Occurrence and type of sports injuries in elite young Brazilian soccer players

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Summary

Introduction: The aim of this study was to analyze the injuries affected in young soccer athletes of high performance categories, under (U) -11, U-13, U-15 and U-20 years and the associations between the variables related the injuries. 

Material and methods: Data were collected from medical records of the medical department of 143 injured athletes belonging to a club in the first division of the Brazilian Championship. The young athletes were evaluated in the following categories: under (U) -11, n = 30 (10.45 ± 0.5 years), U-13, n = 34 (12.15 ± 0.3 years) U-15, n = 23 (14.56 ± 0.4 years), U-17, n = 24 (16.52 ± 0.5 years), U-20, n = 32 (18.24 ± 0.6 years). Data collection was conducted from January 2014 to November 2014 (11 months). The data were analyzed and classified according to the categories and the lesions identified as per the recommendations of the study group in injury FIFA Medical Assessment and Research Centre.

Results: The results showed that there was a total of 200 lesions in all categories, the teams U-15, U-17, U-20 stood out with the greatest occurrences of injuries (p<0.05) and index of injuries (p<0.05). The Pearson correlation test showed a positive and significant coefficient of correlation (r = 0.879; p < 0.05) between index of injuries and hours of game.

Conclusions: It was observed that the occurrence and characteristics of lesions of young soccer players in different categories are higher according to the increasing number of games and that the older groups demonstrate a greater number of lesions more similar to those in adults.

Key words: Soccer. Occurrence. Injury.

Ocurrencia y el tipo de lesiones deportivas en los jóvenes jugadores de fútbol brasileños de élite

Resumen

Introducción: El objetivo del estudio fue analizar las lesiones afectadas en jóvenes futbolistas en categorías de alto rendimiento barro (SUB) -11, SUB -13, SUB -15 y SUB-20 años y las asociaciones entre las variables relacionadas con las lesiones.

Material y métodos: Se recogieron datos de los registros médicos del departamento médico de 143 lesionados a los que se les realizó un análisis y clasificación de acuerdo con las recomendaciones del grupo de estudio en la lesión FIFA Medical Assessment and Research Centre.

Resultados: Los resultados mostraron que hubo un total de 200 lesiones en todas las categorías, los equipos B-15, B-17 y B-20 se destacaron con las mayores ocurrencias de lesiones (p<0.05) y el índice de lesiones (p<0.05). La prueba de correlación de Pearson mostró un coeficiente de correlación positivo y significativo (r = 0.879; p < 0.05) entre el índice de lesiones y horas de juego.

Conclusiones: Se observó que la incidencia y características de las lesiones de los jóvenes futbolistas en diferentes categorías son más altos de acuerdo con el aumento del número de juegos y que los grupos de mayor edad demuestran un mayor número de lesiones más similares a las de los adultos.

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Introduction

Soccer is a high performance sport which is practiced young athletes. Soccer has undergone changes in recent years, mainly due to high training loads that require athletes to work near their maximum which leads to a higher predisposition to muscle fatigue. This causes players to have greater demands regarding physical performance leading them to early maturation, and being more susceptible to injury.

It is estimated that for every 1000 hours of game play, the number of injuries is, on average, four to six times higher than the number of lesions that occur during training. In professional athletes it is estimated that three out of four soccer players suffer for years, a performance limiting lesion.

Fédération Internationale de Football Association (FIFA), according to the Medical Assessment and Research Centre, defined as any injury occurring suffered by a player in competition or in training, which requires him or her to interrupt their activity and prevents them from participating in at least one practice or game. Thus, it is important that there is a correct application of the training load to avoid muscular imbalances, with a recovery period sufficient to allow recovery from muscular fatigue.

The practice of physical activity for children and adolescents is encouraged throughout the world; however, another aspect that must be considered is the increase in numbers of weekly training and games in all categories, regardless of age, which puts the athlete potentially beyond their physiological limits of age. So it is plausible to believe that the occurrence of injuries tends to be higher in younger practitioners who have a high volume of sports.

Sporting consequences of these injuries can be numerous, ranging from a predisposition to injury in adulthood, through technical limitation to the early end of career. Thus, identifying the occurrence of injuries in young athletes and verify possible relations with a time of sports practice, the coach can add information to prevent these injuries. The reduction of these sports injuries is important to the health of young athletes and could have a long-term economic impact on health care.

The incidence of injuries and their risk factors in adult soccer players are objects of many studies. However, while approximately 45% of players aged under 15 have suffered at least one injury, few studies have investigated the injuries in young athletes and their relations with the training time and game according to their age. Thus, the present study has the hypothesis that the occurrence of injuries is greater in the categories of soccer players approaching the professional category and that there is a positive association between injuries and hours game. Therefore, the aim of this study was to analyze the injuries affected in young soccer athletes and verify possible relations with a time of sports practice.

Material and method

This research is a descriptive cross-sectional and correlational study. Data were collected from the 143 medical records of a club in the first division of the Brazilian Championship. The sample was chosen intentionally because it was composed of all the athletes who attended the medical department (MD). Medical records were evaluated in the following categories: Under (U) -11, n = 30 (10.45 ± 0.5 years), U-13, n = 34 (12.15 ± 0.3 years) U-15, n = 23 (14.56 ± 0.4 years), U-17, n = 24 (16.52 ± 0.5 years), U-20, n = 32 (18.24 ± 0.6 years). To be included in the study, medical records had to meet the following criteria: (a) lesion caused and (b) received care in the medical department of the club.

The study was based on data from the medical records medical department (MD), from January 2014 to November 2014, totaling 11 months. The data were analyzed and classified according to the age categories and the injuries identified. During the season, athletes with confirmed or suspected lesions were referred to the MD, where the doctor collected the following information: description of the injury (e.g. muscle, tendonitis, bruises, sprains, fractures or dislocations), anatomic location of the lesion (e.g. trunk, head, arm or leg), type of treatment (e.g. curative, anti-inflammatory drugs, surgeries, rehabilitation including ice, heat, ultrasound, shortwave and transcutaneous electrical stimulation), and date of admission to the initiation of treatment. When analyzing the data, it was ranked according to the type of acute traumatic injury and anatomic location from data originally collected in the patient chart, according to the recommendations of the study group in injury FIFA Medical Assessment and Research Centre.

To protect the identity of the club and the player, each player was given a unique coded identification number, which was known only by the club’s medical staff and researchers. The data were analyzed in IBM® SPSS® Statistics Version 21 and presented descriptively. In addition, the index of injuries (IOI) was calculated by formula:

\[ IOI = \frac{i \times 1000}{TH} \]

Where:
- IOI = Index of injury;
- i = Injuries for each athlete
- TH = Total hours (Training Hours of training + hours of game)

The Chi-square test was applied to compare the occurrence of injuries among categories. Shapiro-Wilk test was performed to confirm normality of the sample data with a normal distribution. The one way ANOVA was carried out in groups and Bonferroni post-hoc test was performed for multiple differences of variables among categories. The Pearson correlation test was used to analyze the associations between the study variables. The study adopted the value of p <0.05 for statistical significance.

Results

During the data collection period there was a total of 200 injuries (Table 1). There were a greater number and variety of injuries in older compared to younger age groups with 66 injuries in the U-17 team and 61 injuries U-20 compared to 12 injuries in the U-11 and 15 injuries in the U-13 teams. The commonest injuries were muscle stretch injuries (n=33) and contusions (n=32). Ankle injuries (N=26) were more common than knee injuries (n=15).
Table 1. Descriptive values of the types of lesions in the affected category Under (U) -11, U-13, U-15, U-17 and U-20.

<table>
<thead>
<tr>
<th>Types of Injuries</th>
<th>U-11</th>
<th>U-13</th>
<th>U-15</th>
<th>U-17</th>
<th>U-20</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle Stretch</td>
<td>3 (25%)</td>
<td>1 (6%)</td>
<td>10 (22%)</td>
<td>9 (14%)</td>
<td>10 (16%)</td>
<td>33 (16%)</td>
</tr>
<tr>
<td>Myalgia</td>
<td>0</td>
<td>5 (33%)</td>
<td>7 (15%)</td>
<td>15 (23%)</td>
<td>4 (6%)</td>
<td>31 (15%)</td>
</tr>
<tr>
<td>Low Back Pain</td>
<td>0</td>
<td>2 (13%)</td>
<td>3 (7%)</td>
<td>1 (1%)</td>
<td>3 (5%)</td>
<td>9 (4%)</td>
</tr>
<tr>
<td>Trauma</td>
<td>2 (17%)</td>
<td>0</td>
<td>2 (5%)</td>
<td>12 (18%)</td>
<td>14 (23%)</td>
<td>30 (15%)</td>
</tr>
<tr>
<td>Contusion</td>
<td>5 (42%)</td>
<td>4 (27%)</td>
<td>13 (28%)</td>
<td>7 (11%)</td>
<td>3 (5%)</td>
<td>32 (16%)</td>
</tr>
<tr>
<td>Tendonitis</td>
<td>0</td>
<td>1 (6%)</td>
<td>2 (4%)</td>
<td>3 (4%)</td>
<td>4 (7%)</td>
<td>10 (5%)</td>
</tr>
<tr>
<td>Sprain No Diagnosis</td>
<td>1 (8%)</td>
<td>1 (6%)</td>
<td>1 (2%)</td>
<td>4 (6%)</td>
<td>6 (10%)</td>
<td>13 (7%)</td>
</tr>
<tr>
<td>Knee Sprain</td>
<td>1 (8%)</td>
<td>0 (6%)</td>
<td>2 (4%)</td>
<td>3 (5%)</td>
<td>3 (5%)</td>
<td>9 (5%)</td>
</tr>
<tr>
<td>Ankle Sprain</td>
<td>0</td>
<td>1 (6%)</td>
<td>6 (13%)</td>
<td>11 (17%)</td>
<td>8 (13%)</td>
<td>26 (13%)</td>
</tr>
<tr>
<td>Anterior Cruciate Ligament</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4 (7%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Posterior Cruciate Ligament</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2 (3%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Herniated Disc</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (1%)</td>
<td>0</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Total</td>
<td>12 (100%)</td>
<td>15 (100%)</td>
<td>46 (100%)</td>
<td>66 (100%)</td>
<td>61 (100%)</td>
<td>200 (100%)</td>
</tr>
</tbody>
</table>

* p < 0.05; significant differences for U-11 and U-13.

Table 2. Exposure and occurrence of injuries by category.

<table>
<thead>
<tr>
<th></th>
<th>U-11</th>
<th>U-13</th>
<th>U-15</th>
<th>U-17</th>
<th>U-20</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>30</td>
<td>34</td>
<td>23</td>
<td>24</td>
<td>32</td>
<td>143</td>
</tr>
<tr>
<td>Amount Injuries</td>
<td>12</td>
<td>15</td>
<td>46*</td>
<td>66*</td>
<td>61*</td>
<td>200</td>
</tr>
<tr>
<td>Injuries for each athlete</td>
<td>0.40±0.02</td>
<td>0.44±0.01</td>
<td>2.00±0.12*</td>
<td>2.75±0.11*</td>
<td>1.91±0.24*</td>
<td>1.40</td>
</tr>
<tr>
<td>Hours of game season</td>
<td>10.00±0.12</td>
<td>23.33±0.21</td>
<td>53.60±1.31*</td>
<td>64.60±3.45*</td>
<td>75.00±3.89*</td>
<td>226.53</td>
</tr>
<tr>
<td>Hours of training</td>
<td>371.25</td>
<td>371.25</td>
<td>371.25</td>
<td>371.25</td>
<td>371.25</td>
<td>371.25</td>
</tr>
</tbody>
</table>

* p<0.05; significant differences for U-11 and U-13.

Table 3. Analysis of correlation between amounts of injuries and hours of training and game.

<table>
<thead>
<tr>
<th></th>
<th>Amount of injuries</th>
<th>Hours of game</th>
<th>Injuries per athlete</th>
<th>Hours of training + game</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of game</td>
<td>r</td>
<td>0.970*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p-value</td>
<td></td>
<td>0.006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injuries per athlete</td>
<td>r</td>
<td>0.965*</td>
<td>0.894*</td>
<td></td>
</tr>
<tr>
<td>p-value</td>
<td></td>
<td>0.008</td>
<td>0.041</td>
<td></td>
</tr>
<tr>
<td>Hours of training + game</td>
<td>r</td>
<td>0.970*</td>
<td>0.999*</td>
<td>0.894*</td>
</tr>
<tr>
<td>p-value</td>
<td></td>
<td>0.006</td>
<td>0.000</td>
<td>0.041</td>
</tr>
<tr>
<td>Index of injury 1000/h</td>
<td>r</td>
<td>0.954*</td>
<td>0.879*</td>
<td>0.999*</td>
</tr>
<tr>
<td>p-value</td>
<td></td>
<td>0.012</td>
<td>0.049</td>
<td>0.000</td>
</tr>
</tbody>
</table>

* p < 0.05

Table 2 displays the number of injuries and number of hours of exposure to game and training. All age categories had the same training pattern, with an average of five workouts per week lasting approximately 1.5 hours, totaling 371.25 hours of training. The U15, U17 and U20 categories had greater occurrence of injuries and greater number of hours of gaming sessions (p < 0.05) when compared to the U-11 and U-13 categories. The same result was found in the index of injuries (p <0.05) in Figure 1.

Table 3 shows data correlating the training and game hours with the number of injuries. The results suggest that the practice time the activity is directly related to the incidence of injuries, because the correlation shows that the longer the athletes train or play the more likely to injure.
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Some studies have shown large differences in incidence rates of injuries recorded in soccer17,24,28 attributed these differences to conceptual contradictions, study design, methods of data collection, observation schedules, and characteristics of the samples studied. The system for data collection has also been the subject of numerous discussions. Fuller et al.24 argue that a proper injury record should include components such as location, type and circumstances of the injury. Junge and Dvorak28 recommend that for the exact calculation of the incidence of injuries the number of games and practice sessions should be documented for each individual athlete. Moreover, they claim that the registration of sports injuries should be done prospectively because retrospective data have limited value, and prospective studies as well as evaluating the incidence of injury can also identify groups and risk factors.

In additional, this study found a high association with uptime with the occurrence of injuries. The results corroborate the findings by Keller et al.23 and Weber30. The high number of games and the time devoted to training sessions become more frequent occurrence of muscle and osteoarticular injuries in athletes30.

The present study examined the occurrence of lesions in base class athletes, however, it is not stuck to check the mechanisms of these lesions and or the severity thereof, which may somehow be considered limitations of the study.

Conclusions

As was expected the hypotheses, the present study observed that the occurrence of characteristics of the injuries of young soccer players in different age categories are larger in older age groups and that the larger the number of games played the greater the number of injuries sustained. Thus, the soccer coaches can avoid injury by overtraining in young athletes. For further studies, it is recommended to analyze the different types of training in basic categories in soccer.

Bibliography


