Setting  The measurements were carried out in the major regional swimming centers across Hungary.

Patients  (or Participants)  304 children (164 male, 140 female), aged 11–13 were involved in the study.

Interventions (or Assessment of Risk Factors)  During the two year study period questionnaires about swimming training methods and the existence of shoulder pain were collected, as well as physical examinations were performed.

Main Outcome Measurements  The following variables were measured: weekly training hours, the ROM (rotational and elevation) of the shoulders, the ratio of the isometric muscle power, special physical examination tests for impingement syndrome, rotator cuff malfunction, and biceps pathologies.

Results  30% of the children reported shoulder pain. The following risk factors were common: decreased elevation and internal rotation, increased external rotation and the disbalance of the rotational muscle strength. Children with positive impingement tests had significantly decreased elevation in both shoulders comparing with children with negative physical examination tests (172° - 179°). There was a significantly decreased elevation of the left infraspinatus (176°-179°) and teres minor (177°-179°) and the right teres minor (176°-179°).

Conclusions  There is evidence that the swimmer’s shoulder also exists and shows a relationship with the deviation of the ROM in children who swim actively. It is recommended to optimize the ROM and the muscle balance of the shoulder muscles. This can only be achieved by performing regular and proper stretching exercises, which therefore can play a huge role to prevent the swimmer’s shoulder.

Patients  Athletes competing across the thirty ADA ‘at-risk’ sports.

Interventions (or Assessment of Risk Factors)  N/A

Main Outcome Measurements  The proportion of ‘at risk’ sports that have medical guidance on mouthguard use at the level of international governing bodies and national governing bodies. The number of sports with guidance on type, fit and maintenance were also assessed.

Results  10/30 ‘at risk’ sports issue medical guidance on mouthguard use at an international governing body level, of which five mandate usage. 11/30 sports issue guidance at a national governing body level, of which seven mandate usage. 5/30 sports have guidelines on mouthguard type or fit, and only 1/30 offered guidance on mouthguard care and maintenance.

Conclusions  There is a lack of clear guidance for athletes on mouthguard use and care consensus across sports is needed, which could contribute to enhanced protection of athlete health and wellbeing.