
Children Growing Up: How much do we really know?

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How much sport do our young footballer's play? What do you find with the talented athlete's? Well, generally you tend to find that if they are a good footballer at 12 years of age, they tend to be involved in everything; they'll play football at your club, probably for the school too, but are also likely to be good athlete's, so they'll play rugby, basketball, might do a bit of cross-country too...

However, there are issues we need to be aware of that are particularly pertinent for young people growing up, and some of the issues faced with growing up and playing sport. The aim of this paper is about raising the awareness of coaches who have direct contact with our best young players to the risks of 'overplay'. It is the responsibility of all who are involved in the development of young players to look after their medical needs.

What is an "overuse injury"? It can be defined as "an injury involving certain bones or muscles/tendons of the body, which develops over a period of time, due to too much repetitive activity. The injury becomes worse with continued activity at the same level. It will continue unless correct medical advice and treatment is followed" (The Football Association 1996).

How common are these injuries?

A study was undertaken by the FA Excellence Scheme (March 1992) which sampled 350 boys between the ages of 12-13 years attending FA Regional Centres and it was found that 70% of the boys took part in 15-34 matches or training sessions that month. This amount of participation is only likely to enhance the likelihood of an overuse injury occurring and it has been stated that one current English International footballer played 200 games the season prior to attending the National School. Did attending this school and moderating his exercise output save his career? Potentially yes.

The F.A.'s Medical Division conducted research the same year and found that of the 34 trialists, 12 had injuries that were diagnosed as being of an overuse cause, equating to 35% of the sample. An injury known as Spondylolysis, a lower spine instability injury, which can threaten a promising players career accounted for 15% of these injuries. In 1993, 42% of the trialists were found to be suffering from overuse injuries.

So what causes it?

Four main causative factors have been put forward including the load (in this case referring to the amount of playing and training time), technique, posture and equipment. Particular regions of the body that are most susceptible are knees, ankles, shins and the back. Typical injuries that are most common include Osgood Slatters (creating a small

lump at the base of the knee), Severs (a similar problem related to the Achilles in the heel), shin splints and stress fractures.

What ages do they commonly occur?

It is fairly common sense that changes in somebody's body shape around the age of puberty is likely to be the time where a young person's body can be more susceptible to injury, and it is during these years that bones and muscles grow the most. How often do you find that the best players at 12 - 13 years old go through the summer break and return becoming awkward and clumsy, somewhat Bambi like?! Therefore it is important for a coach to be aware of the developments, not just physically but mentally and emotionally too.

Research indicates (Crasselt et al) that significant growth spurts occur from 10 years through to 15 years, but it should be noted that significant growth starts from 8.5 years through to 15.5 years. The peak of this appears to be around 12.5 - 14 years where the average leg length, development of the spine and annual growth rates is highest.

What signs and symptoms as coaches should we be aware of?

This list is to act as a guide, and if several of these symptoms are present then a medical opinion should be sought.

- Problem comes on gradually and player continues to train and play.
- Symptoms of aching, pain or discomfort in the area of the problem.
- No history of direct injury
- Player may complain of stiffness or aching after training/competition.
- Player shows history of missing training sessions.
- The problem does not go away and gets progressively worse.
- Several hours/days for player to become pain free.
- Player may demonstrate tenderness to touch or pressure.
- Change of running gait or favouring one side.
- Limping
- Visible swelling
- Decline in performance

So what do you do?

How realistic is it for a 14 year old to stop doing exercise and rest? I would suggest not very realistic and therefore moderation of activity is more likely to be required. A study was done on three excellence level school players (Levett, unpublished) over a three week period and found that there was one day amongst the three players that no exercise or football had been done. Sensible moderation of activity is required to ensure that our best young players are not made more susceptible to these injuries than they should be.

Medical advice is also essential, and with the variety of specialised sports injury practitioners and physiotherapists around, there is a wealth of professional help. Be sure to involve all involved and make people aware of the problem, particularly the player and parents, but also the group that often gets missed out of the equation, the school teachers.

This report, as stated earlier, is proposed to be about raising the awareness of these injuries and perhaps provide early preventative information before the onset of such injuries takes place. As coaches, we often get too focused on our stats, how many games we have won, if we have won a trophy etc but really what are we involved in coaching young people for? Is it winning? Or is the enjoyment we get in working with young players and seeing them develop? I would suggest the latter, therefore the most important aspect is looking out for the health and well-being of our players.