Risk management: FIFA’s approach for protecting the health of football players

Colin W Fuller, Astrid Junge, Jiri Dvorak

ABSTRACT

Background Sport and exercise have long-term health benefits, but there is also a risk that participants will sustain injuries and/or ill health from these activities. For this reason, international sports governing bodies have a responsibility to identify the risks that exist within their sport and to provide guidance to participants and other stakeholders on how these risks can be controlled within acceptable levels.

Purpose To demonstrate how Fédération Internationale de Football Association (FIFA), as football’s governing body, uses a risk management framework to identify, quantify, mitigate and communicate the risks of injury and ill health in football for men, women and children in all environments.

Method All the research papers published by FIFA’s Medical Assessment and Research Centre (F-MARC) during the period 1994 to 2011 were reviewed and categorised according to an established sport-related risk management framework.

Conclusions F-MARC investigated and mitigated 17 areas of risk to footballers’ health in a coherent and consistent approach through the process of risk management.

INTRODUCTION

Corporate governance became an important business issue in the early 1980s; initially, attention focused on protecting company interests, but then moved to shareholders’ financial interests.1 In the 1990s, a number of committees reviewed and reported on various aspects of corporate governance:3-4 the Report of the Hampel Committee2 stated ‘The board should maintain a sound system of internal control to safeguard shareholders’ investment and company’s assets. This covers financial controls and operational and compliance controls, as well as risk management, since there are potential threats to shareholders’ investments in each of these areas’ (p21). The Report of the Turnbull Committee4, which provided guidance on how to implement an ‘internal control’ system to meet the requirements of corporate governance, stated: ‘the guidance is based on the adoption by a company’s board of a risk-based approach to establishing a sound system of internal control and reviewing its effectiveness’ (p4) and, in particular, ‘the purpose of internal control is to help manage and control risk appropriately rather than to eliminate it’ (p5).

Generally, sport and exercise are considered to have long-term health benefits for participants; however, all physical activity carries risks that participants will sustain an injury or ill-health and these must be balanced against the benefits.5 6

Each sport has a different level of risk associated with it, which is related to the underlying characteristics of the sport, the laws or the rules that govern how the sport is played and, in the case of team sports, the respect participants have for their fellow participants. As for the boards of directors in any business, international sports governing bodies have a responsibility to demonstrate that corporate governance principles have been implemented within their operations, including the identification and characterisation of the risks that exist within their sport, and to provide guidance to participants and other stakeholders on how the risks can be controlled within acceptable levels. Individuals can then make informed choices about which sports align with their own risk-taking behaviour.6

Football is the most popular team sport worldwide for men, women and children;7 therefore, it is particularly important that the risks associated with this sport are managed effectively. Fédération Internationale de Football Association (FIFA), as the international governing body, recognised this responsibility and created FIFA’s Medical Assessment and Research Centre (F-MARC) in 1994 specifically to investigate risks to players’ health that were associated with football. The process of risk management provides a comprehensive framework within which to study the risks of injury and ill health because it includes issues related to risk identification, estimation, perception, evaluation, mitigation and communication.8 9 The objective of this paper is to summarise how the risk management approach has been used by F-MARC to provide a coherent and transparent approach for protecting the health of players with the aim of encouraging other sports governing bodies to adopt a similar approach.

The risk management framework

Risk management provides a formal framework within which organisations can identify, classify and investigate risks using a logical and transparent protocol. It is essential to appreciate that the objective of the risk management process is not to reduce risks to zero, but to control them within acceptable levels and then to ensure that stakeholders are made aware of the residual risks. The framework adopted by F-MARC has been described previously5 9 and those publications should be referred to for a detailed discussion of the individual elements of the framework. However, for the benefit of the discussion in this paper, a version of the framework (figure 1) and the core definitions are presented here. Risk is a
combined measure of the probability of occurrence and the consequences of an adverse event; a risk factor is a condition or a situation that predisposes an individual, organisation or society to an adverse event; risk estimation is a quantitative or a qualitative measurement of the risk associated with specified risk factors; risk evaluation is the comparison of measured or perceived risks against an organisational, national and/or international standard of an acceptable level of risk; risk mitigation is the introduction of measures to reduce the level of individual, organisational or societal risk arising from specified risk factors. The central part of the management framework is the identification of intrinsic and extrinsic risk factors affecting participants followed by the estimation and evaluation of the level of risk associated with these factors in a process collectively known as ‘risk assessment’. If the level of risk associated with any of the individual risk factors is considered to be too high, then potential mitigation strategies should be considered, including the potential for reducing either the incidence and/or the nature and severity of injuries and ill health. Epidemiological studies using appropriate cohort populations or randomised control trials are employed to provide an evidence base for estimating the levels of risk before and after the introduction of risk mitigation initiatives. Finally, the residual levels of the risk associated with individual risk factors should be communicated to stakeholders in an appropriate and accessible format to encourage informed critical discussions about the risks of injury and ill health at all levels of play and in all settings.

There is a recognised process within FIFA for managing potential injury and health risks in football: issues can be raised by a variety of stakeholders, including players, match officials, FIFA Committees, FIFA confederations and member associations, external bodies and from within F-MARC. Potential risks are evaluated by F-MARC using the existing published information; a decision is then made as to whether more detailed evaluations of the scientific literature or novel research studies are required. The outcomes and recommendations from these deliberations and research studies are formally presented by F-MARC to FIFA’s Medical Committee for onward communication to FIFA’s Executive Committee, which may then make decisions on regulations or make representations for law changes to the International Football Association Board. The results and conclusions from every research study are submitted for publication in international, peer-reviewed scientific journals with no input or influence from any other part of the FIFA organisation. Based on the results obtained from literature reviews and research studies, F-MARC proposes and evaluates risk mitigation strategies; if successful, these proposals are then translated into guidance documents for stakeholders.

The following discussion presents a number of F-MARC research studies in order to illustrate how the risk management process brings a wide range of issues together within a single unified management framework and to demonstrate how FIFA communicates the results obtained in the studies to the scientific community and to the wider football family.

DISCUSSION

The discussion presented relates to the risks of injury and ill health to football players – professional and amateur; F-MARC also investigates risk factors for match officials but these are not included in this review.
Literature review (L)/research (R) study

Outcome

Action required

High temperatures, especially when accompanied by high humidity, have an adverse effect on performance. Game may be caused by fatigue. For men, there were significantly more injuries in the second half of matches than in the first half but for women there were no differences. Effects in the men's game occurred earlier in the first half, while for women there were no differences. Incidence of injury increases with age and is highest among senior players. Some evidence of overage players taking part in age-restricted competitions. Variations in postactivity urine levels of some steroids in non-drug-taking players occur across ethnic groups; results indicate that individual steroid profiling should be considered. High usage of NSAIDs by players. Incidence of injury is higher among male players than among female players but female players are significantly more likely to sustain ACL injuries than men. Develop a prevention programme to reduce the incidence of ACL injuries among female players.

Intrinsic factors

Participant-related

Age

Comparison of the incidence of injury for male amateur players as a function of age (R)24

Assess whether over-age players take part in age-restricted competitions (R)24

Drugs/medication

Excretion of nandrolone metabolites by amateur and professional players following exercise (R)25

Steroid profiles in elite footballers (R)26

Evaluate the use of medication during competition (R)27

Gender

Comparison of incidence and severity of injury for international male and female players (R)28

Comparison of incidence and severity of injury for amateur male and female players (R)29

Medical history

Risk factor analysis (R)30

Precompetition musculoskeletal evaluation (R)31

Precompetition cardiovascular assessment (R)32

Psycho-social

Impact of player behaviour on fair play (R)33

Impact of psychological characteristics on fair play (R)34

Standard of play

Comparison of the incidence of injury at international men's tournaments (R)35

Comparison of the incidence of injury at international women's tournaments (R)36

Tackling

Comparison of risks associated with making different types of tackle by male players (R)37

Comparison of risks associated with making different types of tackle by female players (R)38

Extrinsic factors

Facility-related

Playing surface

Comparison of the incidence of injury among non-professional players on artificial turf and grass playing surfaces (R)39

Comparison of the incidence of injury among professional players on artificial turf and grass playing surfaces (R)40

Stadium design

Assess the environs of the playing area that may impact on a player's safety (R)41

Environment-related

Altitude

Effect of altitude on football performance (L)42

Preparations for playing football at altitude (L)43

Being tackled

Comparison of risks associated with different types of tackle on male players (R)44

Comparison of risks associated with different types of tackle on female players (R)45

Playing position

Impact of playing position on the incidence of injury among male players (R)46

Impact of playing position on the incidence of injury among female players (R)47

Ramadan

Impact of Ramadan on physical and football performance (R)48

Influence of Ramadan on physiological parameters (R)49

Refereeing

Assess referees' decision-making in player injury situations (R)50

Stage in match

Effect of stage in match on the incidence of injury in men's football (R)51

Effect of stage in match on the incidence of injury in women's football (R)52

Temperature

Playing football in hot environments (L)53

Effect of heat on the physical activity of footballers (R)54

ACL, anterior cruciate ligament; FIFA, Fédération Internationale de Football Association; NSAIDs, non-steroidal anti-inflammatory drugs; WADA, World Anti-doping Agency.
The overall strategy adopted by F-MARC has been to monitor all FIFA tournaments since 1998 in order to provide baseline data on the level of risk and to identify the step changes and trends in the incidence, nature and causes of injuries. This ongoing surveillance programme is supplemented with the studies of specific risk factors, which can be subcategorised conveniently into intrinsic (participant-related) and extrinsic (facility-, equipment- and environment-related) factors. Studies of risk factors undertaken by F-MARC during the period 1994–2010 together with the key outcomes and the recommended actions are summarised in table 1; of these studies, 15 addressed intrinsic risk factors and 18 extrinsic factors (facilities: 3; equipment: 2; environment: 13).

Table 2: Risk mitigation: strategies developed by FIFA

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Prevention (P) and therapeutic (T) risk mitigation action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrinsic factors</td>
<td></td>
</tr>
<tr>
<td>Age determination</td>
<td>Developed MRI examination technique for assessing the age of players taking part in FIFA U-17 tournaments (P)</td>
</tr>
<tr>
<td>Drugs/medication</td>
<td>Prepared a guidance document on doping in football (P)</td>
</tr>
<tr>
<td>Concussion</td>
<td>Prepared consensus statements on diagnosis, treatment and return-to-play criteria for concussion in sport (T)</td>
</tr>
<tr>
<td>Functional rehabilitation</td>
<td>Proposed technique for quantifying functional rehabilitation from injury (T)</td>
</tr>
<tr>
<td>Gender</td>
<td>Prepared a guidance document on health and fitness for female players (P)</td>
</tr>
<tr>
<td>Physical condition</td>
<td>Developed and implemented an injury prevention educational programme for youth players (P)</td>
</tr>
<tr>
<td>Psycho-social</td>
<td>Continued promotion of the FIFA ‘fair play’ campaign to encourage all aspects of fair play and respect for others (P)</td>
</tr>
<tr>
<td>Tackling</td>
<td>Recommended to IFAB that tackling from behind should be a red card offence in 1998 (P)</td>
</tr>
<tr>
<td>Extrinsic factors</td>
<td></td>
</tr>
<tr>
<td>Facility-related</td>
<td></td>
</tr>
<tr>
<td>Medical facilities</td>
<td>Established FIFA Medical Centres of Excellence to provide expert medical support for players in 2005 (T)</td>
</tr>
<tr>
<td>Playing surface</td>
<td>Developed the ‘FIFA Quality Concept for Football Turf’ to ensure that the risk of injury on artificial turf pitches is no greater than on natural grass surfaces (P)</td>
</tr>
<tr>
<td>Stadium design</td>
<td>Developed design criteria for football stadiums that took into account player safety (P)</td>
</tr>
<tr>
<td>Equipment-related</td>
<td>Developed the ‘FIFA International Matchball Standard’ to ensure that footballs reach and maintain standards for parameters such as weight, water absorption and pressure (P)</td>
</tr>
<tr>
<td>Environment-related</td>
<td></td>
</tr>
<tr>
<td>Altitude</td>
<td>Prepared a consensus statement on playing football at altitude (P)</td>
</tr>
<tr>
<td>Being tackled</td>
<td>Recommended to IFAB that tackling from behind should be a red card offence in 1998 (P)</td>
</tr>
<tr>
<td>Ramadan/nutrition</td>
<td>Recommended to IFAB that the use of the elbow to the head when tackling should be a red card offence in 2006 (P)</td>
</tr>
<tr>
<td>Temperature</td>
<td>Prepared a position statement on playing football in hot environments (P)</td>
</tr>
</tbody>
</table>

The overviews of the studies of risk factors undertaken by F-MARC during the period 1994–2010 together with the key outcomes and the recommended actions are summarised in table 1; of these studies, 15 addressed intrinsic risk factors and 18 extrinsic factors (facilities: 3; equipment: 2; environment: 13).

Risk mitigation

Although investigating and evaluating risk factors in football is important, an essential aspect of the risk management process is translating the results and recommendations from risk assessments into effective risk mitigation proposals. There are two general ways in which the risk of injury/ill health from a particular risk factor can be mitigated: either through risk acceptance (eg, insurance, self/organisational acceptance) or through risk reduction (eg, control, elimination). Risk control can be achieved through reductions in the incidence with which adverse events occur (preventive interventions) or through reductions in the severity of the outcomes.
from the adverse events (therapeutic interventions). In terms of preventive interventions, reductions in incidence can be achieved through measures directed at physical (eg, equipment), management (eg, laws of the game) or human (eg, player behaviour) aspects of the game. In terms of therapeutic interventions, reductions in severity can be achieved through improvements in injury/ill-health treatment (eg, provision of specialist medical expertise and facilities) or rehabilitation (eg, improvements in functional recovery procedures). These approaches can be summarised within the two-dimensional Haddon matrix of injury prevention; dimension 1: time – pre-event, event, postevent; dimension 2: control strategy – physical, management, human. All these combinations have been used by FIFA and proposals for these initiatives have taken a variety of formats, including technical specifications, such as those for artificial turf, footballs and stadiums; implementation protocols, such as the 11+ injury prevention programme and doping control procedures; consensus statements, such as those for concussion, altitude and heat; and general guidance documents, such as those for nutrition and gender-related issues (table 2). F-MARC’s philosophy is to ensure that all recommendations for risk mitigation are evidence based and in this respect strategies proposed are always underpinned by the peer-reviewed research results or the best practice procedures that have been identified from literature reviews.

**Risk communication**

Risk communication is perhaps the most important element of the risk management process because without an effective communication strategy, risk mitigation strategies will not be accessible to stakeholders. To provide an effective communication strategy, it is important to present information in a number of appropriate formats: this presents a challenge because potential stakeholders include, for example, researchers, physicians, physiotherapists, sports scientists, players, coaches, parents, referees, member associations, teachers and administrators. To reach such a diverse range of people, F-MARC employs an equally diverse range of communication formats, such as peer-reviewed research papers, journal supplements, lectures, FIFA medical conferences, training courses, centres of excellence, books, videos, laymen publications and web pages. Because of the large number of F-MARC communication activities, it is not possible to reference each individual item in this document; however, the information contained within table 3 and many other examples can be accessed through F-MARC’s Medical Network website, which is freely available.

**CONCLUSIONS**

Although the risks of injury and ill health are generally higher in contact sports than in non-contact sports, many athletes choose to take part in contact rather than in non-contact sports. The risks in contact sports could be reduced significantly simply by making major changes to the laws of the sport; this, however, would undoubtedly change the fundamental nature of the sport and that would make the sport unacceptable to many of the athletes taking part. These athletes would almost certainly leave the sport and seek out other sports that more closely match their needs and aspirations. Each of the international sports governing bodies therefore has a responsibility to eliminate, wherever possible, unacceptable risks of serious injury and even death and to reduce the level of other risks so far as is reasonably practicable, while not fundamentally changing the nature of their sport. F-MARC has followed this philosophy within football since 1994 using the risk management approach and the examples of risk assessment, risk mitigation and risk communication presented here demonstrate how this process can be implemented effectively; for example, the implementation of an injury prevention programme in football reduced the incidence of injury and reduced national healthcare costs. By adopting this approach, F-MARC working alone, in conjunction with other researchers or with other governing bodies, has been at the forefront of many sports medicine initiatives over the past 17 years. Of particular note are activities associated with injury epidemiology, injury prevention, precompetition medical assessment, sudden cardiac death, playing at altitude and in heat, management of concussion, artificial turf surfaces, drug testing and age determination. In addition, F-MARC has developed new ways in which governing bodies communicate risks and risk mitigation information to stakeholders, including the use of journal supplements, guidance documents, videos and dedicated web pages. Finally, new initiatives aimed at providing better medical services within football have been established in the form of FIFA Medical Centres of Excellence and the freely available web-based FIFA medical network for sports physicians and physiotherapists.

Other bodies around the world also actively promote the use of risk management in sport. In the UK, UK Sport published a guidance document for managing the risks associated with sports events; in Ireland, the International Rugby Board reviewed the risks of catastrophic injury in the sport and subsequently established a worldwide injury surveillance study to collect more detailed information about the risks; Standards Australia published guidelines for risk management in sport and recreation; and in Canada, the 2010...
Legacies Now organisation produced a risk management guide for community sports organisations.\(^2\) It is hoped that further sports bodies will recognise the importance of understanding and managing risks to athletes and adopt similar proactive risk management approaches.

**Contributors** CF: developed the risk management framework; contributed to the structure of this paper; prepared the first draft; edited and approved the final text. JD: contributed to the structure of this paper; reviewed the first draft; edited and approved the final text. BW: contributed to the structure of this paper; prepared the first draft; edited and approved the final text. 

**Competing interests** None.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**REFERENCES**


