



# BODY OF EVIDENCE

## AN IN-DEPTH LOOK AT THE INJURIES THAT AFFECT GAA PLAYERS WITH DR ÉANNA FALVEY OF THE SPORTS SURGERY CLINIC

**T**HIS article is the first in a series of pieces from the Sports Medicine professionals at Sports Surgery Clinic. In the forthcoming issues of The Player we will be looking at methods of injury prevention and reduction of the impact of injury through the implementation of the most advanced assessments, investigations, procedures and treatments.

Injury is a close companion of the sports person. The scars of battle are badges of honour, stripes earned in combat, blood lost 'for the cause'. From the obvious fracture or torn ligament to the 'sniper-shot-from-the-stands' hamstring tear. From the sneaky sore achilles tendon to the niggling groin, every injury takes its own toll.

### IMPACT OF INJURY

Fractures and torn cruciate ligaments are high-profile injuries but injury to muscle and tendon are far more common, and may have as much of an impact on player availability and team performance.

A study of gaelic football injuries performed by Enda King (a member of the physiotherapy team at SSC) and colleagues over a six-month period in 2006 showed that an injury (causing a player to miss at least one match or training session) occurred every 74 hrs of play and training. For a panel of 30 players this is less than a weeks work (two training sessions and a match). Every week from a panel of thirty players at least one player will miss a training session or game through injury.

These figures, though higher than sports like soccer are considerably lower than rugby (one injury every 14 hours) and Australian rules football (one injury every 16 hours). Lower contact levels and amateur participation were cited as reasons for this lower rate.

### SURELY INJURIES ARE UNAVOIDABLE?

Nearly half of all of the injuries seen over a 6-month period occurred in contact. The other injuries seen involved only the injured player,

while acute injuries to bone muscle and ligament were included in this group, many injuries were of the chronic overuse variety. So while some injuries may be part of the game, many others are unnecessary.

### PREPARATION AND RECOVERY

April through to June were the months where most injuries were seen. It's not an accident that this period marks the end of pre-season and the start of competitive matches including championship in many counties. This phenomenon has been studied in many other sports, potential causes include increased match intensity, incomplete conditioning/fitness, and changes in playing conditions such as hardening of the ground.

### ACUTE INJURY VERSUS CHRONIC INJURY

Acute injuries are those which happen quickly and usually cause a halt to activity due to pain or weakness.

- In many ways acute injury is easier

for the player, coach and medical staff to accept and manage.

- A badly torn hamstring causes severe pain, swelling, bruising, and weakness, it is obvious that the player cannot play and will not be able to for some time.
- Once appropriate treatment is applied, and return to play is not rushed, the majority of such injuries follow a consistent pattern and staff may predict the time to recovery.

Chronic injuries are those which become a problem over a period of time, often without an obvious injury.

- Chronic injuries present a more difficult management problem.
- Where there is a slow onset of pain, a player can 'manage' they will often not bother to report the problem as it feels like some tightness or muscle strain.
- Groin pain or achilles pain often presents like this, by the time the injury is reported much more damage is done and the