the blood, reduce the potential for muscle soreness, and allow the body to return to its resting physiological state. The length of a cool down can vary depending on the athlete and type of activity undertaken. It is the first stage in the recovery process. (Van Mechelen, 1992)

2.11. Nutrition and hydration

For athletes, nutrition and supplement use is a common way to augment a steady training program. Arguments that have gone on for years about the best diet for optimal athletic performance will likely continue for years, as well. Big questions in sports nutrition are what to eat and when to eat, as well as eating during training versus eating before competition.

Specifically, they review the current scientific data related to athletes' nutrient, energy, and fluid needs, assessment of body composition, strategies for weight change, the use of supplements, and nutrition recommendations for vegetarian athletes. (Sagger, H and Kungtten, 1999)

2.11.1 What to eat

The Acceptable Macronutrient Distribution Range (AMDR) for carbohydrates is 45% to 65% of total calories. Protein is an important macronutrient in the diet; most Americans are already currently consuming enough (AMDR _ 10% to 35% of calories) and do not need to increase their intake. The needs of athletes may or may not be the same as an average individual. During times of high physical activity, energy and macronutrient needs (especially carbohydrate and protein intake) must be met in order to maintain body weight, replenish glycogen stores, and provide adequate protein for building and repairing tissue. The debate over high-protein diets and power athletes is an old one. There is much controversy over what percentage of an athlete's diet should be devoted to carbohydrates. Fats supply energy and essential fatty acids and serve as a carrier for the absorption of the fat-soluble vitamins A, D, E, and K and carotenoids.

They also serve as building blocks for membranes and help regulate degree of hydration progressively went down. During the period in which athletes were consuming the highest amounts of protein, their kidney function reached abnormal ranges. Other tests indicated that the high protein diet caused the kidney to produce urine that was more concentrated.

Interestingly, though, the athletes reported no difference in how thirsty they felt. The researchers believe the bottom line is clear for athletes and non-athletes alike: When consuming high-protein diets, fluid intake should be increased. In fact, they suggested drinking more water, regardless of the diet. Athletes should drink enough fluid during and after exercise to balance fluid losses. Consumption of sport Drinks containing carbohydrates and electrolytes during exercise can provide fuel for the muscles, help maintain blood glucose levels and the thirst mechanism, and Decrease the risk of dehydration or imbalance of electrolytes.

Any foods with a lot of fat can be very difficult and slow to digest. These high-fat foods remain in the stomach for a long time. If eaten as a pre-event meal, they will likely be with the athlete through competition and can affect performance the more food in the stomach, the more blood flow there and the less blood available for the muscles. (Sagger, H and Kungtten, 1999)

2.11.2 Sport Drinks

Sport drinks are becoming increasingly popular as we are all being encouraged to adopt a healthier lifestyle with regular exercise. These drinks contain everything from pure water to exotic herbal concoctions. Many get their boost feeling because they contain some form of caffeine combination (i.e., caffeine, guarana, green tea) in addition to some carbohydrate.

Because caffeine amounts are generally not included on the label, athletes can consume the drink and unknowingly be at risk for a positive caffeine test—a doping violation in many competitions. Research has debated the benefits of water versus sport beverages.

One study compared the consumption of a light meal versus specific commercial sport drinks observed the resulting effect on time to exhaustion during simulated-combat maneuvers. The test consisted of three activities: a two-hour march, a subsequent one-hour run, and a run to exhaustion. During the test, the subjects consumed either a commercial sport drink (Ergo, Go Sports, and Gatorlode) or a light meal from a combat ration. The researchers concluded that the amount of calories ingested was responsible for the differences noted in time to exhaustion. They further suggested that the sport drinks represent a readily available source of energy and fluid that can be used to replace and/or supplement the current combat rations.

Many sport drinks are based on acidic fruits and may contribute to erosion of tooth enamel.

Studies have shown that several sport drinks are more acidic than even orange juice and were found to be quite erosive. Clinicians and dentists are using this information when counseling patients with tooth surface loss who use fruit based sport drinks regularly. While the debate continues over using water or sport drinks to maintain hydration in athletes, some interesting new research shows that the consumption of chocolate milk immediately following exercise actually helps athletes recover better from intense workouts. (Sagger, H and Kungtten, 1996)

2.11.3. When to eat

A player’s need to carefully plan their eating to prevent any distracting symptoms of hunger during competition or training and to maintain energy stores during competition. Athletic activity on a full stomach may result in stomach upset, nausea, or cramping. Optimally, in order to ensure enough energy and reduce stomach discomfort, athletes should allow a meal to fully digest before the start of any event. This generally takes one to four hours, depending upon what and how much

was eaten. The closer to the time of the event, the less an athlete should eat. In a time crunch, he can eat or drink something easily digestible about twenty to thirty minutes before the event. If the time of the event is at hand, he should have a liquid meal (rather than a solid one), because the stomach digests liquids faster. For all-day competition or training, meal planning is absolutely essential. According to an IDEA Health and Fitness Association press release (www.ideafit.com), good nutrition is about more than just what someone eats. When you eat is equally important, as research indicates that what athletes eat before, during, and after a training session make a big difference to performance and recovery. Some of the key information shared by IDEA experts, committee members, and spokespersons include:

- ✓ Ingesting ideal nutrient combinations at optimal times enhances Performance and recovery while improving muscle integrity
- ✓ Combining carbohydrates and protein at the right time will improve Training and workouts
- ✓ Nutrient timing isn't just for athletes—these strategies can benefit Everyday exercisers
- ✓ Increasing daily intakes of dietary calcium is a new way to combat the Obesity epidemic
- ✓ Surviving the latest low-carbohydrate diet craze is as simple as knowing the difference
- ✓ Between good and bad carbohydrates and knowing the top twenty most nutrient-dense Carbohydrates

2.12. Medical Team

Today, sports medicine involves a comprehensive team of healthcare professionals trained in a variety of backgrounds. Sports medicine is not a single profession, but rather an umbrella under which there are diverse professions and many available employment opportunities. (Van Mechelen 14, 82, 1992)

2.12.1. Players

Being an athlete involves more than competing in a competition every now and then. Today's athletes spend many hours every day practicing skills and developing teamwork. They watch videotapes to analyze their own performances and to learn strategies for competing against their opponents. Because many athletes push their bodies to the limit during both practice and competition, career-ending injuries always lurk on the horizon. Even minor injuries may put a player at risk of being phased out and replaced by someone younger and fitter. Competition is

extremely intense, and job security is always uncertain. Athletes cannot afford downtime from the sport at the professional level. The life of an athlete can be demanding, both physically and mentally. (Van, Mechelen, 1992).

Following is a depiction, in alphabetical order, of the most common careers

2.12.2. Athletic Trainer (Sports Therapist)

Athletic trainers work with team physicians, coaches, and other sports professionals to prevent and treat illness and injuries related to sports and exercise.

2.12.3. Biomechanics /Kinesiologist

A Biomechanic /Kinesiologist seeks to apply the laws of physics to physical activity, exercise, and sports. Biomechanics study injury to muscles, bones, and joints under certain conditions.

They analyze body mechanics and attempt to improve athletic performance. Biomechanics are typically employed in research settings and clinical sites, but future growth appears to be in industrial ergonomic settings. The minimal requirement is a master's degree.

2.12.4. Exercise Physiologist

Exercise physiologists study the acute and chronic physiological responses of physical activity. Their goal is to improve health, fitness, and performance. Traditionally, exercise physiologists worked only with athletes. However, today's exercise physiologists also work in commercial, clinical, and other professional settings for the general population. At a minimum, an undergraduate degree is required to be an exercise physiologist. Certification can be obtained from the American College of Sports Medicine.

2.12.5. Fitness Instructor/Personal Trainer

Fitness instructors, or personal trainers, typically work one-on-one with clients either in the client's home, the trainer's office, or a fitness facility. Personal trainers are generally employed as freelance contractors paid by the hour or per session. It is recommended that a personal trainer have a strong background in anatomy and kinesiology at a minimum, and preferably an undergraduate degree in a science-related area. In addition, personal trainers must obtain the American College of Sports Medicine Certified Personal Trainer certification.

2.12.6. Nutritionist/Sport Dietitian

Dietitians study dietary patterns to prevent disease and improve health. Dietetics is the study of nutrient intake and how the body uses foods. This field of science links food and nutrition to health management. To become a registered dietitian, one must complete an undergraduate degree in dietetics, complete a nine-month American Dietetic Association (ADA)–approved internship, and pass the ADA certification examination Dietitians work in hospitals, clinics, sports complexes, school systems, and public health facilities. They may also be hired by private clients or sports teams to design proper nutrition plans for weight loss, weight gain, performance, and health maintenance.

2.12.7. Physical/Occupational Therapist

Physical therapists work to improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. A graduate from an accredited educational program must pass a state licensure exam before being allowed to practice. Physical therapists work in hospitals, clinics, or private offices with specially equipped facilities. They may also treat patients in hospital rooms, homes, or schools.

Whereas the physical therapist helps people recover from injury or disease, the occupational therapist works more with the development of fine motor skills and dexterity. Most occupational therapy schools require two to three years of specialized education after a four year undergraduate degree.

2.12.8. Sports Medicine Physician/Medical Doctor

Sports medicine physicians are highly trained in the diagnosis and treatment of sports-related injuries. Most professional teams employ sports medicine physicians, whereas other physicians are employed by clinics or hospitals. A physician interested in sports medicine normally seeks specialized training in sports medicine, orthopedics, cardiology, or other areas. Each field has three to five years of internship and residency training, in addition to one to two more years of fellowship training.

2.12.9. Sport Psychologist

Sport psychologists study the psychological factors associated with participation and performance in sports, exercise, and other types of physical activity. Specifically, a sport psychologist helps athletes use psychological principles to achieve optimal mental health and athletic performance.

In most cases, a college undergraduate degree is the principal requirement for entry into this profession. In addition to obtaining a degree in psychology, one should acquire national certification. Strength and Conditioning Coach Strength and conditioning coaches develop and monitor training plans for athletes. Their goal is to improve and enhance an athlete's power and performance. High school, college, and professional athletic teams often require the services of strength and conditioning coach.

2.12.10. Office Verses filed care

Many sports medicine physicians work both on and off the playing field. As a result, they must be equipped to handle the many possible environmental factors. Thus, office physicians face less stress compared with those on the field. Office physicians are at leisure to carefully consider a diagnosis and confirm it by consulting with colleagues. In addition, they deal with more non-emergency situations.

In contrast, field physicians are faced with high-pressure situations that require them to meet the necessary standards of care under emergency situations unfolding in real time. The dynamics of the job require competence in assessing injuries and making quick diagnoses on the spot without consulting with others. Field physicians must be cognizant of nearby medical facilities and personnel, in addition to weather and other conditions. (Van Mechelen 14, 82, 1992)

2.13. Planning

Planning is a process of thinking in advance what is to be done and how. It is anticipatory decision making, it involves selecting objectives and developing action programs for achieving them. Success becomes a matter of planning rather than physical and psychological challenges, this is because plans are predetermined actions. (FIFA coaching manual 2001-2002) Planning in soccer.

Bompa, T.O (1994). Stated that, Planning a training Session considerations for Practice when designing practices, exercises and drills, consider the strengths and weaknesses of each player and your team as a whole. Choose activities that allow your players to improve their weaknesses and exploit their strengths in competition. Teach so that your players learn to help coach each other. Instruct them to watch for correct and incorrect techniques, movements and decisions when in pairs or groups. The feedbacks your player's give each other will prove invaluable in developing

team unity and help players develop a greater understanding of the game. Make practices fun. Design practices that hold players' attention. Use exercises and drills that your players enjoy. Use these exercises to lighten the load of hard work and to establish positive team attitude. When practicing drills, do enough to improve technique, yet not so much as to bore your athletes.

Keep your talking to a minimum. Short, concise instructions are better than long explanations.

Be willing to create or adapt drills to meet unique needs of your team. Skilled players master drills fairly quickly, so add some new twists to challenge these players.

As you introduce new skills and techniques, you also need to review fundamental ones. Drills are a good vehicle for addressing your players' technical flaws. Introduce new skills early in the practice session, when players are fresh and attentive. Practice new skills for several days before incorporating them into more complex drills and game scenarios. Changes those are associated with improved performance in football. Rushing training or over training does not accelerate progress, but inhibits it instead.

2.13.1 Principles of training

A. Principle of specificity: the effects of training are very specific. This means that if coaches with to build the strength of the upper arm muscles of the players they need to perform physical exercise, which put streets on the particular muscles concerned. Exercising the legs with not help for example heart-lung endurance can only be improved through activity, which puts prolonged stress on the heart. In the same way, the balance needed for surfacing will only be improved by training sessions, which are similar to the actual event. One must not assume that an exercise designed to improve flexibility will also improves strength or endurance. (Statton. Etal, 85, 2004)

B. Principle of over load: regarding this principle, training must place demand or overload on the body's system for improvement to occur. As the body adapts to the increased load, more load needs to be added. Adjusting the frequency, intensity, and / or duration of exercise can control the training load. (Foley and Vogel 480, 1992)

C. Principle of progression: the effect of training can be seen most easily in the early stages. Almost any increased amount of regular stress will produce improvement in the body parts being stressed. As the body adapts, the intensity of the training will have to be gradually increased if

improvement is to be continued. It is most important that the over load is increased progressively. (Statton. Etal, 85, 2004)

D. Principles of variation: training program must include variety to keep players interested. The concept of work/ hard and easy / are the basis of the variation principle. Training must always include periods of work followed by rest, and hard exercise followed by an easier work put. Coaches should vary their team's training routine and drills as well as the training location. (Foley and Vogel 481, 1992)

E. Principles of long – term training: footballers experience long – term training effects by overloading regularly and progressively their body systems. Gradual improvements in physiological parameters contribute to enhanced performances. The principle of long – term training reminds coaches to be patient as they monitor the progress of the footballers and cares them against pushing youngsters too hard, too fast and too soon. The present researchers consider the principle of training in general operates in terms of gradually increasing stress in a form of loading. Where increasing controlled demands are made on the body, which gradually increases its ability to adapt and respond to such stresses, whether they are in terms of conditioning, skill or the response to the competitive pressures of the player. (Foley and Vogel 483, 1992)

2.13.2 Methods of training

According to Assistant Professor Wondimu (2004) Football is a terrifically physical sport that requires advanced methods of training in order for the players to compete even at the school level. These modern football training methods are designed to increase the strength of the players, the agility of the players, and their knowledge of the game. The methods are also, of course, designed to increase their skill as it specifically relates to football -- ball skills, passing, and the like. However, many of the things that are concentrated on are designed to physically train the body, with the idea that a more athletic person will excel at specific football tasks at a higher level than someone who is not in as good of shape.

Lifting weights is of extreme importance, especially for the legs. Running is the only thing that can really teach endurance, but lifting weights is what gives people an explosive burst that they would not otherwise have. A leg press is generally used for this. A leg press is a device that

allows the user to lie at a sloped position with the body bent at the waist. The weights can then be pressed upward using the legs while the back presses into the floorboard.

This use of machine weights is relatively old, but another one of the common training methods is even older: Swimming. This is the singular best exercise that a football player can do when he or she is not on the field. It works the arms, the legs, the core, and the shoulders. It provides cardiovascular training and increases the lung capacity. It is also something that can be done in a short amount of time; a person who may need to run for ten miles to feel tired will often find that swimming tires them out quickly because more muscles are being used.

One of the newest training methods is to have football players take ballet classes. Many players at first were against this, feeling that it was not a very tough activity, not something that would really enhance their abilities on the field. After a short time, however, it became very obvious that this was a good idea. Ballet teaches agility and balance in a way that few other things can. A footballer who is very sure on his feet can easily cut between two defenders and score. Ballet has been shown to increase how well the players can move when doing complicated footwork, as they are more aware of where their feet are and they are more able to move without tripping.

All told, modern football training methods need to be a combination of all of these ideas. Weight lifting, swimming, and ballet need to be used in tandem. This will give the players the maximum amount of strength, agility, dexterity, and all the rest. They will then find that all of the more specific football drills will come more naturally; they will excel on the field because their bodies will be ready to respond instantly to everything that they need to do.

Every coach needs a Varity of coaching methods to use as tools with their teams. When developing and executing appropriate and effective training sessions, it is helpful to consider different coaching methods. In line with this idea, the U.S. Soccer/football “C” license (2008:1) states the following five points as tool kits of coaching methods:

• **Coach within the flow of the game**: this is successful with players whose technique allows them to process and play at the same time. The coach provides clear, brief instruction to individuals or small groups of players as the ball is moving. This is not an ongoing monologue, but rather instructions at a critical time to influence play. The caution here is to not let this become noise.

• **Coach the individual player as the game continues**: here the coach stops an individual player to make a coaching point, but does not stop the activity. While the coach interacts with the player, the team plays a "man down." Obviously the interaction must be brief and concise to get the player back into the activity.

• **Coach at natural stoppages**: here the coach addresses groups of players during times when the game is still, e.g. when the ball goes out of bounds; at water breaks; change over. While being brief and concise is always important, here it is important to focus on a problem that is fresh in the player's mind.

• **Allowing the conditions of the activity to coach the theme**: here the conditions of the activity provide the problem for the players to solve.

• **Coach using the "freeze" method**: here the coach "freezes" the game to make his/her coaching point. This allows the coach to "paint" a very visual picture for the players. Use this option with care, because if used too often it can disrupt the game and frustrate the players. A technical freeze allows the coach to correct incorrect technique and is coach directed. Here the coach can demonstrate proper technique and have the player rehearse the technique. A tactical freeze is often coach directed, but can benefit from guided questions as well. While coaching youth players it is important to consider the methods how to develop familiarity of players with the ball through repetition and some necessary directions. Wondimu (2004)

According to Assistant professor Wondimu (2004) Methods of technical-tactical preparation are the ability to execute a single action in isolation from the game such as a control with the chest, a pass or a volleyed shot. The player is concerned only with executing the action without the distractions of other players. The method of technical –tactical preparation in football consists of (i) teaching of special knowledge and skills ;(ii) practice and perfection of individual play activities and (iii)play combinations, and play system ;(iv)development of the player's creativity. Each technical –tactical method is discussed briefly here below:

I. Teaching special knowledge and skills: attention must be given to the development of the player's especial knowledge during preparation. Especial knowledge forms the intellectual basis in a game. It forms the fundamental insight in the structure of physical activities from the point of view of bio-mechanical, in the physiological and biological processes in the course of a training

session or game; it also includes knowledge of the advantage and disadvantages of play systems, the organization of the game and the tasks of players in phases of play components and in play situations. This knowledge is gradually absorbed by the players by a process of repetition and it enhances the result of their activities, accelerates the training process and improves the player's level of knowledge.

II. The practice and perfection of individual play activities: The practice and perfection of individual play activities, of play combinations and play system is a long and complex process which put considerable demands on every player. The technical and tactical aspects of play activities together form one indivisible whole of play activities employed in actual play situation .Although in the preparation; attention is given to the two individual aspects and must fully comprehend the relationship between these aspects to avoid over-emphasis of either one.

III. Development of player's creativity: The aim of this process is to develop those characteristics of the player which will enable him/her to act creativity in complex play situations. What is involved here is the ability to sense very precisely, the opponents and the ball to achieve this perception instantaneously. In the first instance, this ability is dependent on the player's experience, on the level of his perceptiveness to the game environment, and his ability to divide his attention. An experienced player can predict what is going to happen next and what the opposing player will do, thereby providing him with a temporary advantage in resolving a play situation. These characteristics manifest themselves in the choice of the right move in the play station and in its completion. These characteristics manifest themselves in the choice of the right move in the play situation.

The method of physical preparation mainly focuses on the development and maintenance of the general and special physical preparedness of the players, and the development of special mobility as pre-condition for high performance in sport by players.

In football, the physical preparation condition of the player is a process designed to improve and stabilize the physical condition so that he can achieve top level of soccer performance. Physical preparation is a two-fold task that is all-rounded improvement of the player's condition plus the development of specialized characteristics of movement which are in harmony with demands of football performance.

The content of physical preparation must conform to the age and performance level of a given collective. In deterring the content of physical preparation, we proceed from an analysis of the physical movement in the game. The basis for the quantitative characteristics of the content of physical preparation is the level of exertion and it is determined by the number, duration and repetition of all impulses in the course of the game.

The level of complexity can also be a qualitative indicator of exertion is also the level of complexity. By complexity, we understand the increased demands which commanding and coordination activities make of central nervous system; and this complexity is the result of the total activity of the player. Typical here is the under broken concentration on the game and decision making in order to resolve play situation at nerves levels. The complexity comes to the fore in the series of play activities which are higher form of skills in playing.

The success of these series is determined by success in the final phase which in turn is possible if all activities in the series are successfully completed. This together with the content and intensity of the exertion determines its entire character. Physical preparation is divided in to general physical preparation, and special physical preparation. General physical preparation is a process designed to attain balanced development of mobility and improvement of functional aspects of the player in order to establish the preconditions for rapid qualitative growth in specialized sport performance.

In the general physical preparation, we put the emphasis on gymnastic for improved condition with dynamic acrobatic exercise which improve the general mobility of the player and stimulate the development of skills. The additional sport games must increase and improve the already present habits of movement, skill, stamina, speed of reaction and thought. Swimming (not long distance) is good for relaxation to develop mobility and to match it to the demands of football.

Method of developing physical strength: strength is the ability to overcome external resistance or exert influence against it. There is doubt among professional coaches that, in varying degrees, strength underlies all motor performance. A weakness in any area of the body may severely limit the co-ordination and effort nudged for the performance of a skill. Thus, a minimum amount of strength is a necessity for motor skill performance. The type and location of the strength necessary for performance are unique for each activity.

Strength is to the ability to develop maximum strength statically. It forms the basis for other types of strength. Dynamic strength is the ability to develop strength repeatedly by making rapid movements during a specific period. The strength is developed due to dynamic operation of the muscles. Explosive strength on the other hand is the ability to develop maximum strength in a minimum amount of time.

The following methods are, suggested in developing the strength of football players they are known as methods of maximum exertion for short period and exhaustion method of specialized sport performance. It proceeds from the structure and character of movement; it must also be determined by structure and dynamics that they conform entirely, or largely, to habits of pay. Though the subdivision of physical preparation into a general and specialized aspect is theoretical, it does have a particular purpose as it embrace the tasks involved in the various cycles of the preparation of the player. During the course of training, the two aspects of physical preparation complement each other. The content of special physical preparation is determined by the development of motor capacity. This content be seen as separate from the totality, but it is expressed in play activity.

Ability may be obtained by improving playing skills and physical conditioning. The method includes:

a) Method of maximum exertion for short period: this method is effective for development of potential capacity in all groups of muscle which form the basis for the special strength of the player.

b) Exhaustion method: This method develops the capacity to maintain stamina during repeated optimal exertion but it is not effective during the first part of repetitions. Only by exertion over a large period, during which the organism is tired by repeated exercise, does the exertion form a maximum physiological stimulus, thereby strengths the muscles.

c) Method of dynamic exertion: This method influences the development of speed utterance of strengthening the muscles and at the same time the elasticity of the muscle tissues and of the nerve-muscle co-ordination.

d) Method of reduced exertion: This method influences the capacity of explosive strength. The method is used for the strengthening of the groups of muscle responsible for the special mobile activity of the player without the ball. The emphasis of the exercise is on speed.

Speed is defined as the ability, within a given situation ,to execute mobile activity a within short period a time as much as possible ;the distance covered may vary, but in each instance ,the aim is to move from one point to another in a shortest possible time. The time taken to perform a task such as reaction time is defined as the time required initiating a response to a specific stimulus.

The speed of movement and the ability to react quickly are of great importance in soccer. The sports in which speed and reaction time appear to be most important are basketball, soccer, and track. Participant in these sports are observed to be quicker than participants in gymnastics, and swimming. Because of this, players who do not possess above average speed may have a greater chance of success in the latter two sports than in basketball and handball.

In football where mobile activity demands continual changes in intensity and dynamics, the emphasis is on all aspects of the player's speed particularly on speed of reaction and thought, speed in the execution of simple and complex mobile activity and the speed of cooperation between players.

Kacani (1986) pointed out that, speed of reaction and thought is the time between the impulse and the response by movement. It is dependent on the speed of the neural process and of the sensitivity of the receptors. We distinguish between a simple reaction, the response to a single impulse (off the mark) and a complex reaction which is selected reaction to multiple impulses from the game environment. This is typical of all sports. Experienced players achieve high speed in selected reaction and are capable of anticipation which is based on automatisation of the process of selected reaction on the bases of repetition during training and experience gained in game.

Speed of execution of simple mobile activity: In simple movements, executed at maximum speed we distinguish between the phase of acceleration (speed off the mark) and the phase of constant or stable speed (sprint speed).The maximum speed a player can achieve is not only dependent on the level of speed development but also on a number of other factors, such as the level of development of control over technique of movement, etc.

Speed of execution of complex mobile activity: Speed of execution of complex mobile activity is expressed in the execution of mobile activity of varying character. Here we proceed from movement structure without the ball which occurs in the game, the combination of getting off the mark, training, jumping, falling, change speed, and direction of running. With the ball, the execution of the technical aspects of play activities with respect to co-ordination is the highly demanding movement structure .Mastery of the technical aspects of play activities by the individual improves his speed and fluidity of movement.

Speed of cooperation between the players: Speed of cooperation between the players is derived from the game organization. The basis of this is the cooperation of players from separate lines who, in resolving typical play situation, must employ play combinations they have learned. This gives the play its own character and is the key to smooth cooperation between the players. They are exemplary in successful resolution of play situation.

Speed can be measured by how fast an individual can move from one point to another. In fact, any distance ranging from 10 to 100 meters can be used for determination of speed. The two distances most frequently used are 50 meters and 100 meters. Two trails should be given for whichever one of these two tests is used, and the results should be recorded.

Reaction time: is defined as the amount of time elapsing between a stimulus and the first movement initiated in response to it. To measure this component, generally one must use special equipment designed for the purpose. However, if a short distance is used for measuring speed, the time will reflect not only the subject's speed but also his reaction time, since both are included in the time taken to complete the performance.

Methods of speed development. We employ the following methods in developing speed:

1) **Methods of repetition of movements with maximum reaction**: The principle of this method is repetition of simple and complex movement at maximum exertion. Rest pause must be enough for the organism of the player to recover.

2) **Methods of reaction to an unexpected impulse**: This method is directed towards acceleration of the player's movement in reaction, towards receptivity of the game and development of the player's ability to react quickly and effectively in execution of play tasks.

3) Method of repetition of movement in simple situation: Repetition of movements in simple situations develops the "super maximum" speed of the player; his speed is higher than those recorded during play. In a way we break through the speed stereotype-the players speed barrier. The exercise demands maximum concentration from a well-trained player. The method is used in developing stable speed (sprint speed) and increasing frequency of movement of the legs.

Endurance: In sports activity endurance is the ability to carry out mobile activity for a long period at relatively high intensity at a given optimal level. Moreover, the efficient function of all the organs plays an important role here. Just as all other forms of mobile ability, endurance repetition has its own special varieties besides all the factors which influence it. Fundamentally, football coaches should recognize three distinct areas of endurance, which constitutes general endurance, special endurance and anaerobic and aerobic endurance .The level of endurance is co-determined by the following factors:

a. The functional development of the separate system of organism;

b. The co-ordination capacity of the muscular system;

c. The psychic state of the player; and

d. The efficient function of organs plays an important role here.

General endurance: General endurance (cardiovascular efficiency) is the ability to carry out lengthy mobile activity of moderate intensity which mobilizes the functional capacity of the organs, particularly of the heart circulatory system and the respiratory system. It demands participation of large muscle group and has a positive influence on the level of special stamina.

General endurance is the base or foundation upon which all other aspects of endurance are developed. It refers to the efficiency of the oxygen transportation system. Oxygen is required for work and is transported to the active tissues by the blood, which in turn is pumped around the body by the heart. A strong, efficient heart is prerequisite for most sports. The efficiency of the system can best be developed through sustained runs which, ideally should be of at least twenty minutes duration. Running is the simplest and the best method for developing this quality. For extra stimulation, the speed can be varied, as in 'Fartlek' running, or the terrain can be varied to help relieve the boredom of exercise.

Special endurance: Special endurance is the ability to carry out complex activity for a long period with high intensity as the game demands. This ability is determined by the capacity of the organism to maintain exertion during mobile activity of maximum intensity. Characteristics here is the high level of adaptability of the nervous system and the stability of the activity. It involves the ability to maintain psychological processes at a high level under anaerobic condition.

Anaerobic and aerobic endurance: Anaerobic and its opposite aerobic, refer to the lack or presence of sufficient oxygen to perform the activity. When the level of work is low, the performer is working in a steady state and there is sufficient oxygen available through the cardio-respiratory system to cope with the volume of work. When the level of work is high, the normal oxygen transport system cannot cope, and the performer is forced to use another energy system, which involves utilizing an oxygen debt capacity. This capacity varies from person to person and can be improved by training .It involves the ability to cope with the activity waste products, mainly acidic materials ,which tend to have a paralyzing effect upon the active tissues. Training for this quality requires the performer a very high quality work, using an 'intermittent' approach.

The early researches in the field of exercise physiology found that greater workloads could be performed intermittently (a period of effort followed by a recovery period before a repeated effort). This theory introduces four basic variables (a) The quality of effort; (b) The duration of effort; (c) The duration of recovery; (d) the types of recovery .These basic variables are closely linked. If the quality of effort is high, the duration of effort is forced to be short, and the recovery is likely to be long before the next period of effort. The most common of the intermittent work systems is known as interval training. Interval training is essentially heart conditioner, where the quality and period of effort are sufficient to elevate the pulse rate to about 80bpm with the recovery period sufficient long to allow the pulse rate to drop to about 120bpm .During the recovery interval the heart rate remains high when there is no need for it to be so 'hence an "overload" principle is applied to the heart. The training stimulus is therefore during the interval .If the quality of effort is high, and causes the heart to beat in the region of 200bpm, the training stimulus will occur during the period of effort, and becomes more oxygen debt work. This type of training is frequently termed tempo training.

Specific training effects can be brought about by adjusting the four variables. The endurance of an organism can only be developed by activities which result in a sense of exhaustion .Stamina is

present not only in the player who can successfully carry out activity despite tired but also it involves a high level of moral development and will power. The will is active expression of the moral and strives to overcome them through the application of will power.

Methods of the development endurance: There are two methods of developing endurance namely known as the method of continuous exertion and the method of varying exertion.

1) The method of continuous exertion : The method of continuous exertion results in the development of general endurance through lengthy activity with average intensity .The continuous exertion forces the player's organism to function in aerobic condition ,thereby increasing his functional range .The best method is long distance running during which a pulse rate of 140-150 per minutes is reached.

2) The method of continuous ,varying exertion : The method of continuous ,varying exertion (Fartlek) means that during predetermined phase organized forced to work with an oxygen debt but that during following sequences this debt can be eliminated .This method can be used running fairly long distance (3-15km).With changes of pace.

Methods for psychological preparation : A widely accepted method of psychological preparation by many football coaches includes verbal method ; visual method ,model training methods, the match method ,the method of creating special obstacle and the method of praise and punishment .These methods are briefly are discussed as follows:

1) Verbal method: The word is a valuable instrument for psychological preparation and psyche regulation. It can have the character of a friendly conversation, the expression of convection which can be very suggestive, or it may be based on intellectual argument .Singing and shouting can also have a motivating effect where jokes and swearing will often clear the air.

2) **Visual method**: With the aid of visual methods, we can influence the players in order to perform their tasks consistently. Observation of the game is very effective in this regard .Further illustration and analysis of a game may be carried out by using the blackboard, photo, transparencies and video recording.

3) Model training method: Model –training method is the fundamental system for practice influence with specific play exercise to which circumstance of play are introduced on a planned

basis to the preparation of player. Characteristics of practical forms of psychological preparation are use of specific play exercises which closely approach play situation. The basic principles of model training include a process of adaptation of the personality of the player and the specific circumstances of play. Model training forms the preparation for opposition to those influences which burden the nerve system of the player and clearly affect his performance.

4) The match method: The match method is an improvement method of psychological preparation in football. It is used in developing activity, initiative, and tenacity in the performance of tasks during the training process.

5) The method of creating special obstacles: In this method, we use handicap races, relay races and exercises in which the rules are so adapted that they can fulfill the tasks set in the individual components of the preparation.

6) The method of praise and punishment: This method is a generally used form of psychological preparation .However; the result may be other than the excepted; so it should not be employed without ado (excitement, trouble).

The above methods promote regulation and achievement of a good psychic state in the player. The can be used in various combinations. The best means for psychological preparation remains the right daily rhythm of life plus systematic and demanding training.

CHAPTER THREE
3. RESEARCH METHODOLOGY AND DESIGN OF THE STUDY

3.1. Methodology of the Study

Research methodology is a way to systematically solve the research problem. It is a science of studying how research is done scientifically. The research site of this study in Addis Ababa, in the case prevalence and causes sport injuries of selected Ethiopian men premier league football clubs. The researcher used the descriptive survey method to conduct the study. In this section the researcher tried to discuss the sample design and sample techniques.

3.2. Design of the Study

The main objective of this study is to assess and evaluate prevalence and causes of sport injuries of selected Ethiopian men's premier league football clubs. Because, as Best Kahn (2006) state, descriptive research deals with the relationships between variables, the testing of hypothesis and the development of generalizations, prediction of future phenomena is possible (p.118).

Besides this, a survey design provides a quantitative or numeric description of trends or opinions of a population by studying a sample of that population (Cresswell, 2009). As Kumar (1996) states, it is extremely simple in design where you decide, what you want to find out, identify the study population, select a sample and contact your respondents to find out the required information.

Furthermore, in terms of the reference period, the researcher used retrospective-prospective study design. The retrospective study was used for seeing the practice of selected Ethiopian men's premier league soccer players 'previous experience. This is because, as Kumar(1996) indicates, the study was usually conducted either on the basis of data available for that period or on the basis of respondents' recall of the situation, and the prospective design is for estimating future prospects of Ethiopian premier league football development. This is also because the study attempts to establish the outcome of an event or what is likely to happen (Kumar, 1996).

3.3. Method of Sampling

3.3.1 Population of the Study

The target populations of the study are players, coaches, physiotherapist and technical staff of some selected Ethiopian men premier league football clubs in Addis Ababa,

3.3.2. Sample of the Study

Ethiopian men's football primer league clubs contains a total of 16 clubs that participated in Ethiopian premier league.

The total number of players is 90 of these the researcher selected 3 of the clubs (i.e. 10× 3=30 One club has an average of 10 players). Of this total population, the researcher has taken 3 male Ethiopian male premier football clubs from this 30 male players selected from 3 Ethiopian male premier league football clubs by using Simple random sampling technique was used to select trainees. And, 6 club coaches, 3 physiotherapists and 3 club technical staffs also purposeful sampling technique was applied to gather data. They all, owing to their limited and manageable size, have been taken as a sample study subjects.

3.4. Methods of Data Collection instrument

The primary and secondary data sources were used in this research. The combination of the primary and secondary information from different sources or employing multiple instruments of data collection techniques increase the credibility of the research findings and minimize the risk of mistaken conclusion.

Accordingly, three kinds of data collection instruments i.e. questionnaire, structured interview, and observation check lists were employed to obtain adequate and variety of information for the study.

For the specific study the following data collection instruments are used:-

- ✓ Questioners –open, closed
- ✓ Interview questions-open-ended
- ✓ Observation checklists

3.4.1. Questionnaires

Questionnaires are a good way to obtain information from a large number of people who may not have the time to attend an interview or take part in experiments. They enable people to take their time, think about it and come back to the questionnaire later. Participants can state their views or feelings privately without worrying about the possible reaction of the researcher. Unfortunately, some people may still be inclined to try to give socially acceptable answers. People should be encouraged to answer the questions as honestly as possible so as to avoid the researchers drawing false conclusions from the study.

Questionnaires typically contain multiple choice questions, closed questions and open-ended questions. The drawbacks for researcher are that he/she usually has a fairly low response rate and people do not always answer all the questions and/ or do not answer them correctly.

The gathered data from the players, coaches, physiotherapists and technical staffs and other concerned bodies were and translated in to Amharic and distributed so that they adequately understand and respond to the questions.

3.4.2 Interviews

Interviews are usually carried out in person i.e. face to face but can also be administered by telephone or using more advanced computer technology such as Skype. Sometimes they held in interviewee‘s home, or at a more neutral place. It is important for interviewees to decide whether they are comfortable about inviting the researcher into their home and whether they have a room or area where they can speak freely without disturbing other members of household.

The interviewer could adopt a formal or informal approach, either letting the interviewee speak freely about a particular issue or asking specific pre-determined questions. This will have been decided in advance and depend on the approach used by the researchers. A semi-structured approach would enable the interviewee to speak relatively freely, at the same time allowing the researcher to ensure that certain issues were covered.

When conducting the interview, the researcher might have a check list or a form to record answers. This might even take the flow of the conversation, particularly in less structured interviews. The interview was held in Amharic to avoid language barrier.

3.4.3 Observation

Observation is one way of collecting primary data. Observation is purposeful, systematic and selective ways of watching and listening to an interaction or phenomena as it takes place. (Kumar. 1996:105). The observation focuses on the assessing the prevalence and causes of sport injuries Ethiopian men premier league football i n the case of some selected clubs. The researcher prepared observation checklists in order to collect enough information about the prevalence and causes of injuries. .

3.5. Procedure of Data Collection

The data gathering instruments used in the study was drafted on the basis of the reviewed literature and the intended data to be collected. To maximize the quality of the responses and the rate of return the time convenient for the respondents was arranged. The researcher made the objectives of the study clear to all of the sample respondents at the questionnaires, interviews and observation was made on the players, coaches, physiotherapists and clubs technical staff and other concerned bodies in the assessing prevalence and causes of sport injuries in selected Ethiopian men premier league football clubs. And the data are collected from genuine respondents that interpret and recommend based on the finding of the study. In order to avoid confusion and facilitate case, the brief explanation was made by the researcher. A close follow-up was also made to immediately correct problems that arose during the filling of data collecting tools.

3.6. Method of Data Analysis and Interpretation

The information obtained from relevant documents the responses which gathered through interviews, questioners and observation were organized, framed to analysis and inferences were made. Finally, interpretations of the data are quantitatively used frequently and counted. Percentages are also formulated depending on the nature of the data collected and firsthand information from the respondents, are applied.

After carrying out the collection of data through questionnaire, structured interview and observation check lists, based on the available data; the process of tabulation was carried out. The items then were first classified into different tables according to the nature of issues raised in questionnaires and interviews and the data were analyzed.

In analyzing the data, both the quantitative and qualitative methods were used. Accordingly, all

the close-ended questions of the questionnaires were analyzed quantitatively using frequency count and percentage. The data obtained from the open-ended questions of the questionnaires interview, written questioners and observation were analyzed qualitatively and served as supportive tools for quantitative data. Hence, the quantitative data were triangulated by the qualitative data of the study, therefore, has fairly a high level of breadth from the quantitative surveys and depth from the qualitative interviews, document analysis and observation, at all.

CHAPTER FOUR

4. DATA PRESENTATION, ANALYSIS AND INTERPRETATION

The primary objective of this chapter is to find out the appropriate response for basic questions raised under the statement of the from the data gathered through questionnaires distributed to the selected Ethiopian men's premier league football clubs players, coaches, and structured interview designed for selected Ethiopia men's premier league football clubs physiotherapists and clubs technical staffs. And observation conducted on actual training and the availability of facility and equipment and document analysis.

Initially, 30 questionnaires for male, (30 questionnaires for the selected men's Ethiopian premier league football players) and 6 questionnaires for coaches were set to gather reliable information in breadth. Hence, the researcher distributed questionnaires to the 30 male Ethiopian premier league football and 6 Ethiopian men's premier league football coaches. Beside these interview questionnaires was prepared to clubs physiotherapists and clubs technical staffs , so the data was from 100% of the selected premier men's premier league players and 100% of men's premier league coach respondents that it could be possible to generalize the findings.

Regarding the return rate, out of the total 30 questionnaires distributed for the selected Ethiopian men's premier league football players all are returned and 6 men's premier league coaches, all of them were properly filled in and returned. Consequently, based on the responses obtained from respondents through Questionnaires, interviews and observation the analysis and interpretation of the data are presented as follows:

4.1. Characteristics of the Respondents

Identifying, analyzing and interpreting the respondent's characteristics are very important that it provides essential information on respondent's ability to provide accurate data.

4.1.1. Analysis and Interpretation of selected Ethiopian men's premier league football clubs.

The background information of the selected Ethiopian men's premier league football clubs by age, sex, marital status, educational status and the time a player joined the club , club coaches, club physiotherapist and club technical staffs person is analyzed and interpreted in the

following table.

Table I. Characteristics of the study population

Category			Types of respondents					
1	SEX		Coach (N=6)		players (N=60)		Physiotherapist & technical staff(N=60)	
			No	%	NO	%	NO	%
		MALE	6	100	30	100%	6	100%
		FIMAEL	-	-	-	-	-	-
2	AGE	A - below 15	-	-	-	-	-	-
		B- 15-17	-	-	-		-	-
		A -18- 20	-	-	-	-	-	-
		B - 20-25	-	-	30	50%	-	-
		C-26-30	2	33.33%	30	50%	-	-
		D-ABOVE 30	4	66.67%	-	-	6	100%
3	Work Experience	1-2 YEARS	-	-	13	25%	-	-
		2-3	-	-	17	28.33%	-	-
		ABAVE 3	6	100%	28	46.67%	6	100%
		NO EXPRIANCE	-	-	-	-	-	-
4	educational status	Elementary school □	-	-			-	-
		high school □	-	-	17	28.33%	-	-
		12 completed □	2	33.33%	43	71.67%	-	-
		Certificate □	1	16.67%	-	-		
		College diploma □	2	33.33%	-	-	2	33.3%
		BA/BSc/Bed □	1	16.67%	-	-	4	66.6%
		MA/MSC/Med □	1		-	-		
		If other specify--------	-	-	-	-	-	-
5		In which of the following courses have you trained to coach soccer?	-	-	-	-	-	-
		A/First level□	-	-	-	-		
		B/Second level□			-	-		
		C/B Licence□	2	33.33%	-	-		
		D/A Licence□	4	66.67%	-	-		
6		Under which base you are employed in the club?						
		A/Full timer coach		100%	-	-	6	100%
		B/Part timer coach			-	-		
		If other, specify	-	-	-	-		

Source:-Field survey, April, 2018

From the data collected and tabulated, the following characteristics or participants background despondence have been obtained.

According to the personal detail show in table 1 all selected Ethiopian men's premier league football coaches, players, physiotherapist and technical staffs are male.

On item 2 shows, that 33.33% of the coaches 'respondents are between age 26-30 years old and 66.67% above 30 years and on the same item 50% of premier league football players are under between20-25 years ,50% are between26-30 years and 100% physiotherapists and technical staff are above 30 years. Pertaining to their educational background of the players

28.33% of the respondents are at the elementary school, 71.67% of the respondents are at high school students. As of the coachers 2 (33.33%) of the respondents have completed grade 12, 2(33.33%) of them possess certificate, 1 (16.67%) have their diploma and 1 (16.67%) respondents are qualified as BA/BSC and the physiotherapists and technical respondents are indicates 2 (33.33%) have college diploma and 4(66.66%) respondents are qualified BA/BSC/. Item five indicates 2 (33.33%) of the use occur coaches are certified by B, License coaching course and the remaining 4 (66.67%) received CAF –A, License. To express their work experience all of them have 3 years and above experience. Based on this it is fair to have the perception that the selected Ethiopian men's premiere league football clubs coaches ,physiotherapist and technical staffs have acceptable work experience in the area of coaching , physiotherapist ,and technical staffs in those Ethiopia men's premiere football clubs .

4.1.2. Analysis of the data obtained from players

Table 1. Have you get injury during training and competition? They respond

Item	Response	Percentage (%)
Yes	28	93.33%
No	-	-

The above table shows 100% the respondent said that the players has got injury during training and competition.

Table 2. If your answer is yes for the first question what kind of injuries you face? They respond?

Item	Response	Percentage (%)
Knee pain	15	50%
Muscle strain	20	66.67%
Ankle pain	23	76.67%
Leg injuries	22	73.3%
Joint ad Tendon injuries	28	93.3%

The above table shows 50% of the respondents said knee pain, muscle strain 66.67 % ankle pain 76-67%, leg injuries73.3 % and93.3 % of the respondent said joint and tendon injuries.

Table 3. Is their medical team on your club?

Item	Response	Percentage (%)
Yes	-	-
No	30	100%

1. The above table shows 100% of the respondents said that there is no medical team on those clubs.

Table 4. Do you think medical service is enough?

Item	Response	Percentage (%)
Yes	2	6.67%
No	28	93.33%

2. The above table shows6.67 % of the respondent said that medical service is not enough and 93.33% of the respondents are enough medical service.

About the medical service 93.3% of the respondents said that no because: There is no educated person sport psychologist, in those clubs, the medical doctors of the clubs are not full time workers they are working with the club with par time and they are not specialized in sport medicine and the number of physiotherapist is low to give medical service in those clubs.

Table 5. Does your physiotherapist follow your performance and treat you based on injuries?

Item	Response	Percentage (%)
Yes	12	40%
No	18	60%

3. The above table shows that40 % of the respondent said that the physiotherapist follow their performance and treat them base on their injuries and 60% of the respondents said the physiotherapist don't follow their performance and treat them based on their injuries? About the follow up of physiotherapist players performance and treatments of injuries in those clubs 60% of the respondents said that no because

There is no enough sport medical treatment materials on those clubs, there is knowledge gap between physiotherapist and club doctors and there is lack of experience regarding to the treatments of players performance on injured players.

The club physiotherapist payied low because of these there follow up also week.

Table 6. When do you face injuries in these clubs? They respond

Items	Response	Percentage (%)
On the training	20	66.67%
on the match	30	100%
After training	25	83.3%

The above table's show 66.67 % of the respondents said that they faced injury on training 100 % of the respondent on the match and 83.3 % of the respond after training.

Table 7. Do you think the treatment system is up-to-date and scientific? They respond

Item	Response	Percentage (%)
Yes	2	6.67%
No	28	93.33%

4. The above table shows 6.67% of the respondents said that the treatment system is up-to-date scientific and 93.33% of the respondents said that the treatments system is not up-to- date and scientific. About the treatment system is up to date and scientific 93.3% of the respondents said that the treatment is no up-to-date because:

The club has no well-organized structured and furnished treatment system. The club does well organized medical team, the clubs medical team does not professional partnership with other clubs sport medical team and the clubs has no health insurance because of these they doesn't give attention and focus.

Table 8. How many times often sport injuries happen on the players in a week? They respond

Item	Response	Percentage (%)
Once times	26	86.67%
Twice times	4	13.33%
No injuries	-	-

The above table shows86.67 % of the respondent said that sport injuries happen once times in a week13.33 % of the respondents said that sport injuries happen twice times.

Table 9. Do you think coaches training method as problem of injury?

Item	Response	Percentage (%)
Yes	24	80%
No	6	20%
No response	-	-

5. The above table shows 80 % of the respondents coach training method as problem of injury20 % of the respondents said has no About the coaches training method as problem of injury 80% respondents said yes because:

The clubs coach's method of training knowledge is about sport injuries low.

The clubs has no appropriate materials on the training session, the club coach doesn't follow the appropriate dressing of the players and the awareness of players regarding to training method of the coach.

Table 10. Have you faced injury during over training?

Item	Response	Percentage (%)
Yes	30	100%
No	-	-

The above table shows100 % of the respondent said that during over training players faced injuries.

About facing of injury during over training 100% of the respondents said yes injury are: Knee injuries, joint pain, strain, muscle strain, hamstrings /back muscle, Ankle leg injury.

Table 11. How often do you engage for injuries in competitions and training program?

Item	Response	Percentage (%)
Once times	1	3.33%
Twice times	10	33.33%
Tree times	12	40%
Four times	7	23.3%

The above table show that3.33 % of the respondent the engage injuries in a competitions and training once times33.33 % of the respondents two times, 40 % tree times and 23.3 % of the respondents said for times.

Table 12. Are you physically fit when you perform competition and training program?

Item	Response	Percentage (%)
Yes	12	40%

No	18	60%

The above table show that 40% of the respondent said physically fit when they perform competition and training and competition 60% of the respondent they are not physically fit in the competition and training program.

About physical fitness of players when they are in accomplish 40% of the respondents said that yes because of the

Health problems of the players happen in the competition, the player's nutritional problems before and after competition, the psychological problems and technical problems of players in competitions, the motivation of players in a competition and the attitude (environmental conditions) problems in a competition.

Table 13. Have you injured because of your physical fitness decline?

Item	Response	Percentage (%)
Yes	28	93.33%
No	2	6.67%

The above table shows 93.33% of the respondents said they faced injury because of their physical fitness decline 6.67% of the respondent they said don't faced injury because of their physical fitness decline.

Table 14. Have you injured because of similar training for many times?

Item	Response	Percentage (%)
Yes	10	33.33%
No	20	66.67%

The above table show 33.33 % of the respondents said they injured because of similar trainings for many times. 66.67 % of the respondent they don't injured because of similar training for many times?

About injuries of players while the perform similar trainings for many times 100% of the respondents said yes because:

The coach's ability and knowledge's not up to date, the coach's gives training on one part of body due to these over training and injuries happen and the similar training happened psychological boarding and lack of motivation on the players.

Table 15. Have you injured because of improper warming up, cooling down and stretching?

Item	Response	Percentage (%)
Yes	30	100%
No	-	-

The above table shows 100% of the respondents said they injured because of not enough warming up, cooling down and starching.

About injuries on the players because of improper warming up, cooling down and stretching 100% of the respondents said yes because:

The coaches doesn't allocate appropriate for warming up, cooling down and stretching and miss understanding by the player's about proper warming up, cooling down and stretching.

Table 16. Have you take enough rest after you injured?

Item	Response	Percentage (%)
Yes	10	33.33%
No	20	66.67%

The above table's shows33.33 % of the respondents said that taken enough rest and 66.67% has not enough rest after injured.

About taking enough rest after injury 33.3 % of the respondents said yes because of:

The clubs physiotherapist knowledge about giving enough rest for injured players is low, the clubs medical team has lack of advice, giving treatment for the injured players and the clubs medical team treatment for injured players and giving rest is no up-to date and scientific medication.

- In general what problems do you face related to sport injures on the players

The respondents said that lack of adequate service, there is a knowledge gap between club doctor's physiotherapists and coaches regarding to sport injures, there is scarcity of materials to in the clubs to prevent injuries, there is in appropriate training method of coaching which leads to players injures, there is no safe environment for training, and there is poor training method in the club coaches.

4.1.3. Analysis of the data obtained from the coaches

Table 1. Before, after and during training /competition/ have you done warm up and cool down activities properly?

Items	Response	Percentage (%)
Yes	3	50
No	3	50

The above table shows 50 % of the respondents said before, after and during training them doing warm up and cool down activities properly.50 % of the respondent before, after and during training they do not doing warm up cool down activities properly.

Table 2. At what time of day do you working training?

Items	Response	Percentage (%)

Morning only	-	-
Afternoon only	-	-
¤ Morning and afternoon	6	100%

The above table shows 100 % of the respondents said the time of working training is morning and afternoon.

Table 3. The club doctor, gave you education abut cause of prevention method of injuries?

Items	Response	Percentage (%)
Yes	-	-
No	6	100%

The above table shows 100 % of the respondents said that the club doctor doesn't gave them education about the cause of prevention method of injury.

Table 4. When players injured have you got immediate first AID from club physiotherapist?

Items	Response	Percentage (%)
Yes	1	16.67%
No	5	83.33%

The above table shows 16.67 % of the respondents said that they got immediate first AID from the club physiotherapist.83.33 % of the respondents said they don't get immediate first Aid from the club physiotherapist.

Table 5. Have your players faced injury during over training and at your being in the competition?

Items	Response	Percentage (%)
Yes	4	66,67%
No	2	33.33%

The above table show 66.67 % of the respondents said that they faced injury during over training and when they are in the competition 33.33 % of the respondents said that they don't faced injury during over training and on the competition.

About players injury faced during training and competitions 66.67% of the respondents said yes because:

The players injured by miss use of energy by the players in the training and competitions, the player doesn't use their time of rest after the injured, the player's adaptation of exercise type easily, due to environmental conditions the players faced injury in the training and competitions and the player does not follow the appropriate training methods.

Table 6. Have you faced injury because of your player's physical fitness decline?

Items	Response	Percentage (%)
Yes	6	100%
No	-	-

The above table shows that 100 % of the respondents said they faced injury because of their player's physical fitness decline.

Table 7 what are the main factors for the occurrence of injures during compactions and training?

Items	Response	Percentage (%)
Playing field	6	100%
Temperature	6	100%

Aggressive playing	6	100%
Load of training	6	100%

The above table shows 100 % of the respondents said the main factor for the occurrence of injuries during competition and training in the playing field, temperature, Aggressive playing and load of training.

Table 8. Do you think long time training and competition a cause of injury?

Items	Response	Percentage (%)
Yes	6	100%
No	-	-

The above table show 100 % of the respondents said that long time training and competition a cause of injury.

About long time training and competitions causes of injury 100% of the respondents causes of injury 100% of the respondents said yes because.

It decorates player's performance so it leads them players to injury, there is lack of motivation or lack of interest to perform training and Lack of focuses to prevent themselves from injury.

Table 9. In what extent do you perform the training activities?

Items	Response	Percentage (%)
High	6	100%

Medium	6	100%
Low	6	100%

The above table shows 100 % of the respondents said that the training activities are high performed in high, medium and low.

About the extent of performing the training in high, medium and low 100% of the respondents said high, medium and low but according to the question the respondents said high, there are different injuries happen like; Knee injuries, head injuries, Ankle sprain and strain injury, (hyperthermia dehydration) and so on.

Table 10. Did environmental hazards invite you for different kinds of injuries?

Items	Response	Percentage (%)
Yes	6	100%
No	-	-

The above table shows 100 % of the respondents said environmental hazard invite for different injuries.

Table 11. In which weather condition more injuries are occurred?

Items	Response	Percentage (%)
At the time of heavy Rain	2	33.33%
At the time of high cold	1	16.67%
At the time of hot weather condition	3	50%

The above table shows 33.33% of the respondents said at the time of heavy rain. 16.67% of the respondent said at the time of high cold and 50% of the respondents at the time of hot weather condition.

Table 12. Do you have enough sport facilities to implement the competition and training programs?

Items	Response	Percentage (%)
Yes	-	-
No	6	100%

The above tables show that 100% of the respondents said they don't have enough sport facilities to implement the competition and training.

About enough sport facilities to implement the competition and training programs. 100% of the respondents said yes because:

There is no enough budget constraint by the clubs and there is lack of awareness about sport facilities how to implement in the training and competitions by the club administrators.

Table 13. When players got different injuries do you have full sport equipment to give treatments for players?

Items	Response	Percentage (%)
Yes	-	-
No	6	100%

The above table shows 100 % of the respondents said that there is no full equipment to give treatments to players when got different injuries.

About players when they got different injuries is there full sport equipment to give treatment for players on those clubs.

- ✓ The clubs coaches respond that the budget constraint by the club is low because of these there is no full sport equipment to give treatment for players.
- ✓ The clubs coaches respond that there is lack of awareness about sport facilities by the club administrators due to these players different suffer injuries due to lack of sport equipment's.

Table 14. Does the club have well organized and structured drug store?

Items	Response	Percentage (%)
Yes	-	-
No	6	100%

The above table shows 100 % of the respondents said there is no well-organized and structured drug store in the clubs. About drugs store structured and well organized 100% of the respondents said no because; The clubs has no well-organized enough drug store because there is lack of focus, lack of awareness and due to budget constraints there is no enough drug stores in those clubs

Table 15. Do you think players fulfill the five components of physical fitness I the competition and training program?

Items	Response	Percentage (%)
Yes	2	33.33%
No	4	66.67%

The above table shows 33.33 % of the respondents said players fulfill the five components of physical fitness in the competition and training programs. 66.67 % of the respondents said programs.

About players fulfill the five component of physical fitness in the competition and training programs? 66.67% of the respondents said No because:

The players' ability and knowledge about exercise is limited, because of players' nutrition, rest and training all players are not physically fit, because of psychological factors the players are not physically fit, because of health status of players' age and players current situation affect their physical fitness and because of environmental conditions and life style of the players affect their physical fitness.

Table 16. How do you implement your proper coaching methodologies at the time of training?

Items	Response	Percentage (%)
Simple to complex	-	-
Known to unknown	-	-
Complex to simple	-	-
Unknown to Known	-	-
Simple to complex and Unknown to Known	4	66.67%
Complex to Simple and Known to Unknown	2	33.33%

The above table shows 66.67% of the respondents said that the coaching methodologies at the time of training are simple to complex and known to unknown.33.33% of the respondents said the coaching methodologies at the time training are complex to simple and known to unknown.

What are your preventation mechanisms to prevent players from injures, The respondents said that, by giving awareness about sport injuries ,helping players to using proper sport wearing in the training and completions, taking follow up regarding to their nutritional conditions, protecting player not to be play aggressively, What are the major types of injures on your football players? The respondents said that knee injuries, head injuries, ankle injuries, sprain and strain and most of times in general the injuries happen in the lower extremities.

4.2. Analysis of the data obtained from the selected Ethiopians men's premier league football clubs physiotherapists and technical staffs by interview

1. What information do you have about sport injuries?
   - ✓ The respondents said that they do have information about sport injuries and took short term training regarding to sport injuries
2. Are you certified in physiotherapist's profession? If your answer is yes in what type?
   - ✓ The respondents said that, Diploma in medical treatment. Certificate in physiotherapist courses .30 days training in sport injuries and first aid treatments.

3. What is your opinion about the prevalence and causes of sport injuries?
   - ✓ .The respondents said that because of the playing ground, the environmental conditions, un proper sport wearing, nutritional problems the prevalence and causes of sport injuries happens on the players. Due to the above problems they give advice and treatments for players to minimize the sport injuries.
4. How do you treat players from sport injuries in the training, match and after training?
   - ✓ By controlling nutrition system of the players, by giving a piece of advice for players to protect themselves from aggressive playing, by following players to perform the sport activates carefully during the training time ,by fulfilling the basic sport equipment's in the training and match?
5. Is there adequate knowledge on sport injuries?
   - ✓ The respondents said no ,because there is no special training is given related to in sport injuries and in addition to this there is no adequate knowledge on sport injuries due to this the treatments is given most of the time in traditional way of treatment not in a scientific way.
   - ✓ Some respondents said they do have adequate knowledge in the process of medication of

players sport injuries

6. Does an injured player get enough medical treatment in your club?
   - ✓ The respondents said that the players get medical treatments, but it is not enough because of shortage of sport medical treatment materials.
7. What kind of challenge you faced on sport injuries on your club players?
   - ✓ The respondents said that lack of budget, lack of material lack of training and lack of awareness about sport injuries within players, coaches and club administrators.
8. What are the reasons of sport injuries in your club players?
   - ✓ The respondents said that the reasons of sport injuries are, The environmental conditions ,The playing ground, Aggressive playing ,Un proper sport wearing ,Lack of awareness of fair play and nutritional problems.
9. How often a frequency of injuries happen on your club?
   - ✓ The respondents said that once in a week, twice in a week, three times in a week sport injuries happen depending on the situations.
10. What are the mechanisms for the players who are in high risk of injuries?
    - ✓ The respondents said that the mechanisms for players in high risk of injuries the treatment is given by using MRI, X-RAY the treatment is given in hospital and some clubs respondents said that for serious injuries like surgery the treatment is given out side of this country.
11. Do you have equipped on the prevalence of sport injuries?
    - ✓ The respondents said that there is no enough equipment's they use only Goose, Alcohol and first aid kits.
12. What are the common sport injuries on the players?
    - ✓ The respondents said that Knee injury, Ankle injury, Dislocation, Overstretching, Ligament injury .Calf muscle problems

4.3. Discussion of the findings

4.3.1. The prevalence and causes of sport injuries in selected Ethiopian men's premier league football clubs.

As in indicated in the interpretations the following points are mentioned as prevalence and causes of sport injuries are;-

- ✓ Less effective prevention mechanism, Lack of warming up, cool dawn and starching, Scarcity of sport wear, Eger to win, Decline their physical fitness, Improper ways of life, place and whether condition of Training and completion, psychological problem, overtraining and over completion, malnutrition, Gap of knowledge, Traditional method of training, Their dangers interest, Ignore others advices, on of medical team, Not rehabilitate

4.3.2. Things should be considered to reduce the prevalence and causes of sport injuries

- ❖ Physiotherapists should present in training session, Respect principle of individual difference, Overtraining and over completion, Scarcity of sport wear and transportation, Malnutrition ,Respect others advices, Organize medical team, Respect the rule of prevention, Advanced Rehabilitation programs, Psychological preparation training and Gap of knowledge

4.3.3. Mechanisms of reducing the prevalence and causes of sport injuries

- ❖ Develop the awareness about the prevalence and causes of sport injuries to the Ethiopian men's premier league football players to reduces prevalence and causes of sport injures/lack of warming up, cool dawn and starching exercise, Eger to win overtraining and over completion Malnutrition, Gap of knowledge, Traditional method of training, Ignore others advices and their hygiene etc…,
- ❖ By advices the coaches their gaps to inclusive the place and whether conditions of Training and completion, the individual difference and revised their training method to minimize the problems and challenges of injures
- ❖ Giving further information to club administrators, Ethiopian football federation and other stakeholder and collaborators to reduce their Scarcity of sport wear, play grounds, sport medical equipment ,income, improper ways of life, and transport during training and competition.
- ❖ Organize standardized club medical center and sustainably implement effective prevention and rehabilitation mechanisms overcome Medical malpractices.
- ❖ Organizing various psychological preparation training to reduce their

Decline their physical fitness, their dangers interest and hurry to train and compete.

TRAINING OBSERVATION CHECK LIST

Name of observer ADMASU LEMMA

Date of observation—6/08/2010E.C,8/8/2010E.C,10/08/2010E.C

Club—…….St. George men's football club (A), Defense men's football club (A), Ethio electric men's football club (A)

Time of observation---10:00----starting-12:00-ending—12:00

No	Item	excellent	V .good	satisfactory	unsatisfactory
1	Is there appropriate safe environment or field of play in that club?			X	
2	Is there club physiotherapist in the training with the players?		**X**		
3	Is the field conductive for the training activities?			**X**	X
4	Do the trainees use proper dressing in the training session?			X	
5	Does the coach use clear and proper coaching			X	

6	Is there available materials for medication (first aid kits) in the club?			X	
7	Is the necessary training material like cones, Sufficient number of balls etc. care available?			X	
8	Does the players perform proper warming up activates in the training?			**X**	
9	Does the players perform proper cool down activates in the training whistle?			X	
10	Does the physiotherapist gives treatment to the players after injury?		X		

Source:-Field survey, April, 2018

The checklist above table shows that the appropriateness and safeness of field of playoff the clubs are satisfactory very good and the players are satisfied. However, the playing fields were not satisfactory as for the coaches and physiotherapists as well. The clubs physiotherapist in the training with players are very good and the physiotherapists follow the players in the training session and because of this the club players contact easily the physiotherapists when injuries happen it the training and completion time. The trainees use proper dressing in the training session, the coach use proper coaching methodologies, availabilities of materials for medication(firs aids kits) in the clubs , necessary training materials ,players perform proper warm up and cool down activates in the training. All are satisfactory so there players listen to their coaches and implement the proper dressing in the practice accordingly , coaches used clear and precise instructions ,the voices of the coaches are audible to all the trainees and the training material were satisfactory, to some extent. In addition training activities were organized in terms of time and activities designed to develop the specific outcomes, were satisfactory. The clubs physiotherapists gives treatments to players after injury is very good but the club administrators should give attention to sport medical treatment materials and all included activities were not designed based on the players ,coaches and physiotherapists interests in the case of the sport medical treatment materials and that made them feel unsatisfied.

From the Interview quaternaries that obscure the prevalence and causes of sport injuries in the selected Ethiopian men's premier league football clubs technical staff and officers were interviewed.

Based on the above interview question, 90% of the respondent replied that, it was clear that

the prevalence and causes of sport injuries in the selected Ethiopian premier league football club players are there on the club players, but to sustain the contribution of the development the concerned bodies should play the following roles; They are expected:

- ✓ Work with the stakeholders jointly.
- ✓ have strong relationship with the club administrators and other bodies
- ✓ Should work with jointly sport commission cooperatively.
- ✓ give in-service coaching training workshops for coaches ,players and physiotherapists about causes injuries and preventing injuries

Should establish strong medical team and sport medical treatment materials in those clubs to controlling and supervising mechanisms in the prevalence and causes of sport injuries in those selected Men's primer league football clubs.

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATION

5.1. Summary

- The Assessing prevalence and causes of sport injuries in selected Ethiopian premier league football clubs.
- Things should be considered to reduce the prevalence and causes of sport injuries and challenges of sport injuries in selected Ethiopian premier league football clubs.
- Body parts for injures in selected Ethiopian men's premier league football clubs players.
- Organize standardized national medical center
- Develop the awareness about sport injuries for the selected Ethiopian premier league football players.
- organizing various psychological preparation training
- Create awareness of coaches to fill their gaps of individual difference.
- organizing various by professionals to develop the knowledge of players

- Reducing the over training and over competition

5.2. Conclusion

Based on the finding of this study: the following conclusions can be drawn

- Less effective prevention mechanisms, medical mal practices Lack of warming up, cool dawn and starching, scarcity of sport wear Eger to win, decline their physical fitness, improper ways of life, scarcity of Transport during training and completion, place and whether condition of Training and completion, psychological problem, overtraining and over completion, and malnutrition are the major on selected Ethiopian premier league men's football club players.
- Respect others advices and the rule of prevention, Organize medical team, Proper nutrition, hygiene, adequate Educational background knowledge sport wear and transportation, warning up, cool dawn and stretching ,controlled training, protect stability of fitness, programmed completion ,Better Salary for players, and Psychological development training helps to reduce and elimination of problems and challenges of injury. The presence of Physiotherapists in training session, Advanced Rehabilitation programs, controlled training

and completion, massage and therapeutic exercises and presentational assessments help to curing injures.

- Reject principle of individual and difference others advices low economic players, Scarcity of sport wear and transportation, Malnutrition and medical malpractices and Traumatic incident should be conceded.
- Achilles tendon, Muscles. Knees, Legs, Ankle pain Foots, Bones, Joints and tendon, Redls Tibias, Gastronomies lateral bursitis, Born out and Calf muscle are some of exposed to selected Ethiopian men's premier league football clubs players.
- Organize standardized medical national center to implement effective prevention mechanisms and Advanced Rehabilitation programs and fulfill proper sport wear and transportation, nutrition and better Salary for players are essential and expected from the club.
- To develop the athlete's life style various education training programs are expected from psychologists, physiologists, educationalists etc…,
- Select proper place and whether conditions of Training and completion respect the individual difference and revised training method and programmed training and completion expected from coaches.
- Coaches reduce overtraining and over competitions of players to long live from sport injuries.

5.3. Recommendation

In this views of the difficulties highlighted and data gathered from this study, the following objective recommendations are forwarded; to the selected Ethiopian premier league clubs players, coaches, physiotherapists and technical staffs.

- A players should be made aware about the prevalence and causes of sport injuries.
- A players should be cured before going to any kind of training and completion.
- A players should be staying away from any condition which worse the sport injury.
- Ethiopian premier league football clubs and other would give emphasized for players by organizing, facilitating all essential things which help players to protect from sport injuries.

- The club should facilitate psychologists, physiologists, educationalists develop player's knowledge for the sake of prevalence and causes of sport injuries in the Ethiopian premier league football clubs.
- Every Ethiopian premier league men's football clubs coaches properly should select proper playground and whether conditions.
- Every Ethiopian premier league football clubs players and coaches would take first aid training about sport injuries preventations.
- Every premier league football clubs should organize and structured medical team on their clubs.
- In the training and completion coaches should respect the individual difference and revised training method and programmed training and competition.
- Mangers should follow the conditions of every player's in the training and competition.
- The researcher recommends that each of the prevalence and causes of sport injuries in Ethiopian premier league football clubs of the study should conduct further studies.

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Appendixes I

Addis Ababa University

College of natural science

Department of sport science

/Post Graduate Program/

Questionnaire to be filled by the coach

Dear Coach

This questionnaire is designed for the purpose of research study. Its main aim is to gather data on the assessing process of the prevalence and causes of sport injuries in selected Ethiopian premier league football clubs.

Thank you in advance

General instruction

- ✓ Please, do not write your name on the questionnaire.
- ✓ Indicate by √ mark or by completing the blank space.

Part one: personal information

1. Age A) 21-28 ☐ B) 29-35 ☐
   C) 36-45 ☐ D) Above 46 ☐
2. Educational qualification
   A) 12 Completed ☐ B) Certificate ☐ C) College diploma ☐
   D) BA /BSC/BED ☐ E) MA/MSC/MED ☐
   If other, Specify _____
3. Work experience
   A) 1-5 Years. ☐ C. 15-20 Years. ☐
   B) 5-10 Years. ☐ D. Above 20 Years. ☐

   In which of the following courses have you trained to coach soccer?

   A) First level ☐
   B) Second level ☐
   C) C License ☐
   D) B License ☐
   E) D License ☐
4. Under which based you are employed in the club?
   A) Full time coach ☐
   B) Part timer coach ☐
   C) If other specify _____

Part Two: Item related assessing to the prevalence and causes of sport injuries in selected Ethiopian premier league football clubs.

1. Name of your clubs _____
2. What is responsibility /position/in the club? _____

3. Before, after and during training/competition/have you done warm up and cool down activities properly?

   A) Yes ☐ B) No ☐

4. At what time of day do you work training?

   A) Morning only ☐ B) Afternoon only ☐

   C) Morning and afternoon

5. The club doctor, managers and coaches gave you education about the cause of prevention methods of injuries regularly?

   A) Yes ☐ B) No ☐

6. When players injured have you got immediate first Aid from club physiotherapist?

   A) Yes ☐ B) No ☐

7. Have you faced injury during over training and at your being in the competition?

   A) Yes ☐ B) No ☐

8. If your response if yes, justify the problems?

   _____

   _____

9. Have you faced injury because of your player's physical fitness decline?

   A) Yes ☐ B) No ☐

10. What are main factors for the occurrence of injuries during competitions and training?

    A) playing field ☐

    B) Temperature ☐

    C) Aggressive plying ☐

    D) Load of training ☐

11. Do you think long time training and competition a cause or injury?

    A) Yes ☐ B) No ☐

12. If your response is yes, justify your reason?

    _____

    _____

13. In what extent do you perform the training activities?

A) High ☐ B) Medium ☐ C) Low ☐

14. If your response high what kinds of injures have you got?

_____

_____

15. Did environmental hazards invite you for different kinds of injuries?

A) Yes ☐ B) No ☐

16. In which weather condition more injures are occurred?

A) At the time of heavy rain ☐

B) At the time of high cold ☐

C) At the time of hot weather condition ☐

17. Do you have enough sport facilities to implement the competition and training programs?

A) Yes ☐ B) No ☐

18. If your answer is No, justify the problem?

_____

_____

19. When players got different injures, do you have full sport equipment to give treatments for players?

A) Yes ☐ B) No ☐

20. Does the club has well organized and structured drug store?

A) Yes ☐ B) No ☐

21. If your response is No, justify the problems?

_____

_____.

22. Do you think players fulfill the five components of physical fitness in the competitions and training programs?

A) Yes ☐ B) No ☐

23. If your response is No, justify the problems?

_____

_____.

24. How do you implement your proper coaching methodologies at the time of training?
    A) Simple to complex ☐
    B) Know to unknown ☐
    C) Complex to simple ☐
    D) Unknown to known ☐
    E) Simple to complex and known to unknown ☐
    F) Complex to simple and unknown to known ☐
25. What are your preventation mechanisms to prevent players from injures?

_____

_____

26. What the major types are of injures on your football players?

_____

_____

Appendixes II

Addis Ababa University

College of natural science

Department of sport science

/Post Graduate Program/

Questionnaire to be filled by the players

Dear players

This questionnaire is designed for the purpose of the research study. Its main aim is to gather data on the assessing the prevalence and causes of sport injuries in selected Ethiopian premier league football clubs. The success of the study depends on your genuine response to those questions places, read carefully and responds the questions honesty and frankly. The help received from you will be greatly acknowledged in the thesis.

Thank you in advance

General instruction

- ✓ Please, do not write your name on the questionnaire.
- ✓ Indicate by √ mark or by completing the blank space.

Part one: personal information /background information/

1. Age A) Below 20 ☐ B) 21-30 ☐
2. Educational status
   A) elementary school ☐
   B) high school ☐
   C) College diploma ☐
   D) University degree ☐
3. When have you joined this club?
   A) This year ☐ B) last year ☐
   B) C) If other specify _____
4. Time spende in football
   A) 5-10 ☐ B) 10-15 ☐ C) 15-20 ☐ D) Over 20 years ☐

Part Two: Item related assessing to prevalence and causes of sport injuries in selected Ethiopian premier league football clubs.

1. Name of your clubs _____
2. What is responsibility /position/in the club? _____
3. For how long you have serving for your club?
   A) Less than 2 years ☐
   B) 3-4 Years ☐
   C) More than 5 years ☐
4. Have you get injury during training and competition?
   A) Yes ☐ B) No ☐
5. If your answer yes for question number 4 what types of sport injures you face?

   _____

   _____

   Is there medical team on your club?

A) Yes ☐ B) No ☐

6. Do you think medical service in enough?

A) Yes ☐ B) No ☐

7. If your answer is no for the above question why?

_____

_____

Does your physiotherapist follow your performance and treat you based on injures?

A) Yes ☐ B) No ☐

8. If your answer is no for the above question why?

_____

_____

9. When do you face more injures in these club?

A) On the training ☐

B) On the match ☐

C) After training ☐

10. Do you think that the treatment system is up-to-date and scientific?

A) Yes ☐ B) No ☐

11. If your answer is no for the above question why?

_____

_____

12. How many times often sport injures happen in the players in a week?

A. Once ☐ B. Twice ☐ C. no injuries ☐

13. Do you think coaches training method as problem of injury?

A) Yes ☐ B) No ☐

14. If your answer is yes for the above question why?

_____

_____

15. Have you faced injury during over training?

A) Yes ☐ B) No ☐

16. If your answer is yes for the above question why?

_____

_____

17. How often do you engage for injuries in competitions and training program?

A) Once times ☐

B) Two times ☐

C) Three times ☐

D) Four times ☐

18. Are you physically fit when you do the competition and training activities?

A) Yes ☐ B) No ☐

19. If your response in no, justify the problem?

_____

_____

20. Have you injured because of your physical fitness decline?

A) Yes ☐ B) No ☐

21. If your answer is yes for the above question why?

_____

_____

22. Have you injured because of similar trainings for many times training?

A) Yes ☐ B) No ☐

23. If your answer is yes for the above question why?

_____

_____

24. Have you injured because of improper warming up cooling down and stretching?

A) Yes ☐ B) No ☐

25. If your answer is yes for the above question why?

_____

_____

26. Have you take enough rest after you injured?

A) Yes ☐ B) No ☐

27. If your answer is yes for the above question why?

_____

_____

_____

28. In general what problems do you face related to sport injuries on the players?

_____

_____

Appendix III

TRAINING OBSERVATION CHECK LIST

Name of observer _____

Date of observation_____

Club _____

Time of observation_____

No	Item	exce	V .good	satisfactory	unsatisfactory
1	Is there appropriate safe environment or field of play in that club?				
2	Is there club physiotherapist in the training with the players?				

3	Is the field conductive for the training activities?				
4	Do the trainees use proper dressing in the training session?				
5	Does the coach use clear and proper coaching methodologies?				
6	Is there available materials for medication (first aid kits) in the club?				
7	Is the necessary training material like cones, Sufficient number of balls etc. care available?				
8	Does the players perform proper warming up activates in the training?				
9	Does the players perform proper cool down activates in the training				
10	Does the physiotherapist gives treatment to the players after injury?		X		

Appendixes IV

Clubs medical staff and Technical committee interview questions.

1. Sex A) Male ☐ B) Female ☐
2. Age A) Below 20 ☐ B) 21-28 ☐ C) 29-35 ☐ D) Above 36 ☐
3. Marital status A) Single ☐ B) Married ☐
4. Educational qualification

   A) Certificate ☐ B) College diploma ☐

   C) BA /Bsc/Bed ☐ D) MA/MSC/Med ☐

   If other, Specify _____
5. Work experience

   A) In the current post, _____ Years.

   B) In the other posts (Related) _____ Years.

1. What do you have information about sport injuries?
2. Are you certified in physiotherapist? If your answer is yes in what type?
3. What is your opinion about the prevalence and causes of sport injuries?
4. How do you treat players' sport injuries in the training match and after training?
5. Is there adequate knowledge on sport injuries?
6. Does an injured player get injury medical treatments?
7. What kind of challenge you faced on sport injuries on your club players?
8. What are the reasons of sport injuries?
9. How often a frequency of injuries on your club?
10. What are the mechanisms for the players who are happen high risk of injuries?
11. Do you have equipped on the prevalence of sport injuries?
12. What are the common sport injuries on the players?

አዲስ አበባ ዩኒቨርሲቲ

የተፈጥሮ ሳይንስ ኮሌጅ

የስፖርት ሳይንስ ትምህር ክፍል

/የ ድህረ ምረቃ ፕሮግራም/

በእግር ኳስ ተጫዋቾች የሚሞላ መጠይ

የዚህ መጠይቅ አላማ በኢትዮጵያ ፕሪሚር ሊግ በተሚጡየ ወንድ የእግር ኳስ ክቦች ላይ ያለወን የተጫዎቾች ጉዳት መጠን እና መሻወን እንዲሁም በዚህ ላይ የሚያዩትን ችግሮች ለማብሰብ እና ለችግሮቹም መፍትሄ ለሜለግ ሲሆን እርሶም ይህንን በመንዘብና ጥያቄዎቹን በማበብ ትክክኛወን አስተያየቶች ቢሰጡ ጥናቱ የተሟለ ይሆናል፡ ፡

- ✓ ስምመጻፍ አያስፈልግም፡ ፡
- ✓ የራይት ምልክት በሳጥኑ ወስጥ ያስቀምጡ፡ ፡
- ✓ ለሚደረግልኝ ትብብር በጣሉ ምስጋናዬን አቀርባለሁ፡ ፡

ክፍል አንድ የግል ሁኔታ

1. እድሜ ሀ) ከ 20 ዓመት በታች ☐

   ለ) ከ21 እስከ 30 ☐

   ሐ) ከ30 በላይ ☐

2. የትምህርት ደረጃ

   ሀ) የመጀመሪያ ደረጃ ትምህርት ☐

   ለ) ሁለተኛ ደረጃ ትምህርት ☐

   ሐ) የዩኒቨርሲቲ ኮሌጅ ☐

   መ) ዩኒቨርሲቲ ዲግሪ ☐

3. ይህንን ከለብ መቼ ነ ውየ ተቀላቀልከወ?

ሀ) በዚህ ዓመት

ለ) ባለፈውዓመት

ሐ) ተጨማሪ ካለ ይጠቀስ ----------

4. በእግር ኳስ ምን ያህል ዓመት ቆየ ህ?

ሀ) ከ5-10 ዓመት ☐

ለ) ከ10-15 ዓመት ☐

ሐ) ከ15-20 ዓመት ☐

መ) ከ20 ዓመት በላይ ☐

ክፍል ሁለት፡ - በኢትዮጵያ ፕሪሚየር ሊግ በተመረጡየ ወንድ የእግር ኳስ ክለቦች ላይ ያለወን የ ተመልቾች የ ጉዳት ማጠን እና የ ጉዳቱን መንስኤ በተመለከተ የ ሚሞላ ማጠይቅ

1. የ ክለቡ ስም----------
2. በክለቡ ያሉት ሃላፊነ ት አና የ ሚመውቱበት ቦታ ----------?
3. ለምን ያህል ጊዜ ክለቡን አገ ልግለዋል?

ሀ) ከሁለት ዓመት በታች ☐

ለ) ከ3-4 ዓመት ☐

ሐ) ከ5 ዓመት በላይ ☐

4. በልምምድና በወድድር ጊዜ ጉዳት አጋጥሟቹሁ ያወቃል?

ሀ) አዎን ለ) አይ

5. መልስዎ አይ ከሆነ ምክንያት ዘርዝሩ?

---

6. በክለባቹሁ የ ህክምና ቡድን አለ?

ሀ) አለ ለ) የለም

7. በክለባቹሁ የ ህክምና ውሁኔ ታ በቂ ነ ወ?

ሀ) አዎን ለ) አይ

8. መልስዎ አይ ከሆነ ምክንያት ዘርዝሩ?

---

9. በክለባችሁ ያሉ ወጌሻዎች እና ሐኪሞች ባጋጠማችሁ ጉዳት መሠረት በቂ የሆነ ክትትል እና ድጋፍ ያደርጉላችኋል ? ሀ) አዎን ለ) አይ

10. መልስዎ አይ ከሆነ ምክንያት ዘርዝሩ?

---

11. በክለባችሁ በየ ትኛውጊዜ ነ ውበይበልጥ ጉዳት የሚያጋጥማችሁ

ሀ) በልምምድ ጊዜ ☐

ለ) በወድድር ጊዜ ☐

ሐ) ከልምምድ በኋላ ☐

12. በክለባችሁ የሚሰጣችሁ የህክምና አሰጣጥ ደረጃወን የጠበቀ ነ ወ?

ሀ) አዎን ለ) አይ

13. መልስዎ አይ ከሆነ ምክንያት አብራሩ?

---

14. በሳምንት ወስጥ በአንድ ተጫዎች ላይ ምን ያህል ግዜ ጉዳት ያጋጥሚል?

ሀ) አንድ ጊዜ ☐

ለ) ሁለት ጊዜ ☐

ሐ) አጋጥሞን አያወቅም ☐

15. የ አሰልጣኞች የ አሰለጣጠን ዘይቤ ለጉዳት ይጋብዛል ብላችሁ ታስባላችሁ?

ሀ) አዎን ☐ ለ) አይ ☐

16. ከላይ የ ተጠቀሰውጥያቄ መልስዎ አይ ከሆነ ምክንያቱን አብራሩ?

---

17. በ ተጫሳሳይ የ ልምምድ ድግግሞሽ ምክንያት ጉዳት አጋጥሟችሁ ያወቃል?

ሀ) አዎን ☐ ለ) አይ ☐

18. መልስዎ አይ ከሆነ ምክንያቱን ዘርዝሩ?

---

19. ልምምድ በምታደርጉበት ጊዜ እና በወድድር ወቅት በአካል ብቁ ሆናችሁ ነ ውየ ምትሰሩት?

ሀ) አዎን ☐ ለ) አይ ☐

20. መልስዎ አይ ከሆነ ምክንያቱን አብራሩ?

---

21. በአካል ብቃት መመረድ ምክንያት ጉዳት ደርሶባችሁ ያውቃል?

ሀ) አዎን ☐ ለ) አይ ☐

22. መልስዎ አዎን ከሆነ ምን ዓይነ ት ጉዳት ደርሶባችሁ ያውቃል?

---

23. ተገ ቢ ባልሆነ የ ሞጅቅ እና የ ማቁዝቀዝ ችግር ምክንያት ጉዳት ደርሶባችሁ ያውቃል?

ሀ) አዎን ☐ ለ) አይ ☐

24. መልስዎ አዎን ከሆነ ምን ምክንያቱን አብራሩ?

---

25. በምትጎዳበት ጊዜ በቂ የ ሆነ እረፍት ታገ ኛላችሁ?

ሀ) አዎን ☐ ለ) አይ ☐

26. መልስዎ አይ ከሆነ ምን ምክንያቱን አብራሩ?

---

27. በአጠቃላይ በተጫዎች ላይ የ ሚደርሱ ጉዳቶች መነስኤዎቻቸሁን አብራሩ?

አዲስ አበባ ዩኒቨርሲቲ

የ ተፈጥሮ ሳይንስ ኮሌጅ

የ ስፖርት ሳይንስ ትምህር ክፍል

/የ ድህረ ምረቃ ፕሮግራም/

በአሰልጣኞች የ ሚሞላ መጠይቅ

የ ዚህ መጠይቅ ዓላማ በኢትዮጵያ ፕሪሚር ሊግ በተመረጡ የ ወንድ እግር ኳስ ክቦች ላይ ያለ ውን የ ተጫዋቾች ጉዳት መጠን እና መ ሻ ሻ ውን እን ዲሁም በ ዚህ ላይ የ ሚታዩ ትን ችግሮችን ለ መ ከ ብ ሰ ብ እና በ ችግሮቹ ም መፍትሔ ለ መ ፈለግ ሲሆን እር ስዎ ም ይህ ን ን በ መ ን ዘ ብና ጥያቄዎችን በ ማ ን በ ብ ትክክለኛ ውን አ ስ ተ ያ የ ቶች ቢሰ ጡ ን ጥና ቱ የ ተ ሟ ላ ይሆ ና ል፡ ፡

- ✓ የ ራ ይት ም ልክ ት በ ሳ ጥ ኑ ወ ስ ጥ ያ ስ ቀ ም ጡ፡ ፡
- ✓ ስ ም መ ጻ ፍ አ ያ ስ ፈ ል ግ ም፡ ፡
- ✓ ለ ሚ ደ ረ ግ ልኝ ት ብ ብ ር በ ሚ ሉ ም ላ ጋ ና ዬ ን አ ቀ ር ባ ለ ሁ፡ ፡

ክፍል አ ን ድ የ ግል ሁ ኔ ታ

1. ፆ ታ ወ ን ድ ☐ ሴ ት ☐
2. እ ድ ሜ ሀ) ከ 21-28 ☐ ለ) ከ 28 -25 ☐
   ሐ) ከ 35-45 ☐ መ) ከ 46 በ ላ ይ ☐
3. የ ት ም ህ ር ት ደ ረ ጃ
   - ሀ) 12 ያ ጠ ና ቀ ቀ/ች ☐
   - ለ) ሰ ር ተ ፊ ኬ ት ☐
   - ሐ) ኮ ሌ ጅ ዲ ፕ ሎ ማ ☐
   - መ) ቢ ኤ/ቢ ኤ ስ ሲ/ቢ ኢ ዲ ☐
   - ሠ) ኤ ም ኤ/ኤ ም ኤ ስ ሲ/ኤ ም ኢ ዲ ☐

   ተ ጨ ማ ሪ ካ ለ ይ ጥ ቀ ሱ ----------
4. የ ስ ራ ል ም ድ
   - ሀ) ከ 1-5 ዓ መ ት ☐ ለ) ከ 5-10 ዓ መ ት ☐

ሐ) 15-20 ዓመት ☐ መ) ከ20 ዓመት በላይ ☐

5. በየ ትኛውየ አሰልጣኝነ ትደረጃ ነ ውአያሰለጠንክ/ሽ ያለኸው/ሽው?

ሀ) የ መጀመሪያ ደረጃ ☐

ለ) ሁለተኛ ደረጃ ☐

ሐ) ሲ ላይሰንስ ☐

መ) ቢ ላይሰንስ ☐

ሠ) ኤ ላይሰንስ ☐

6. በየ ትኛውየ ቅጥር ሁኔታ ነ ውበክለቡ የ ተቀጠርከው?

ሀ) በ ቋሚየ ሥራ ቅጥር ☐

ለ) የ ትርፍ ሰዓት የ ሥራ ቅጥር ☐

ሐ) ተጨማሪ ካ ይግለፁ ----------

ክፍል ሁለት፡ - በኢትዮጵያ ፕሪሚየር ሊግ በተመረጡ የ ወንድ የ እግር ኳስ ክለቦች ላይ ያለውን የ ተጫዋቾች ጉዳት መጠን እና የ ጉዳቱን መንስኤ በተመለከተ የ ሚሞላ መጠይቅ፡ ፡

1. የ ክለቡ ስም ----------
2. በክለቡ ያለዎት ሃላፊነ ት ----------
3. ከልምምድ በፊት፣ በኋላ እና በልምምድ እና በወድድር ጊዜ በቂ የ ሆነ የ ሰውነ ት ማሟሟቅ እና ማቀዝቀዝ ተግባረር ታከናወናላችሁ?

ሀ) አዎ ☐ ለ) አይ ☐ ሐ) አልፎ አልፎ ☐

4. በየ ትኛውግዜ ነ ውልምምድ የ ምትሰሩት?

ሀ) በ ጠዋት ብቻ ☐ ለ) ከሰዓት ብቻ ☐

ሐ) ጠዋትና ከሰዓት ☐

መ) ተጨማሪ ካለ ይጥቀሱ ----------

5. የ ክለቡ ፊዚዮቴራፒስቶች በ ተጫዋቾች ጉዳት እና የ ጉዳ መከላከልን የ ሚረዳ ስልጠና ይሰጧችኋል?

ሀ) አዎ ☐ ለ) አይ ☐

6. ተጫዋቾች በሚዳበት ጊዜ ፈጣን እና በቂ የሆነ የመጀመሪያ እርዳታ ከክለባሁ ፊዚዮቴራፒስቶች ታግኛላችሁ?

ሀ) አዎ ☐ ለ) አይ ☐

መልስዎ አይ ከሆነ ምክንያቱ ምንድን ነው? ----------

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7. በከፍተኛ የልምምድ ጫና ምክንያት በተጫዋቾች ላይ ጉዳት በወድድር ጊዜ አጋጥሞት ያውቃል?

ሀ) አዎ ☐ ለ) አይ ☐

8. መልስዎ አይ ከሆነ ምክንያቱ ምንድን ነው?

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9. በተጫዋቾች የአካል ብቃት መቀነስ ምክንያት በተጫዋቾች ላይ የደረሰ ጉዳት አለ?

10. በወድድር እና በልምድ ጊዜ ለተጫዋቾች ጉዳት መፈጠር ምክንያት ምድን ነው?

ሀ) የመጫወቻ ሜዳ ☐

ለ) የአየር ሁኔታ ☐

ሐ) ያልተገባ አጨዋወት ☐

መ) የልምምድ ጫና ☐

11. ለረጅም ጊዜ ልምምድ ሚድረግ እና ወድድር ላይ መቆየት የጉዳት ምክንያት ይሆናል ብላችሁ ታስባላችሁ?

ሀ) አዎ ☐ ለ) አይ ☐

12. መልስዎ አዎን ከሆነ ምክንያቱን ዘርዝሩ?

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13. በየትኛውደረጃ ነውተጫዋቾች ልምምድ የሚያደርጉት?

ሀ) በከፍተኛ ☐ ለ) በመካከለኛ ☐ ሐ) በዝቅተኛ ☐

14. ሜዲስዎ በከፍተኛ ከሆነ ምን ዓይነት ጉዳት እንዳጋጠሞይዘርዝሩ?

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15. በአየር ንብረት ምክንያት ያጋጠሞት ጉዳት አለ?

ሀ) አዎ ☐ ለ) አይ ☐

16. በይበልጥ በየትኛውየአየር ንብረት ጉዳቶች ይከሰታሉ?

ሀ) በጣም በከባድ ዝናብ ወቅት ☐

ለ) በጣም በቀዝቃዛ አየር ☐

ሐ) በጣም ሞቃት በሆነ አየር ☐

17. በቂ የሆነ የስፖርት ቁሳቁሶች አላችሁ በወድድር እና ልምምድ ጊዜ የምትጠቀሙት?

ሀ) አዎ ☐ ለ) አይ ☐

18. ሜዲስዎ የለምከሆነ ምንያቱን ያብራሩ?

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19. ተጫዋቾች በሚዳበት ጊዜ በቂ የሆነ የስፖርት የህክምና መሣሪዎች ለተጫዋቾች የህክና ዕርዳታ ክትትል የሚሰጠአላችሁ?

ሀ) አለን ☐ ለ) የለንም ☐

20. ክለባችሁ በቂ የሆነ እና የተደራጀ የህክምና ሚሰቀመጫመደብር አለው?

ሀ) አለን ☐ ለ) የለንም ☐

21. ሜዲስዎ የለወምከሆነ ምክንያቱን ዘርዝሩ?

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22. ተጫዋቾቹ አምስቱን የአካል ብቃት ዘርፎች በወድድር እና ልምምድ ጊዜ ያሟሉ ብለውያስባሉ፡ ፡

ሀ) አዎን ☐ ለ) አይ ☐

23. መልስዎ አይ ከሆነ ምንያቱን አብራሩ?

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24. በልምምድዎ ጊዜ የሚከቀመት የስልጠና ትግበራ የትኛዉን ነ ዉ?

ሀ) ከቀላል ወደ ከባድ ☐

ለ) ከሚታወቀውወደ ሚይታወቀው ☐

ሐ) ከወስብስብ ወደ ቀላል ☐

መ) ከቀላል ወደ ወስብስብ ☐

ሠ) ሀ እና ለ ☐

ረ) ሐ እና መ ☐

25. ተጫዋቾች በጉዳት እንዳይጠቁ የሚያደርጉት የመከላከያ መንገድ ምንድን ነ ዉ?

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26. ዋና ዋና በእግር ኳስ ተጫዋቹ ላይ የሚደርሰውየ ትኞቹ ና ዉ?

ለክለቡ ህክምና አባላት እና ለቴክኒክ ኮሜቴዎች የቀረበ ቃለ መጠይቅ

ክፍል አንድ

1. ፆታ ሀ. ወንድ ☐ ለ. ሴት ☐
2. እድሜ ሀ. ከ20 ዓመት በታች ☐ ለ. ከ21-28 ዓመት ☐

☐

ሐ. ከ29-30 ዓመት መ. ከ36 ዓመት ላይ ☐

3. የጋብቻ ሁኔታ ሀ. ያገባ ☐ ለ. ያላገባ ☐

4. የትምህርት ደረጃ

ሀ. ሰርተፊኬት ☐ ለ. ኮሌጅ ዲፕሎማ ☐

ሐ. ቢኤ/ቢኤስሲ/ቢኢዲ ☐. ኤምኤ/ኤምኤስሲ/ኤምኤዲ ☐

ተጨማሪ ካለ ዘርዝሩ? ----------

5. የስራ ልምድ

ሀ. በአሁኑ ሰዓት በከለቡ ያለውየሥራ ልምድ ----------

ለ. ከዚህ በፊት የነበረ የሥራ ልምድ ካለ ----------

ክፍል ሁለት፡ - በኢትዮጵያ ፕሪሚር ሊግ በተሚጡየእግር ኳስ ክለቦች ላይ ያለዉን የተጫዋቾች የጉዳት ማጠን እና የጉዳቱን መንስኤ በተመለከተ የሚሞላ ማጠይቅ

1. ስለስፖርታዊ ጉዳቶች ያላችሁ ሚጃ ምንድነ ው?
2. በፊዚቴራፒስትነ ት የትምህርት ማሸረጃ አላችሁ? ማልሳችሁ አዎን ከሆነ በምስ አይነ ት?
3. በተጫዋቾች ጉዳት እና መንስኤዎች ዙሪያ ያለዎት አስተያየ ት እና ግንዛቤ ምንድን ነ ው?
4. ተጫዋቾችን በጉዳት እንዳይጠቁ በልምምድ፣ በጫዎታ ጊዜ እና ከጫዎታ በኋላ የምታደርጉት ቅድመ ጥንቃቄ ምንድን ነ ው?
5. በተጫዋቾች ጉዳት ዙሪያ በቂ የሆነ እወቀት አላቸዉ?
6. የተጎዳ ተጫዋች በቂ የሆነ ህክምና ይደረግለታል?
7. በክለባችሁ በተጫዋቾች ጉዳት ዙሪያ የሚያጋጥማችሁ አስቸጋሪ ነገር ምንድን ነ ው?
8. በተጫዋቾች የመጎዳት ምክንያትና መንስኤዎች ምንድን ናቸዉ?
9. በክለባችሁ በተጫዋቾች ላይ ተደጋጋሚጉዳት ይከሰታል?
10. በከፍተኛ ጉዳት ላይ የሚሆኑ ተጫዋቾችን ምን አይነ ት ሁኔታዎችን በመጥር እገዛ የምታደርጉላቸዉ?

11. በቂ የሆነ የህክምና ቁሳቁሶች ተጫዎቾች በሚዳበት ጊዜ የሚሰጥ የህክምና ሜከል አላችሁ?

12. ዋና ዋናዎቹ የጉዳት አይነቶች በተጫዎቾች ላይ የሚያጋጥሞት እነማን ናቸው?

Appendix V

DECLARATION

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in any other university and that all sources of materials used for

the thesis have been duly acknowledged.

Name: Admasu Lemma

Signature: _____

Date: _____ _____

This thesis has been submitted for examination with my approval as a

University advisor.

Name: Aschenaki Taddese (Ph.D)

Signature: _____

Date: _____ _____