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PREVALENCE AND ASSOCIATED RISK OF SPORT INJURIES IN MALES' HIGHER LEAGUE FOOTBALL CLUBS OF WOLAITA ZONE

MSc THESIS

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Prevalence and Associated Risk of Sport Injuries in Males' Higher League Football Clubs of Wolaita Zone

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THESIS APPROVAL SHEET

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As this research advisor, we here by certify that we have read and evaluated this thesis prepared under our guidance by Zeleke Mahamed entitled "**Prevalence and Associated Risk of Sport Injuries in Males' Higher League Football Clubs of Wolaita Zone**", we recommend that it be submitted as fulfilling the thesis requirement.

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As members of the Board of Examiners of the final MSc thesis open defense examination, we certify that we have read and evaluated the thesis prepared by Zeleke Mahamed and examined the candidate. We recommend that the thesis be accepted as fulfilling the thesis requirements for the degree of Masters of Science in Football Coaching.

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DEDICATION

This thesis is dedicated to my beloved families, for their unconditional love, encouragement and support.

DECLARATION

By my signature below, I declare and affirm that this thesis is my work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis, and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every serious effort has been made to avoid any plagiarism in the preparation of this thesis.

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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.
H.L.F.B:	Higher League Football
K.M.U:	Kotebe Metropolitan University.
W.Z:	Wolaita Zone

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ABSTRACT

Football is one of the most widely played sports in the world. A study was conducted with the aim of determining the Prevalence and Associated Risk of Sport Injuries in Males' Higher League Football Clubs of Wolaita Zone in Boditi City and Sodo City in the 2022–2023 seasons. A descriptive survey study was used. For this study, all players and coaches were included in the selected club (30 players and 4 coaches, 4 medical staffs, 2 coaching staffs). Self-administered questions and observation were used. The collected data were analyzed by SPSS 20. All of the players experienced at least one or more injuries during the season. Among the injured players, the most injuries to the body were joint and tendon injuries, followed by ankle and knee injuries. Most injuries occurred due to failures on the ground and improper landings while heading the ball. The club lacks a well-organized treatment system, a well-equipped medical team, and health insurance. The club's training sessions lack appropriate materials and coaches don't follow proper dressing. High injury frequency suggests the need for better preventive measures and enhanced injury management strategies. Targeted interventions could reduce recurrence. Coaches' knowledge is outdated, leading to overtraining and injuries. Training methods are inadequate, and there's no safe environment for training. The club faces budget constraints and lacks full sport equipment. Additionally, club administrators lack awareness about sports facilities, leading to injuries. Football coaches, medical staffs, and technical staff should regularly check players' physical fitness, follow up during training and competition, and build safe football fields. Players should choose safe locations, maintain a balanced diet, avoid repeated training, and perform proper warm-up, cooling, and stretching.

Keywords: Football, Injuries, Players, Fitness, Training

1. INTRODUCTION

1.1 Background of the Study

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. 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 (Inklaar, 1994).

The practice of sport generates physiological, psychological, and social benefits. These include improved health conditions, self-esteem, social interactions, and decreased risk of depression (Eime et al., 2013). However, sports practice is inevitably linked with the appearance of injuries (Christakou and Lavallee, 2010).

The football players can also suffer from a range overuse injury associated with running, jumping, pivoting, heading, and kicking of the ball. A direct blow from a soccer ball or stray kick may result in fractures bruising or even death (Lewin, 1989). At the 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 at1.least once in a year, which affects his performance (Inklaar, 1994).

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

In the history of Ethiopian football from the very beginning of it emergency it is observable their football injuries in the national team, club and other league football players. Injuries in males' higher league have increased in number. Due to these injuries' players suffer a lot of problems especially males' higher league players has suffered majority of injuries. Since sport characterized by intense physical contact, fast, non-continuous movement, such as acceleration, declaration, jumps and sudden changes of directions (Admasu, 2018).

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. Prevention and onset of orthopedic injuries in soccer are based on intrinsic or personal factors such as age, previous injuries, particular instability, physical preparation and ability is 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). Thus the aim of the study was to assess prevalence and associated risks of sport injuries in higher league football clubs of Wolaita Zone.

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 males' higher 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 males' higher 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 males' higher 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 higher league football clubs. Epidemiology of sports injury on male footballer has been documented that injury incidences were 10-35 injuries per 1000 game hours. In overall rate of injuries in contact sports were assessed that 10 to 15 injuries per 1000 playing hours. Those injuries are the most common cause of loss of training and match time and need proper prevention approaches. In particular, the incidence of injuries in professional male soccer ranges from 2.1 to 19.2 injuries per 1000 hours of exposure, being much higher in matches (from 13 to 78.3 injuries per 1000 hours of match exposure) than in training (from 1.5 to 11.8 injuries per 1000 hours of training exposure). This incidence is much more pronounced in tournament matches with a national team, and can reach up to 101 injuries per 1000 hours of match exposure (Ekstrand J. *et al.*, 2011)

In professional level, the players may place at the greater risk of injury in the blend of maximum physical demands together with situations in which players derived into contact, technical advancement and congested calendars. A specific relationship between injury and player position has been referred as the greater the activity and covered distance during matches, may have the higher injury risk (due to rushing/slowing activity). According to the positional role defenders (34.3%) and attackers (31.4%) registered higher than other players (e.g.: goalkeepers (GK), 9.8%). The back defense line players' accounts 36% and center field players (Árnason Á, et al., 2004).

The high frequency of football practices is correlated with the risk of injury during training sessions and matches in professional, amateur and youth players. Athletes often play faster and intensely than in the past, depending on the importance of the game, requiring higher level of physical activity and more intensive training (mostly at the professional level) (Pfirrmann et al., 2016). The prevalence of sports injuries in the premier league is a significant concern, with a noticeable increase in the number of injuries in recent seasons. This uptick is attributed to the demanding schedules and over-reliance on a small core of players. Overall, the higher League is facing a challenging situation with the increasing frequency and severity of injuries, which is impacting team performance and player availability throughout the season. No sufficient studies have undertaken in higher league of Ethiopia in general and Wolaita Zone in particular. So, this research aimed to provide the answers to the following basic three research questions.

1.3 Research Questions

- What is the prevalence of sport injuries in higher league football clubs of Wolaita Zone?
- What are the associated risk factors of sport injuries in higher league football clubs of Wolaita Zone?
- What are the types of injuries happen in the in higher league football clubs of Wolaita Zone?

1.4 Objectives of the study

1.4.1 General Objective

The general objective of the study was to assess the prevalence and associated risk of sport injuries in males' higher league football clubs of Wolaita Zone.

1.4.2 Specific Objectives

- To determine the prevalence of sport injuries in higher league football clubs of Wolaita Zone.
- To assess the associated risk factors of sport injuries in higher league football clubs of Wolaita Zone.
- To assess the types of injuries happen in higher league football clubs of Wolaita Zone.

1.5. Significance of the Study

The major goal of this study was to assess the prevalence and associated risk of sport injuries in higher league football clubs of Wolaita Zone, Southern Ethiopia. The researcher consequently anticipated that this study would have the following implications.

- The study will help to identify the factors that hinder the sport injury prevalence of Wolaita zone higher league football players.
- To will help the players' managers to aware about sport injury prevalence.
- To will help the players to aware about incidences and consequences of sport injuries and suggest possible solutions to the players to know how to prevent sport injuries.
- Will help the medical staffs to know the type of sport injuries and to give frequent treatment.

1.6. Scope of the Study

The study was delimited to the prevalence and associated risks of sport injuries in Wolaita zones male football players (Boditi City and Sodo City football players). All the football sport injury types were included and, well structured questionnaire and observational check lists containing concerning information were used during the study.

1.7. Limitations of the Study

The study has the following limitations: Lack of recent literature for the reference, insufficiency of internet access, not observing the seasonal variations of sport injuries in both clubs, the study conducted short period of time and daily follow up was not employed to record injuries. 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 Wolaita zone football players.

1.8. Operational Definition of Key Terms

Football injuries: are 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 (Meeuwisse *et al*., 2007).

Physical is referring to the human body and characteristic such as muscular strength, muscular endurance etc. (according to grade 9 physical education students text book).

Sport is an organized competitive form of play (according to grade 9 physical education students' text book).

Physiotherapy: also called physical therapy, is a dynamic profession with an established theoretical and scientific base and widespread clinical application in the prevention of injury, restoration, maintenance, optimal promotion of physical function (APTA, 2001).

Injury prevention: The implementation of interventions to reduce the occurrence and severity of bodily injuries caused by external or internal mechanisms before they occur (Lawrence, 2008).

1.9. Organization of the Study

This study was organized into eight 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. The fourth chapter was allocating the result and discussion of study. The fifth chapter deals with conclusion and recommendation.

2. LITERATURE REVIEW

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 result, ligaments tendons, fascia and Bursa may be affected (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 includes.

Knee injury: A population-based case-control study investigated the risk of knee OA with respect to sports activity and previous knee injuries of 825 athletes competing in different sports. They were matched with 825 controls. After confounding factors were adjusted, the sports-related increase risk of OA was explained by knee injuries (Thelin N, Holmberg S, Thelin A. Knee injuries account for the sports-related increased risk of knee osteoarthritis. Scand J Med Sci Sports 2006;16:329–33.)

Ankle sprain: Ankle sprains are common sporting injuries generally believed to be benign and self-limiting. However, some studies report a significant proportion of patients with ankle sprains having persistent symptoms for months or even years. Nineteen patients with a mean age of 20 years (range: 13–28), who were referred to a sports medicine clinic after an ankle inversion injury, were followed for 29 months (average), and compared with matched controls. Only five (26%) injured patients had recovered fully, whereas 74% had symptoms 1.5–4 years after the injury (Barnsley L, 2005).

Residual upper limb symptoms in the ‘overhead’ athlete Shoulder injuries account for 7% of sports injuries and often limit the athlete in his or her ability to continue with their chosen sport. (Wallace WA, 1990) Repetitive overhead throwing imparts high valgus and extension loads to

the athlete's shoulder and elbow, often leading to either acute or chronic injury or progressive structural change and long-term problems in the overhead athlete. (Schmitt H. et al., 2001).

Schmitt et al.(2001) examined 21 elite javelin throwing athletes at an average of 19 years after the end of their high-performance phase (mean age at follow-up was 50 years). Five athletes (24%) complained about transient shoulder pain and three (16%) about elbow pain in their throwing arm affecting activities of daily living. All dominant elbows had advanced degeneration (osteophytes).

Dislocation: Dislocation occurs when the end of a bone moves out of its normal position in a joint. For example, if your shoulder pops out of its socket, it's dislocated.

Tendinitis: Tendinitis occurs when your tissues that connect muscles to bones (tendons) become swollen and inflamed. It's caused by repetitive movements over time. An example is jumper's knee (patellar tendonitis).

Strains: A strain occurs when you overextend a muscle and it stretches or tears. Examples include hamstring strain, back strain and abdominal strain.

2.3 What are the most common parts of the body injured?

- **Achilles tendon:** The Achilles tendon is a thick cord that connects the back of your lower leg (calf) to your heel. It helps you walk. But the tendon can become swollen, inflamed and stiff. It can even tear. This is called Achilles tendinitis or Achilles tendon rupture.
- **Elbow:** Your elbow is the joint that acts as a hinge between your upper and lower arm. People often experience pain in their elbow from repeat motions and overuse (for example, tennis elbow and Little League elbow).
- **Knee**: Your knee is a complex joint that acts as a hinge between your thigh and lower leg. It contains bones, cartilage, ligaments and tendons. Knee pain can be caused by jumper's knee or runner's knee. Other common injuries include meniscus tear and anterior cruciate ligament (ACL) tear.
- **Head**: Your head includes your face, skull and brain. One of the most common head injuries is concussion.

2.4 Classification of Injuries

Classification of 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).

2.4.1 Acute injuries

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/posterities pubis Hamstring strains Quadriceps strains Other hip/groin/thigh injuries Knee anterior circulate 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, 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. 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 (Adrix and G.Kungtten, 1988).

2.4.2 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, 2007).

2.4.3 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, an inability to move the injured part, unnatural movement of the injured part, deformity of the injured part, swelling and discolorations, and grating of bones (Jacobson, 2007).

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).

2.4.4 Tears, Sprains and Contusions

Three common soft-tissue injuries are tears, sprains and contusions as indicated in (Jacobson, 2007). 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).

2.4.5. 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. Managing soft-tissue injuries in order to effectively manage soft-tissue injuries the RICER procedure needs to be followed. The immediate management of soft-tissue injuries during the acute inflammatory phase is very important for successful rehabilitation after the injury. The aims of immediate treatment are to: prevent further tissue damage minimize swelling ease pain, reduce the formation of scar tissue and reduce the time needed for rehabilitation (PDHPE.net/ Skin Abrasions, Lacerations and Blisters).

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).

2.5 Risk Factors

2.5.1. 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 of, 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 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 individuals' 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).

2.5.2. 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 is providing a plausible link between warm-up and muscle injury.

Playing Surface is 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: 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 ethosis 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 (Junge, 2000).

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 (Jordan, 2001).

2.6 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 fails 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. 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).

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, Guarani, 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. 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, 1992).

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 years' undergraduate degree. 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.

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. 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 nonemergency 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, 1992)

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, (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 players' 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 drill, do enough to improve technique, yet not so much as to bore your athletes.

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.

3. RESEARCH METHODOLOGY

3.1. Study Area

This research was conducted in two towns of Wolaita zone. Sodo or officially Wolaita Sodo is a city in south Ethiopia. The City is a political and administrative center of the Wolaita Zone and South Ethiopia Regional State. It has a latitude and longitude of 6°54′N 37°45′E with an elevation between 1,600 and 2,100 metres (5,200 and 6,900 feet) above sea level. It was part of the former Sodo woreda which included Sodo Zuria which completely surrounds it.

Based on the 2007 Census conducted by the CSA, this city has a total population of 76,050, of whom 40,140 are men and 35,910 women. The majority of the inhabitants were Ethiopian orthodox tewahido, with 54.60% of the population reporting that belief, 38.43% practiced Protestant or pintay, 4.76% were Muslim, and 1.28% were Catholic. The 1994 national census reported this city had a total population of 36,287 of whom 18,863 were men and 17,424 were women.

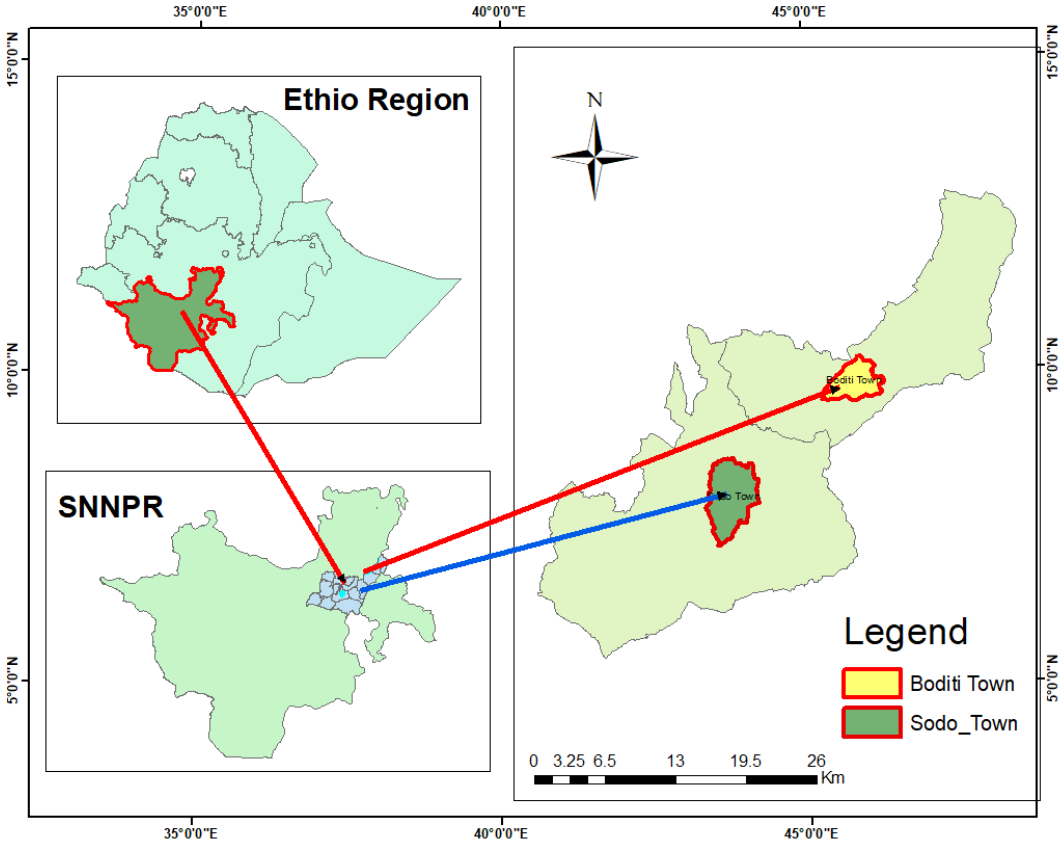

Figure 1: Map of Study Area

3.2. Study Design

The survey design was conducted by providing 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. 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.

Furthermore, the researcher used prospective study design. 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 respondent recall of the situation, and the prospective design is for estimating future prospects of Wolaita zone 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. Study Population

Populations of the study were players, coaches, medical staffs and technical staff of males' higher league football players of Boditi Ketema and Sodo Ketema. Each football club has 33 players, 2 coaches, 2-medical staffs and 4 technical staffs. In total, those two clubs 66 players, 4 coaches, 4 medical staffs and 8 technical staffs were the population of the study.

3.4. Sampling Method and Sample Size

Purposefully two clubs (Sodo Ketema and Boditi Ketema males' football clubs) of Wolaita zone that participating in males' higher league football were selected for the study. The sampling procedure was simple random and purposive sampling as explained by (Amin, 2005). The sample size for the questionnaire survey was 82 respondents. Thereafter, the respondents were randomly selected proportionally from the different subgroups as guided by Lu *et al*. (2012) on sample selection. The total number of players are 66 in these 2 selected clubs (i.e. 33× 2=66; one club has 33 players). Of these total populations, the researcher selected 15 football players from Sodo Ketema and 15 football players from Boditi Ketema club. For this purpose, simple random sampling technique was used to select trainees (football players). Whereas purposeful sampling

technique were used to select 4 club coaches (100%), 4 medical staffs (50%) and 2 club technical staffs (25%) to gather data. So, the total sample size for this study was (30+4+4+2 = 40).

3.5. Source of Data

Researcher used both primary and secondary data to obtain relevant data on the assessing of prevalence and associated risks of sport injuries in higher league football clubs of Wolaita Zone, Southern Ethiopia. The primary data was collected through open and close ended questionnaires from coaches, players, medical staffs and technical staff. Secondary data was collected from various documents, clubs annual injury update data and reports.

In generally, the data was collected from Boditi Ketema and Sodo Ketema players, coaches, medical staffs and technical staff by using well-structured questionnaire format and observational check list.

3.6. 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.

3.7 Data Collection Instrument

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

3.7.1 Questionnaire

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. The type of questionnaires used in this study adapted questionnaires which have been modified from the existing questionnaires. It contains contain multiple choice questions, closed questions and open-ended questions. To gather data from the players, coaches, questionnaires were translated in to Amharic and distributed so that they adequately understand and respond to the questions.

3.7.2 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 interviewees home, or at a more neutral place.

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 semi structured interview was conducted with medical staffs and technical staffs.

3.7.3 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 in males' higher league football in the case of some selected clubs. The researcher prepared observation checklists in order to collect enough information about the prevalence and causes of injuries.

3.8. 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 time convenient for the respondents was arranged. The researcher made the objectives of the study clear to the entire sample respondents at the questionnaires and observation were made on the players, coaches, medical staffs and clubs' technical staff and other concerned bodies in the assessing prevalence and associated risks of sport injuries in these selected Wolaita zone men football players. And the data were 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.

3.9. Method of Data Analysis and Interpretation

The information obtained from relevant documents the responses which gathered through questioners and observation were organized, framed to analysis and inferences were made. Finally, interpretations of the data were quantitatively used frequently and counted. Percentages were also formulated depending on the nature of the data collected and first-hand information from the respondents, were 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, closed 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 questionnaires, document analysis and observation, at all.

3.10. Ethical Consideration

So as to performing this, the researcher asked the respondent's permission to give valid and correct information for the interview and questionnaire questions. Ethical clearance for appropriate sampling of this study was obtained from Wolaita Sodo University Research and community service directorate of research ethics and review committee.

4. RESULTS AND DISCUSSION

4.1. Introduction

This chapter includes response rate of the data, socio-demographic characteristics of the respondents, aspects of injury occurs during training and game competition, respondents with injuries, parts of respondent body exposed for injuries, determinant factors of injury on football players and impact of sport injury on football players. To collect data for this study, 30 questionnaires were distributed to the injured football players. All of the 30 questionnaires were returned back. The Interviewee had been held with 4 coaches and 4 medical staffs and 2 Technical staffs with each football club.

4.2. Socio-Demographic Characteristics of the Respondents

Respondents' socio-demographic characteristics about sex, age educational status and experience in football players club had been collected and presented in Table 1.

Table 1: Socio-demographic characteristics of the respondents

Variables	Category	Types of respondents			
		Coaches (N=4) %	Players (N=30) %	Medical staffs (N=4) %	Technical staffs (N=2) %
Sex	Male	4 (100)	30 (100)	4 (100)	2 (100)
	Female	-	-	-	-
Age	18-20	-	6(20)	-	-
	21-30	-	24(80)	1(25)	1(50)
	Above 30	4 (100)	-	3 (75)	1 (50)
Work experience	1-5years	-	9 (30)	-	1 (50)
	6-10years	3(75)	21(70)	2(50)	1(50)
	Above 11years	1(25)	-	2 (50)	-
Educational status	Elementary school	-	6 (20)	-	-
	High school	-	14(46.67)	-	-
	College diploma	2(50)	7(23.33)	2(50)	1(50)
	University degree	2(50)	3(10)	2(50)	1(50)

Source: Field Survey, 2023

As shown in table 1 above, all of the respondents are male. Regarding to the age of the respondents, 6(20%) of trainees were under age of 20 and 24(80%) of players, 1(25%) and 1(50%) of technical staffs were between the ages of 21-30, that indicated the majority of the respondents were under the age of 30 and 22(55%). In addition all of coaches were above 30 years old. Other demographic characteristic is work experience of the respondents. Based on this, most of the players, 21(70%) have 6-10 years of experience and the remaining 9(30) have below 6 years of participation in their clubs.

Table 1, also shows the educational status of respondents. Accordingly, 6(20%) of players were in elementary school, 14(46.67%) were with high school educational level, 12(30%) of them were with college diploma and 8(20%) were with University degree. Therefore, the respondents had adequate knowledge to provide information for the study. Moreover, Table 1, shows that 10(25%) had 1-5 experience, 22(55%) had 6-10 experience and 8(20%) had above 10 years' experience in the club. Thus, the respondents had adequate experience to give information for the study.

4.3. Prevalence of Injuries and associated risks of sport injuries

Table 2: Have you get injury during training and competition?

Item	Response	Percentage (%)
Yes	28	100%
No	-	-
Total	30	100%

The above table shows 100% the respondent said that the players have got injury during training and competition. This indicates a very high incidence of injuries among the players. It could indicate that the conditions during training and competition may not be optimal, potentially leading to a higher likelihood of injuries. Factors could include inadequate facilities, poor weather conditions, or insufficient safety measures.

Table 3: If your answer is yes for the first question what kind of injuries you face?

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 injuries 73.3% and 93.3% of the respondent said joint and tendon injuries. Since joint and tendon injuries are the most prevalent, there might be a need for interventions or preventive measures focusing on joint health. The high incidence of ankle pain and leg injuries also suggests these are critical areas to address, possibly requiring specific attention in terms of medical care, preventive strategies, and awareness programs.

Table 4: Is their medical team on your club?

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

The above table shows 100% of the respondents said that there is medical team on those clubs.

Table 5: Do you think medical service is enough?

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

The above table shows 6.67% 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 well-trained sport medical staffs, 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 medical staffs is low to give medical service in those clubs. By analyzing the relationship between injury occurrence and the perceived adequacy of medical services, stakeholders in the sports industry can better understand the current situation and work towards improving both preventive and treatment strategies.

Table 6: Does your medical staffs follow your performance and treat you based on injuries?

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

The above table shows that 40% of the respondent said that the medical staffs follow their performance and treat them base on their injuries and 60% of the respondents said the medical staffs don‘t follow their performance and treat them based on their injuries? About the follow up of medical staffs 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 medical staffs and club doctors and there is lack of

experience regarding to the treatments of players performance on injured players. The club medical staffs pied low because of these there follow up also week.

Table 7: 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 8: Do you think the treatment system is up-to-date and scientific?

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

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 9: 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 shows 86.67% of the respondent said that sport injuries happen once times in a week 13.33% of the respondents said that sport injuries happen twice times.

Table 10: Do you think coaches training method as problem of injury?

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

The above table shows 80% of the respondents coach training method as problem of injury 20% 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 11: 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 injuries are: Knee injuries, joint pain, strain, muscle strain, hamstrings /back muscle, Ankle leg injury.

Table 12: 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 that 3.33% of the respondent the engage injuries in a competitions and training once times 33.33% of the respondents two times, 40% tree times and 23.3% of the respondents said for times. A significant majority (96.67%) of respondents reported experiencing injuries more than once during competitions and training programs. The most common frequency of injury engagement is three times (40%), followed by twice (33.33%). The data indicates that injuries are not isolated incidents but tend to recur frequently for many individuals. This suggests potential issues in either the training programs, recovery protocols, or both.

The high frequency of injuries points to a need for better preventive measures within training programs and competitions. Enhanced injury management strategies might be necessary to ensure that once an injury occurs, it is properly treated and the risk of recurrence is minimized.

Since a large proportion of respondents engage with injuries multiple times, targeted interventions aimed at reducing the recurrence of injuries could be beneficial.

These interventions could include improved training techniques, better protective equipment, and comprehensive rehabilitation programs.

Table 13: 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 14: 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 15: 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?

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 16: 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 17: Have you take enough rest after you injured?

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

The above table‘s shows 33.33% 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 medical staffs knowledge about giving enough rest for injured players is low, the clubs medical team has lack of advice, and 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. The respondents said that lack of adequate service, there is a knowledge gap between club doctor‘s medical staffs 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.

Table 18: Questionnaire data result obtained from coaches

Variables	Category	Frequency	Percentage
1. Properly warm up and cool down activities before, after and during training /competition	Yes	3	75
	No	1	25
2. Time of day do you working training	Morning only	-	-
	Afternoon only	-	-
	On both	4	100
3. The club doctor, gave you education about cause of prevention method of injuries	Yes	-	-
	No	4	100
4. Getting immediate first AID from club medical staffs when players injured	Yes	1	25
	No	3	75
5. Players faced injury during over training and at being in the competition	Yes	4	100
	No	-	-
6. Faced injury due to of player‘s physical fitness decline	Yes	4	100
	No	-	-
7. Main factors for the occurrence of injures during compactions and training	Playing field	4	100
	Temperature	4	100
	Aggressive playing	4	100
	Load of training	4	100
8. Long time training and competition a cause of injury	Yes	4	100
	No	-	-
9. Extent of performing the training activities	High	4	100
	Medium	4	100
	Low	4	100
10. Environmental hazards invite players for different kinds of injuries	Yes	4	100
	No	-	-

11. Weather condition more injuries are occurred	Time of heavy rain	4	100
	Time of high cold	4	100
	Time of hot weather	4	100
12. Having enough sport facilities to implement the competition and training programs	Yes	-	-
	No	4	100
13. Having full sport equipment to give treatments for players when injured	Yes	-	-
	No	4	100
14. Having well organized and structured drug store for the club	Yes	-	-
	No	4	100
15. Players fulfill the five components of physical fitness I while competition and training program	Yes	1	25
	No	3	75
16. Proper coaching methodologies at the time of training	Simple to complex and Unknown to Known	4	100
	Complex to Simple and Known to Unknown	-	-

The above table shows 75% of the respondents said before, after and during training them doing warm up and cool down activities properly and 25% of the respondent do not properly doing warm up-cool down activities before, after and during training.

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

The above table shows 25 % of the respondents said that they got immediate first AID from the club medical staffs whereas 75% of the respondents said they don‘t get immediate first Aid from the club medical staffs. About players injury faced during training and competitions 100% of the respondents said yes because players injured by misuse of energy in the training and

competitions, improper use their time of rest after get 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. The above table shows that 100 % of the respondents said they faced injury because of their player‘s physical fitness decline.

The above table shows 100 % of the respondents said the main factor for the occurrence of injuries during competition and training are the playing field, temperature, aggressive playing and load of training. 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 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 while long time training and competition.

The above table shows 100% of the respondents said that the extent of training activities is performed in high, medium and low. About the extent of performing the training in high, is mostly causes different injuries like; Knee injuries, head injuries, ankle sprain and strain injury. The above table shows 100% of the respondents said environmental hazard invite for different injuries. The 100% of the respondents said at the time of heavy rain, the time of high cold and at the time of hot weather condition.

The above tables show that 100% of the respondents said they don‘t have enough sport facilities to implement the competition and training. There is no enough budget to the clubs however there is awareness about sport facilities how to implement in the training and competitions by the club administrators. Similarly, there is no full equipment to give treatments to players when got different injuries. So that 100% coaches said that:-

- The budget constraint by the club is high because of these there is no full sport equipment to give treatment for players.
- There is lack of awareness about sport facilities by the club administrators due to these players suffer different injuries due to lack of sport equipment.

The 100% of the respondents said there is no well-organized and structured drug store in the clubs. This is because there is lack of focus, lack of awareness and due to budget constraints in those clubs.

The 25% of the respondent said players fulfill the five components of physical fitness in the competition and training programs whereas 75% said players not fulfill the five component of physical fitness in the competition and training programs because the players ability and knowledge about exercise is limited, because of players nutrition, rest and training all players are not physically fit, psychological factors, health and age status, players current situation affect their physical fitness and environmental conditions and life style of the players affect their physical fitness.

As shown in the table above, 100% of the respondents said that the coaching methodologies at the time of training are simple to complex and known to unknown to minimize the sport injuries. The coaches use prevention mechanisms to prevent players from injures like; 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 and protecting player not to be play aggressively.

The findings also revealed that the causes of injuries were: bad playing field conditions, lack of and poor equipment, inadequate treatment and rehabilitation from previous injuries, collisions during play, dry and hard grounds with the sunny weather, players' neglect of the injury for the sake of representation on the team, foul play, poor training techniques, poor physical conditions of players, joints instability, poor skill execution, subjective exercise overload/ over training. These results are consistent with Junge and Dvorak. (2013; 2015) and Tusiime (2020), who established that the causes of sports injuries were; playing field conditions, lack of equipment, inadequate treatment and rehabilitation, poor football skills and taping, violation of existing rules (foul play), poor physical condition of players and joint instability caused injuries.

4.4. Interview Analysis

Analysis of the data obtained from the selected males' higher league football clubs medical staffs 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 medical staffs's profession? If your answer is "yes" for this question, in what types medical staffs's profession have got?

- The respondents said that, Diploma in medical treatment, Certificate in medical staffs 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, improper 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, improper sport wearing, Lack of awareness of fair play and nutritional problems.

9. How often frequencies 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

4.5. Discussion of the findings

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.

Research consistently emphasizes the importance of warm-up and cool-down exercises in preventing injuries. Warm-ups increase muscle temperature and flexibility, while cool-downs aid in muscle recovery and reduce stiffness. A study by Fradkin et al. (2006) found that proper warm-up routines can reduce the risk of injuries by up to 79% in various sports.

Overtraining is a well-documented risk factor for injuries. A study by Meeusen et al. (2013) highlighted that excessive training without adequate rest can lead to overtraining syndrome, characterized by increased injury risk, decreased performance, and prolonged recovery times. This underscores the importance of balanced training schedules with sufficient rest periods.

Education on injury prevention is critical for reducing injury incidence. Junge et al. (2000) demonstrated that educational interventions for athletes and coaches significantly decreased the rate of injuries in sports teams. The lack of such education in the surveyed group represents a missed opportunity for injury prevention.

Prompt first aid is crucial in minimizing the severity of injuries and accelerating recovery. Research by Orchard et al. (2005) showed that immediate and appropriate first aid could reduce recovery time and prevent complications. The low percentage of immediate first aid provision indicates a critical area for improvement.

Medical staffs 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.

The role of environmental and situational factors in sports injuries is well-recognized. A study by Bahr and Holme (2003) confirmed that poor playing surfaces, extreme weather conditions, and high training loads significantly increase the risk of injuries. This aligns with the respondents' experiences, suggesting that improving these factors could reduce injury rates.

Environmental hazards and adverse weather conditions are known risk factors for sports injuries. A study by Finch et al. (1999) indicated that inclement weather and hazardous environments significantly contribute to injury risks. Adapting training and competition practices to these conditions can mitigate their impact. Develop the awareness about the prevalence and causes of sport injuries to the males' higher 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.

4.6 Observation Checklist Analysis

Table 19: Observation Checklist Analysis

No	Item	Excellent	V. good	Satisfactory	Unsatisfactory
1	Is there comfortable environment of play for that club?			X	
2.	Is there club medical staffs in the training with the players?		X		
3.	Is the field conductive for the training activities?				X
4.	Do the trainees use proper dressing in the training session?				X
5	Does the coach use clear and proper coaching methodologies?				X
6	Is there an available material 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 medical staffs gives treatment to the players after injury?		X		

Source:-Field survey, April, 2023

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 medical staffs as well. The clubs medical staffs in the training with players are very good and the medical staffs follow the players in the training session and because of this the club players contact easily the medical staffs 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. The presence of medical staff during training, availability of first aid kits, and adequate training materials are notable strengths. Key areas of concern include the playing environment, field conditions, proper attire, coaching methodologies, and the execution of warm-up and cool-down activities. Immediate and appropriate treatment is crucial for recovery and minimizing injury impact, as emphasized by studies like those by Meeuwisse et al. (2007). From the Interview quaternaries that obscure the prevalence and causes of sport injuries in the selected Ethiopian males' higher league football clubs technical staff and officers were interviewed. The rating for the comfortable environment of play, presence of club medical staff during training, conductivity of the field for training activities, proper dressing during training sessions, clear coaching methodologies, availability of first aid kits, necessary training materials, performance of proper warm-up and cool-down activities, and the provision of post-injury care by medical staff are all unsatisfactory.

5. CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Finding

The general objective of the study was to assess the prevalence and associated risk of sport injuries in males' higher league football clubs of Wolaita Zone.

- What is the prevalence of sport injuries in higher league football clubs of Wolaita Zone?
- What are the associated risk factors of sport injuries in higher league football clubs of Wolaita Zone?
- What are the types of injuries happen in the in higher league football clubs of Wolaita Zone?

Researcher used both primary and secondary data to obtain relevant data on the assessing of prevalence and associated risks of sport injuries in higher league football clubs of Wolaita Zone, Southern Ethiopia. The primary data was collected through open and close ended questionnaires from coaches, players, medical staffs and technical staff. Secondary data was collected from various documents, clubs annual injury update data and reports.

The study used questionnaires, interviews, and observation checklists to collect data on sport injuries in males' higher league football. Questionnaires were translated into Amharic for better understanding, while interviews were conducted in person, telephone, or using advanced technology. Observation was another method, focusing on prevalence and causes. Data was analyzed using both quantitative and qualitative methods, providing a comprehensive understanding.

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.

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.

The high frequency of injuries points to a need for better preventive measures within training programs and competitions. Enhanced injury management strategies might be necessary to ensure that once an injury occurs, it is properly treated and the risk of recurrence is minimized.

Since a large proportion of respondents engage with injuries multiple times, targeted interventions aimed at reducing the recurrence of injuries could be beneficial. 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.

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.

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. The budget constraint by the club is high because of these there is no full sport equipment to give treatment for players.

There is lack of awareness about sport facilities by the club administrators due to these players suffer different injuries due to lack of sport equipment.

5.2 Conclusion

The study found that poor infrastructure, improper training, and poor nutritional diet are major causes of injuries in football players. Poor training and competition conditions, improper clothing, and repeated training expose players to injury. Economic and psychological issues also play a significant role in injuries. Clubs often lack a well-organized drug store due to lack of focus, awareness, and budget constraints.

Physical fitness is affected by factors like exercise knowledge, nutrition, rest, training, psychological factors, health, age, and environmental conditions. Prevention mechanisms include awareness, proper sportswear, nutritional follow-up, and avoiding aggressive play. To prevent injuries, clubs should organize standardized medical centers, implement advanced rehabilitation programs, and provide proper sportswear, transportation, nutrition, and better salaries. Additionally, coaches should reduce overtraining and competitions to prevent long-term injury.

5.2 Recommendations

Based on the above conclusion of the following points are recommended:

- ✓ Coaches, medical staffs and technical staffs should check frequently the physical fitness of football players.
- ✓ Coaches and medical staffs should make series follow up towards football players while they were in training and competition game.
- ✓ The concerning bodies may build infrastructure football fields for players to perform training and competition safely.
- ✓ Football players should select safe training and competition place, they should take a balanced nutritional diet, they should also not conduct similar training for many times, and make proper warming up, cooling down and stretching, perform training and competition with proper cloth.
- ✓ Every Ethiopian males' higher league males' football clubs coaches properly should select proper playground and whether conditions.
- ✓ Every Ethiopian males' higher league football clubs players and coaches would take first aid training about sport injuries presentations.
- ✓ Every males' higher 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 males' higher league football clubs of the study should conduct further studies.

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APPENDICES

WOLAITA SODO UNIVERSITY

COLLEGE OF NATURAL AND COMPUTATIONAL SCIENCES

DEPARTMENT OF SPORT SCIENCE

Appendix-I: questionnaires

A. Questionnaire to be filled by the coach

Dear Coaches;

This questionnaire is designed for the purpose of research study. Its main aim is to gather data on the assessing on the prevalence and associated risk of sport injuries in higher league football clubs of Wolaita zone.

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. your 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 on the prevalence and associated risks of sport injuries in higher league football clubs of Wolaita Zone

1. Name of your clubs _____

2. What is responsibility /position/in the club? _____

3. Have do done warm up and cool down before, after and during training activities properly?

A) Yes B) No

4. Do you work training at what time of day?

A) Morning only B) Afternoon only

C) Morning and afternoon

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

A) Yes B) No

6. Have you got immediate first aid from club medical staffs when players injured ?

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 prevention mechanisms to prevent players from injures?

_____

_____

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

_____

_____

Wolaita Sodo University

College of Natural and Computational Sciences

Department of Sport Science

B. 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 assessing on the prevalence and associated risk of sport injuries in higher league football clubs of Wolaita zone.

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 C. above 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 on the prevalence and associated risk of sport injuries in higher league football clubs of wolaita zone.

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 services for clubs?

A) Yes B) No

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

_____

_____

8. Does your medical staffs follow your performance and treat you based on injures?

A) Yes B) No

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

_____

_____

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

A) On the training

B) On the match

C) After training

11. Do you think the treatment system is technical and well designed scientific way?

A) Yes B) No

12. 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. Is the coaches training method as cause of injury?

A) Yes B) No

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

_____

_____

15. Is over training cause injury?

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. Are similar trainings for many times cause injuries on your body ?

A) Yes B) No

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

_____

_____

24. Have you injured in case of bad warming up cooling down and stretching?

A) Yes B) No

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

_____

_____

26. After you injured have you take enough rest?

A) Yes B) No

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

_____

_____

_____

28. In general what challenges do you face associated to sport injuries on the players?

_____

_____

_____

_____

Appendix-II: Interview for medical staffs and technical staffs

1. What information do you have about sport injuries?
2. Are you certified in medical staffs‘s profession? If your answer is “yes” for this question, in what types medical staffs‘s profession have got?
3. How do you treat players from sport injuries in the training, match and after training?
4. Is there adequate knowledge on sport injuries?
5. Does an injured player get enough medical treatment in your club?
6. What kind of challenge you faced on sport injuries on your club players?
7. What are the reasons of sport injuries in your club players?
8. How often frequencies of injuries happen on your club?
9. What are the mechanisms for the players who are in high risk of injuries?
10. Do you have equipped on the prevalence of sport injuries?
11. What are the common sport injuries on the players?

Appendix-III: Training Observation Checklist

No	Item	Excellent	V. good	Satisfactory	Unsatisfactory
1	Is there comfortable environment of play for that club?				
2.	Is there club medical staffs 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 an available material 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 whistle?				
10.	Does the medical staffs gives treatment to the players after injury?				