Conclusions Almost 20% of first-year pre-professional dancers reported an ankle injury, with more than 80% of these injuries leading to dance time-loss. No significant risk factors could be identified for ankle injuries throughout the academic year. Since ankle injuries are common among dancers, research in larger dance populations with longer term of follow-up, including relevant risk factors, is necessary to evaluate the impact of these injuries further.

111 EPIDEMIOLOGY OF ANKLE SPRAINS IN ELITE HIGH SCHOOL BASKETBALL PLAYERS: MEDICAL AND PHYSICAL CHECKUP REPORT, RELATIONSHIPS BETWEEN PREVALENCE OF ANKLE SPRAINS, UNSTABLE SENSATION, ATFL PATHOLOGY AND THE BALANCE TEST

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Background Ankle sprains are the most common injury among basketball players. However, a number of athlete report persisting symptoms which can lead to the chronic ankle instability (CAI), even worse, their articular cartilage damage.

Objective To investigate the prevalence of ankle sprains and the relationships between recurrence, perceived instability, ATFL pathology, range of motion and the balance test among elite high school basketball players.

Design Cross-sectional study.

Setting High school national championship tournament in 2017.

Patients (or Participants) All players who voluntarily participated in our checkup.

Interventions (or Assessment of Risk Factors) Questionnaire, ultrasonographic examination for anterior talofibular ligament (ATFL) pathology, ankle dorsi-flexion (DF) angle measurement and star excursion balance test (SEBT).

Results We received the responses from 1013 players (330 male and 683 female players). It revealed that 74.3% of males and 82.7% of females had injured their ankle at least once and recurrence rate was 59.6% and 63.0% respectively. 79.3% of players were injured before 16 years of age. Fifty-two male and 77 female players completed all examinations. It was revealed that the players who had recurrent sprains suffered more severe ATFL injuries and felt unstable sensation in their ankle compared with the players without sprain. Players who got ATFL tear had smaller DF angle significantly. Additionally, DF angle significantly correlated with the reach of SEBT. Logistic regression analysis indicated that ATFL tear and Unstable sensation were significantly associated with recurrent sprains, and multiple regression analysis revealed that DF angle and gender were only variables to predict SEBT length.

Conclusions Prevention of the CAI should be focused on the following 3 points: 1) Education for younger, pre-injury age, 2) Treatment just after their first injury with an emphasis on the ATFL healing and range of motion restoration, 3) Appropriate exercises and/or equipment for prevention from recurrence.

112 ACUTE EFFECTS OF WARMING UP ON ACHILLES TENDON BLOOD FLOW AND STIFFNESS

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Background The influence of warm-up exercises on the muscle properties has already been investigated before. Strikingly, it still remains unclear which warm-up exercises should be performed in order to properly prepare the Achilles tendon in withstanding high-forces during sport participation.

Objective To investigate the acute effect of frequently used warm-up exercises on the Achilles tendon blood flow and stiffness.

Design A within-subject repeated-measure design.

Setting Knowledge about which exercises are suitable to prepare the athlete's Achilles tendon in withstanding high amounts of loading during sport activities could help sport physicians and physiotherapists when recommending warm-up exercises that are able to improve sport performance while reducing the injury susceptibility. This study was conducted at the department of Rehabilitation Sciences at Ghent University.

Participants All 40 participants performed at least 1 hour of weekly sports participation and were excluded from this study if they had a history of lower extremity injuries within the previous year.

Assessment Achilles tendon blood flow and stiffness measurements were obtained before and immediately after four different warm-up exercises: running, plyometrics, eccentric heel drops and static stretching. The effect of these warm-up exercises and possible covariates on the Achilles tendon blood flow and stiffness was investigated with linear mixed models.

Main Outcome Measurements Achilles tendon blood flow and stiffness.

Results The results showed a significant increase in Achilles tendon blood flow and stiffness after 10 minutes of running ($p < 0.001$ and $p < 0.001$) and plyometrics ($p < 0.001$ and $p = 0.039$). Static stretching and eccentric exercises elicited no significant changes.

Conclusions It could be suggested that warm-up exercises should be intensive enough in order to properly prepare the Achilles tendon for subsequent sport activities. When looking at Achilles tendon blood flow and stiffness, we advise the incorporation of highly intensive exercises such as running and plyometrics within warm-up programs.

113 THE USE OF INERTIAL MEASUREMENT UNITS FOR ANALYZING CHANGE OF DIRECTION MOVEMENT IN SPORTS: A SCOPING REVIEW

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Background Research on change of direction movement (COD) has focused on factors related to performance and injury prevention or rehabilitation. Wearable devices are used

to evaluate accelerations and angles during COD movement, but so far there are no clear recommendations on specific metrics to be used.

Objective To evaluate the reliability and validity of inertial measurement unit (IMU) sensors to detect COD movement and aspects related to COD movement. To summarize the available evidence on how wearable IMUs are used to analyze COD movement in sports and exercise.

Design Scoping review. A systematic search was employed in MEDLINE (Ovid), CINAHL (EBSCO host), SPORTDiscus (EBSCO host), EMBASE and Cochrane Database of Systematic Reviews. A grey literature search was employed to locate non-peer reviewed studies. The risk of bias of the studies evaluating validity and/or reliability was evaluated using the AXIS tool.

Setting Sport and exercise.

Participants Studies on sports related COD movements measured with IMUs.

Main Outcome Measurements Methodological quality of included studies on validity and reliability.

Results After screening 11,376 articles 47 studies remained, with eleven studies evaluating validity and/or reliability. Most of the studies were conducted with preplanned movements in the laboratory setting and participants were usually adult males. Varying sensor locations limits the ability to generalize these findings.

Conclusions There are promising results on validity and reliability of analysis of COD movement with IMUs, but the number of studies is small and the quality of the studies is limited. Studies using IMUs to evaluate COD movement can be improved with larger sample sizes and agreement on the metrics used and sensor placement. Future research should include on-field studies, where movements are unplanned and factors like speed and how opponent players affect the movements are included in analyses.

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THE INFLUENCE OF TRAINING VOLUME ON TRAINING AND MATCH INJURY RISK IN ELITE SCOTTISH RUGBY UNION PLAYERS

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Background Training volume has been shown to influence injury risk in elite Rugby Union players.

Objective To investigate the influence of training volume on injury risk in elite Scottish Rugby Union players.

Design A prospective, observational cohort study design was adopted to collect training volume (hours) and injury data (training and match time-loss injuries combined).

Setting Data were collected from Scottish Rugby Union's professional (Men's 15-a-side) teams (Men's International Squad; Glasgow Warriors and Edinburgh Rugby).

Patients (or Participants) Data were collected from 163 professional Rugby Union players over the 2017/18 and 2018/19 seasons.

Interventions (or Assessment of Risk Factors) Gym & pitch-based training data were collected via team logs & Global

Positioning System devices. Injury data were collected from the medical personnel associated with each team.

Main Outcome Measurements Derived workload measures were calculated. These included: the exponentially-weighted moving average acute: chronic workload ratio (ACWR); week-to-week change in volume, and 1- 2-, 3- and 4-week cumulative volumes. Workload measures were modelled against subsequent week injury using binary logistic regression analysis. Odds ratios (OR) were reported against a reference ('Very-low' workload) group.

Results Players spent a total of 58,044 hours training, and sustained 734 time-loss injuries. Compared to the reference category (<0.50), an 'Intermediate-low' ACWR (0.75–1.00) had the lowest injury risk (OR=0.46). Contrary, an 'Intermediate-high' (1.00–1.25), 'High' (1.25–1.50) and 'Very-high' (>1.50) ACWR significantly increased injury risk (OR=4.85, 13.36 and 15.70, $p<0.001$, respectively). Injury risk was significantly increased for 'Intermediate-low' training volumes over 1–3 week cumulative periods, and 'Intermediate-high' volumes over 2–4 week cumulative periods. 'Very-high' volumes increased injury risk over 1–3 week cumulative periods. 'High' training volumes over 1–4 weeks and weekly change in volume were not associated with injury ($p>0.05$).

Conclusions Increases in acute training volume beyond a player's current chronic status may increase injury risk. Minimising spikes in volume, whilst gradually acquiring high training volumes may be more protective against injury than intermediate and very high volumes.

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RELATIONSHIP BETWEEN READINESS INDICATORS, TRAINING LOAD AND FATIGUE IN COLLEGIATE FEMALE VOLLEYBALL ATHLETES

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Background Proper load monitoring can help to determine if athletes are adjusting properly to training loads, minimizing the risk of developing illnesses and injuries.

Objective The main objective of this study was to find relationships between internal and external load variables, and fatigue to enable a better understanding of specific adaptations.

Design An 8-week prospective observational cohort study with 213 observations.

Setting U Sports Canadian volleyball athletes.

Patients (or Participants) Six female volleyball athletes (21±2 years, 179.8±6.1 cm, 72±9.5 kg) with competitive experience of at least three years and able to participate without any physical limitation.

Interventions (or Assessment of Risk Factors) Pre-practice heart rate variability (HRV), energy level, level of soreness, and hours of sleep were recorded before every practice. The number of jumps, the activity minutes, post-practice rating of perceived exertion (RPE), and HRV value the morning after were also collected. Day of the week, previous strength and conditioning practice, quality of sleep, and medical/physio attention were additional factors included in the analyses.