

# **A Brief Review of Sport Clubs Safety**

## **Abstract**

This health –related study deals with reviewing issues which are associated with the safety of sport clubs including definition of safety, range and level of injuries occurrence, types of mental and physical injuries, and safety management system and approach in a very concise and precise way to make the readers, especially coaches and instructors aware of and familiar with the rudimentary and must-know issues of safety and security in sport clubs.

## **1. Introduction**

When we reflect on sports, we generally think about professional and specialized sports. We think about football, skiing or athletic competitions and races being performed by adults. Most sports are done, however, by children and adolescents.

From a public and community health viewpoint, promoting physical activity in children and youth has many benefits. Nevertheless, in parallel with profits, there are injury risks and dangers as well.

Injuries happen throughout both competition/matches and training/practice. However, a lot of studies do not report injury risk during training.

Sport injuries take place at all levels of sport. Sport injury and damage can limit or end athlete's career. It is essential to realize ways how sport psychology can prevent and treat sport injuries.

Sports injuries come from acute trauma or repetitive stress associated with athletic activities. In many circumstances, these types of injuries are as a result of overuse of a part of the body when participating in a certain activity (Renström et al. 2002, 15 -17).

Furthermore, sport injuries occur while participating in planned sports, competitions, training sessions, or organized fitness activities. Public high

injury risk sports are, for example football, soccer, basketball, cricket, volleyball, skiing, tennis as well as contact sports in total (Frisch et al. 2009). Sports injuries can affect bones or soft tissue (ligaments, muscles, tendons). Reasons for sport injuries differ greatly. Accidents, poor training practices or inappropriate gear can cause injuries most often. Some people get wounded because they are not in shape or their diet is not good enough. Not warming up or stretching enough can also lead to injuries (Mero, Nummela, Keskinen & Häkkinen 2007).

## **2. Range of Injuries Occurrence**

Injuries happen in all levels of sports, elite level and beginners. Psychological skills are important during training and competition. Emotional reactions emerge as a cycle (Chang-Y. Jung-Huei & Tsung-Min, 2010), which is divided into different fragments. Distress reflects effect on injury on emotional equilibrium comprising anxiety, depression and fear. Denial generates events creating psychological tension. It is important to determine coping skills including moving beyond passive acceptance and proactive challenging knowledge and skills. Emotional response to loss and threat is a continuum from normal reaction to deep lifestyle disruption. The ability to remain injury free is linked to athletic success (Heil 2000).

Severity of injuries varies from bruises and minor cuts into spinal cord damage leading to paralysis; these described injuries can lead to pauses or even forces an athlete to halt his career. Medical costs can be different from type of injury, sport and country of an athlete. It is significant for an athlete to recognize possible risks. This will assist an athlete proceeding in right way and take pre-emptive actions. Though, it can take long time to learn right exercise technique and appropriate circumstances (Mero et al. 2007, 456). It is easier to inhibit injuries than treat them.

In the course of exercising and sports activities, there is constantly a risk for injuries. Sport injuries are defined as injuries that take place during sports. Injuries vary from field of sports and an athlete. Types of injury and grade of severity, will lead to various kind of rehabilitation methods (Mero 2007 454 - 456).

### **3. Injuries Definition**

In the year 1998 William and Andersen made the model of injury antecedents. That is a stress-based model of athletic injury. Model contains problems related to injury. These are personality of an athlete, history of stressors and coping resources. Stress response comprises cognitive appraisal and physiological and attentional alterations. Potential stressful athletic situation is incorporated in the model as well (Andersen & Williams 2007). Fuller et al. claims that injury is “Any physical complaint sustained by a player that results from a match or training irrespective of the need for medical attention or time loss from football activities. An injury that results in a player receiving medical attention is referred to as a medical-attention injury and an injury that results in a player being unable to take a full part in future football training or match play as a time-loss injury” (Fuller et al. 2006).

### **4. Mental and Physical Injuries**

Despite the fact that adequate first aid services themselves do not prevent sports injuries, they are crucial for helping to reduce the severity of any injuries that do occur and for providing immediate attention to them. Sports injuries are a cost burden on both individuals and society with respect to the duration and nature of treatment, the amount of sports and working time lost, permanent damage and disability, reduced quality of life and monetary costs. Their prevention must be acknowledged as a major public health goal.

Besides physical factors there are always psychological aspects included. These factors are for instance stress level and certain predisposing

attitudes (Weinberg & Gould 2007, 448 -449). According to model of stress and athletic injury (Andersen & Williams 1988) sport participants might experience stressful conditions such as a challenging practice or crucial competition. These include their history of stressors (i.e. life event stress, daily hassles, past injury history), personality characteristics (i.e., hardiness, locus of control, sense of coherence, competitive trait anxiety, achievement motivation, sensation seeking), and coping resources (i.e., general coping behaviors, social support, stress management and mental skills, and medication) contribute interactively or in isolation to the stress response.

The central hypothesis of the model is that individuals with a history of many stressors, personality features that incline to intensify the stress response, and few coping resources when placed in a stressful situation, weigh up the situation as more stressful and reveal greater physiological activation and attentional disruptions compared to individuals with the opposite psychosocial profile (Andersen & Williams 1988). Self-determination theory (SDT) is a macro-theory of human motivation, personality development and well-being. Focus of the theory is on volitional or self-determined behavior, and the social and cultural conditions promoting it (Ryan & Deci 2000).

One tactic to decrease risk of injury is to acknowledge psychological factors concomitant with injuries. Psychological reactions to diverse situations are individual and these can be for example fear of re-injury, feelings of hopes and dreams being shattered, lack of attention, isolation, negative relationships or depression (Maffulli & Baxter-Jones 1995). These matters are to be taken seriously, and with psychological assistance these can be prevented and treated. Previous issues combined with physical symptoms, like pain, can produce severe complications. These matters can be treated with skilled personnel in physical and psychological rehabilitation (Russel & Laurier 2011).

There is a lack of theoretical models and frameworks clarifying what psychosocial factors are associated with sport injury even if there are plenty of different studies. There is no right or wrong model –all models are from different perspectives (Andersen & Williams 2007).

There are different stages of stress. First stage is an alarm face, when human body is showing, whether an individual can either choose fight or run mode from the source of stress. Second stage is adapting, when human body is demanding to become accustomed to new stressful situation. Third face is fatigue when body functions are declining, as a consequence of the overload. Better results can be gained, when stressors can be reduced in any part as soon as possible (Andersen & Williams 1988).

Motivation is in a key role when elite athletes are returning to sports after injury. Athletes who wish to learn about his injury and focus on rehabilitation and returning to sports are intrinsically motivated (Podlog&Eklund 2005; Ninedek&Kolt 2000). High motivation is an athlete's goal after an injury. Without robust motivation, it is virtually impossible to be able to endure training and to make wantedresponse (Hamson-Utley 2008).

## **5. Safety Management Approach**

A management systems approach to preventing accidents focuses on the organizational conditions, circumstances and environments in which the mishap occurs rather than the errors of individuals and has become the predominant paradigm in the field of OHS (Frick and Wren, 2000).

If sports injuries are to be prevented at a population level, evidence-based interventions required to be extensively and sustainably implemented. It is unlikely that individual sports participants, coaches or administrators will be able to do this successfully unless surrounded by supportive, empowering and encouraging organizational environments (Finch and Donaldson, 2010).

The first wave of Public Health During the “first waves” period of public health work (about early 19th century through first half of 20th century) the most important causes of death were due to malnutrition, air- and water transmitted epidemic infectious diseases. The conquest of communicable diseases was based in large part on the development of statistical methods by epidemiologists for gauging outbreak of diseases.

For example, John Snow in 1854 mapped the cholera epidemic outbreak in the district of Soho in England, and the work of William Farr and Jacques Bertillon to develop illness and injury taxonomies helped generate the ICD-coding system, which is now used around the world as a tool to demonstrate clustering of morbidity and mortality. The ICD classification system is at present time modernized in version ICD-10, and in Australia and New Zealand with modified (ICD-10-AM) activity sub-codes for identifying sport/leisure injury hospitalizations (Finch & Boufous, 2008).

## References

- Andersen, M. B., & Williams, J. M. (1988). A model of stress and athletic injury: Prediction and prevention. *Journal of Sport & Exercise Psychology*, 10, 294-306.
- Andersen, M. B., & Williams, J. M. (2007). A model of stress and athletic injury: Prediction and prevention. In: D. M, Smith, Bar-Eli, Essential readings in sport and exercise psychology. Champaign, IL: Human Kinetics. 325- 330.
- Chang-Y. C., Jung-Huei, L., & Tsung-Min H. (2010). A Study on Table Tennis Players' Psychological Skills, Sport Injuries, and Tournament Satisfaction at the 49th World Championship. *International Journal of Table Tennis Sciences*, 6, 200-202.
- Finc, C. Boufous, S. (2008). Do inadequacies in ICD-10-AM activity coded data lead to underestimates of the population frequency of sports/leisure injuries? *InjPrev* 14, 202-204.
- Finch, C., Donaldson, A., 2010. A sports setting matrix for understanding the implementation context for community sport. *British Journal of Sports Medicine* 44, 973–978.
- Frick, K., Wren, J., 2000. Reviewing occupational health and safety management –multiple roots, diverse perspectives and ambiguous outcomes. In: Frick, K., Jensen, P., Quinlan, M., Wilthagen, T. (Eds.), *Systematic Occupational Health and Safety Management: Perspectives on an International Development*. Pergamon Press, Amsterdam, Netherlands.
- Frisch, A., Seil, R., Urhausen, A., Croisier, J.L., Lair, M.L., Theisen, D (2009). Analysis of sex-specific injury patterns and risk factors in young high-level athletes. *Scandinavian Journal of Medicine Science in Sports*. 834 –841
- Fuller, C. W., Ekstrand, J., Junge, A., Andersen, T. E., Bahr, R., Dvorak, J. (2006). Consensus statement on injury definitions and data collection procedures in studies of football (soccer) injuries. *British Journal of Sports Medicine*, 40, 193-201.
- Hamson- Utley, J. J. (2008). *The Comeback: Rehabilitating the Psychological Injury*. Athletic therapy today. 35-38 Champaign, IL. Human Kinetics.
- Hamson-Utley, J. J. (2008). *The Comeback: Rehabilitating the Psychological Injury*. Athletic therapy today. 35 -38.

- Hamson- Utlely, J. J., Martin, S., & Walters, J. (2008). Athletic Trainers' and Physical Therapists' Perceptions of the effectiveness of Psychological Skills Within Sport Injury Rehabilitation Programs. *Journal of Athletic Training*, 258-264.
- Heil, J. (2000). The Injured Athlete. chapter 11, in Hanin YL. *Emotions in Sport* Champaign, IL. Human Kinetics, 245- 265.
- Maffulli, N., & Baxter-Jones, D. G. (1995). Common skeletal injuries in young athletes. *Sports Medicine*. 137-149
- Mero, A., Nummela, A., Keskinen, K. & Häkkinen, K. 2007. Valmentaminen käytännössä. Teoksessa A. Mero., A. Nummela., K. Keskinen. & K. Häkkinen. *Urheilun valmennus*. Jyväskylä. Gummerus Kirjapaino Oy. 410–438.
- Podlog, L, & Eklund, R. C. (2005). Return to sport after serious injury: a retrospective examination of motivation and psychological outcomes. *Journal of Sport Rehabilitation*. 14:20 -34. Champaign, IL: Human Kinetics.
- Renström, P., Peterson, L., Koistinen, J., Malcolm, R., Mattson, J., Keurulainen, J., & Airaksinen, O. (2002). *Urheiluvammat, ennaltaehkäisy, hoito ja kuntoutus*. VK-Kustannus, Jyväskylä.
- Russel, H., Laurier, W. (2011). What Do Injured Athletes Want From Their Health Care Professionals? In: *Sport Psychology & Counseling*. 18-21 Edited by, Adam Naylor, EdD, Report Editor. *International Journal of Athletic Therapy & Training*.
- Russel, P. (2011) The psychological impact of sports injury. Retrieved 18, 04. 2011, from <http://www.thefifthspace.com/pdfs/psychologyofinjury.pdf>
- Ryan, R.M., & Deci, E.L. (2000). Self-Determination Theory and the facilitation of intrinsic motivation, social development and well being. *American Psychologist*, 55, 68–78.
- Weinberg, R, S., Gould, D. (2007). *Foundations of sport and exercise psychology*. 4th edition. Champaign, IL. Human Kinetics