Main Outcome Measurements Athletes survey included personal information, training profile, knowledge about injury prevention and history of basketball-related musculoskeletal injuries over the last 3 months. Staff member survey included personal information, professional profile, team characteristics, knowledge about injury prevention, and preferences related to the development of an injury prevention program.

Results 52% (n=277) of youth athletes (12.2 ± 1.7 years-old) and 21% (n=11) of staff members (sport experience: 17.1 ± 9.5 years) never received any information about sports injury prevention interventions. 31.4% (n=11) of YBB teams do not perform injury prevention interventions with their athletes. Injury prevalence was 23.2% and the most common injury was ankle sprains (25.3%; n=40). Preferences related to the development of an injury prevention program included a program presented through a website, delivered by the physiotherapist within the daily warm-up routine.

Conclusions The majority of staff members had already received information about sports injury prevention interventions and YBB teams had already implemented injury prevention interventions with their athletes, but more than a half of athletes knew nothing about the topic. Additionally, information reported by athletes was frequently not evidence-based.

Main Outcome Measurements We defined the outcomes as: sample characterization; adherence to the preventive program; study feasibility and complaints, and basketball-related diseases.

Results An injury prevention program called CBB 12 was proposed, based on three pillars, (1) health information, (2) behavior on and off the courts, and (3) guided warm-up pre-participation activity. The feasibility of the injury prevention program was assessed in a 12-week clinical trial of 68 basketball athletes, 2 coaches, 1 club. The questions about feasibility presented average ranging from 3.6 to 3.9 points among athletes, in a scale ranging from 1 to 4 points. The average preventive training CBB 12 (adherence) was 1.8 ± 0.9.

Conclusions The CBB 12 injury prevention program was positively evaluated by the athletes and the coaching staff, regarding its magnitude, adequacy and practicality.

Background Most university female athletes are suffering from various diseases, injuries and some physical problems than male university athletes in Sri Lanka.

Objective To determine the prevalence of disordered eating (DE) and menstrual dysfunction (MD) among female university athletes in Sri Lanka.

Design Sri Lankan university female athletes (n=308) age between 21–26 years. Data were collected by Eating Attitude Test 26 and behaviour and menstrual history questionnaire.

Setting Sri Lankan university female athletes from 12 different sports.

Participants Female university athletes (n 308) who represented respective universities’ sports teams at Sri Lanka University Games 2019.

Assessment of Risk Factors Duration of administration was June to August of 2020 in Sri Lanka. Eating disorder (ED) was identified as the independent variables of the study. Main Outcome Measurements MD, BMI (Body Mass Index), and Premenstrual syndrome (PMS) were considered as the dependent variables.

Results Of the 308 participants, 24.0% reported having irregular cycles. Oligomenorrhea was the most frequently reported problem (15.3%), and polymenorrhagia was much less prevalent (3.2%). Hypomenorrhea recorded 8% and 6.6% of having Menorrhagia. Athletes of 68% recorded about PMS. ED was reported by 19.8% of the athletes and 7.7% are classified as at risk of ‘Bulimia Nervosa’. There was no association between ED and MD. Netball players (28%) reported the highest to have ED. Taekwondo and Karate players are having an average of ED 27.7%, 25% respectively.

Conclusions According to the results of this study, many female athletes have ED and menstrual cycle-related problems. Age 21–26 is the important age for females. It is recommended to consider to have balanced nutrition and maintain mental wellness.