

Egyptian Football federation was recorded with its characteristics and methods of management .

Patients (or Participants) 42 different teams including 928 players that were followed during season 2017- 2018.

Interventions (or Assessment of Risk Factors) Data collection was difficult as this was the first surveillance done so we used direct contact with athletes by Facebook messenger, WhatsApp and phone calls as well as club surveillance sheets.

Main Outcome Measurements Injury incidence rates and characteristics.

Results 2869 injuries occurred during 441 hours of exposure, giving an injury incidence of 8.4 injuries/1,000 hours. The injury incidence during matches was higher than in training. The most common injury recorded was thigh strain (310 injuries), representing 17% of all injuries. Ankle sprain was second common injury recorded (180 injuries). Meniscal injuries recorded were (126) injuries while ACL injuries recorded were (77 injuries) Re-injuries constituted 13% of all injuries The incidence of match injuries showed an increasing injury tendency over time in both the first and second halves.

Conclusions This is the first recorded surveillance for injury detection of football professional athletes recorded and published in Egypt. We need more studies and establishing injury prevention programs and implementing them with more injury surveillance in the future.

291 ABSTRACT WITHDRAWN

292 THROWING ELBOW INJURY PREVENTION: FOREARM FLEXOR INJURY ASSOCIATION WITH MEDIAL ELBOW ULNAR COLLATERAL LIGAMENT INJURY

Jason L Zaremski, Marissa Pazik, Cooper W Dean, Niran Vijayaraghavan, Nicholas P Fethiere, Kevin W Farmer, MaryBeth Horodyski. *University of Florida, Gainesville, Florida, USA*

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Background The forearm flexors (FF) are a stabilizing biomechanical aspect of the medial elbow. However, there are no studies investigating the association of concomitant UCL injuries and FF injuries in throwing athletes.

Objective Our hypothesis is a considerable number concomitant FF injuries occur with (medial) UCL injury in throwing athletes. Additionally, we hypothesized that an increased severity of UCL injury in throwers is associated with a greater likelihood of concomitant FF injury.

Design Descriptive retrospective epidemiological study.

Setting Academic, tertiary care medical center.

Patients Patients with sports-related throwing UCL injuries from 1/1/10 to 12/31/19 for patients aged 12–24 years.

Assessment of Risk Factors Electronic medical records and key word searches identified all patients. A board certified and fellowship trained Musculoskeletal Radiologist reviewed all imaging studies.

Main Outcome Measures The primary study outcome measures planned before data collection included: UCL and FF structural injury on advanced imaging (MRI and/or MRI-Arthrogram), location of UCL injury, concomitant FF injury with UCL injury, UCL-Reconstruction (UCL-R) and associated

FF injury, and concomitant FF injury and complete UCL tear.

Results Fifty-four patients (46 male, 8 female, mean age 17.1 years, SD 2.3) were included. Fifty-four UCL injuries (21 complete ruptures, 16 proximal partial injuries, 17 distal partial injuries) were confirmed by magnetic resonance imaging (MRI). Twenty-eight FF injuries (22 strains, 6 tears) were diagnosed with MRI and/or MRI-arthrogram. There was a significant association between sustaining a FF injury and UCL reconstruction (UCL-R) ($X^2 = [1, N = 54], = 3.97, P = .046$) (15/22, 68.2%), as well as FF injury and UCL injury location ($X^2 = [1, N = 33], = 3.86, P = .049$) (10/17, distal partial UCL injury, 58.8%). Analysis of FF injury and complete UCL tear is not significant ($X^2 = [1, N = 54], = 3.02, P = .08$) (14/21, 66.7%).

Conclusions FF injury is related to UCL injury in throwing athletes. Future prospective studies should investigate association of FF and UCL injury in a throwing athlete as a means to prevent further injury.

293 MYSTERIOUS BREATHING PROBLEMS IN ATHLETES – WHAT CAN IT BE?

^{2,4}Hege Clemm, ²Ida Hammer, ^{1,2}Maria Vollsæter, ^{2,3}Ola Røksund, ^{1,2,5}Thomas Halvorsen. ¹Department of Clinical Science, University of Bergen, Bergen, Norway; ²Department of Pediatric, Haukeland University Hospital, Bergen, Norway; ³Western Norway University of Applied Science, Bergen, Norway; ⁴Norwegian Olympic Committee, Bergen, Norway; ⁵Department of sports medicine, The Norwegian School of Sport Sciences, Oslo, Norway

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Background Respiratory problems are common complaints among athletes, potentially influencing their sport performances as well as their health. Exertional dyspnoea unresponsive to asthma medication have been referred to as ‘mysterious breathing problems’.

Objective To address if exercise related breathing problems in athletes with exercise induced laryngeal obstruction (EILO) are perceived as uncontrolled asthma.

Design Retrospective descriptive cross sectional study.

Setting Register data from hospital-based national reference clinic during 2013–2016. Symptoms, previous diagnostic work-up and pulmonary function were obtained from referral letters or chart reviews. EILO was diagnosed from video-recorded laryngoscopy performed during maximal cardiopulmonary treadmill exercise (CLE-test).

Participants Elite athletes competing on national and/or international level, referred for work-up due to exercise induced breathing problems.

Assessment of risk factors Respiratory symptoms, lung function tests, asthma, use of asthma medication, EILO.

Main outcome measurements Respiratory symptoms, lung function test results, asthma, use of asthma medication, EILO with laryngeal movements scored from video-recorded CLE tests using a standardized system, blinded to the clinical data.

Results EILO was diagnosed in 94/101 athletes, of whom 70/94 had moderate/severe supraglottic obstructions and only 3 had a primary vocal cord dysfunction (VCD). Test for asthma was available in 76/101 athletes; 28 confirming and 38 excluding asthma. In total 83/101 athletes had used asthma medications, 39 reporting current use. Only 4 reported that asthma medication had been effective, 3 of whom with a positive test for asthma. However, all these 4 subjects were also