

Commentaries

This interesting paper will provide food for thought for all physiotherapy, medical, and coaching staff involved in professional football. It develops an interesting theme that chronic and overuse injury are an occupational hazard to the professional footballer, and thus under Health and Safety Law it is the responsibility of the professional clubs to provide a health surveillance programme to identify these injuries in the early stages and manage them appropriately before exacerbation or chronic injury occurs.

The authors must assume that it is possible to identify overuse injuries before they are symptomatic to the player or clinically apparent to the physiotherapist and doctor. In most instances this would not be the case. Although it is often easy to identify a biomechanical abnormality that may lead to an overuse injury, it would not be appropriate to correct this in an asymptomatic player in the hope of preventing the future onset of symptoms. On the contrary, such action might well precipitate injury rather than prevent it.

The idea of assessing players regularly throughout the season by physiological testing with isodynamic and isokinetic equipment is certainly valid; it is important in assessing the success of rehabilitation before return to competition and is inherent in good sports medicine practice. These techniques will identify abnormal range of joint movement, muscle imbalance in both speed and power, which enables the physiotherapist to correct such imbalances before an injured player returns to full training. I doubt they would pick up abnormalities due to a very early (that is, asymptomatic) overuse injury. Unfortunately, access to the appropriate equipment is difficult for most clubs, and acquiring their own would be beyond the financial resources of the majority.

The Football Association has made considerable effort to help clubs with screening young players, who are most vulnerable to overuse injury. All new Youth Training Scheme players are now given orthopaedic and cardiac screening at the beginning of their professional career. In addition, all players have been supplied with new medical record folders with the aim of improving the quality and accuracy of medical records, which will stay with the player throughout his professional career. Furthermore, the new generation of coaching courses now include modules on injury prevention, diet and nutrition, fluid replacement, etc, and hopefully this will lead to alteration in the training methods that possibly increase the risk of injury.

Finally, it must be remembered that the players themselves cannot be devolved of responsibility in injury prevention. If players are asked to train or play when injured and choose to do so against medical advice they must be willing to accept the consequences of their decision.

In conclusion, this thought provoking paper seeks to establish that professional football clubs, through regular health surveillance, should seek to provide an occupational health service for their players, in concordance with current Health and Safety legislation, thus reducing the risk of overuse and chronic injury.

Accurate diagnosis of injury, adequate rehabilitation, and identification of factors likely to lead to recurrent injury form the backbone of good sports medicine practice. I do not think that we have adequate diagnostic techniques available to identify subclinical damage, thus allowing prevention of further exposure to a given risk factor. I do, however, fully support the view that regular physiological profiling of players will allow effective injury prevention through modified training techniques.

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Professional footballers when playing or training are at work. In the United Kingdom they are subject to the Health and Safety at Work, etc, Act 1974 (HSWA), which places duties on both the employer (club) and employee (player). Clubs must safeguard, so far as is reasonably practicable, the health and safety at work of the players (S2.1) and the players must take reasonable care of themselves and others (S7).

Fuller and Hawkins draw attention to regulations made under the HSWA which require, amongst other things, employers to institute a health surveillance scheme where it is necessary to protect health. There are technical criteria for schemes, such as the

availability of an acceptable technique and the reasonable foreseeability of the adverse health effect. The overriding duty, however, is to prevent exposure to an identified hazard, and health surveillance schemes are simply part of early detection. If Fuller and Hawkins are correct, and training techniques are damaging sportsmen and women, is professional sport, with the large sums of money at stake, ready to face the implications for both clubs and players of cutting short a promising career on this basis?

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