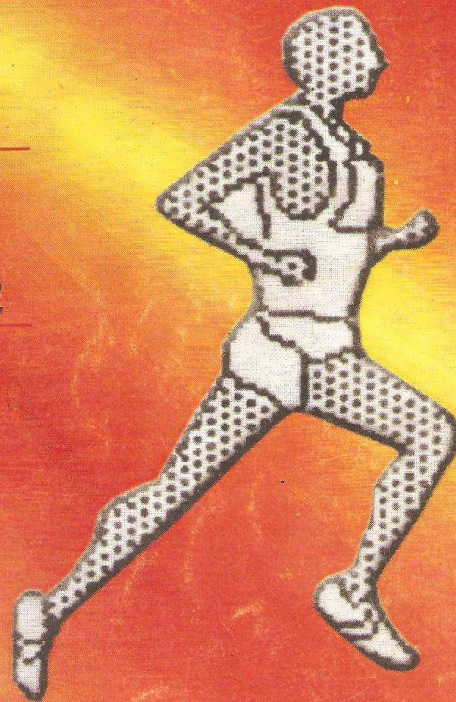


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AWARENESS AND PRACTICE OF MEDICAL EXAMINATION AMONG ATHLETES AT NATIONAL LEVEL

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This study investigated medical examination awareness and practice of athletes at national level. 279 subjects were randomly selected among those who participated in the 13th National Sports Festival “EDO 2002”. A questionnaire was the main instrument. Data collected were analysed using percentage and chi-square. Finding showed that athletes at national level are aware of importance of medical examination of athletes. But do not undergo medical examination regularly; states sports’ officials are not committed to ensuring medical examination of their athletes they present for competition. It is therefore recommended that athletes should be made to present medical examination reports /certificates as one of the conditions for participating in competitions. And medical department should be established and made functional at states level.

Sports has continued to attract more attention from all spheres of life. It has moved from the level of past time to that of a mimic business like venture which has permeated every nation’s economy, politics, education, health, science and technology. Involvement in sports is now considered with all seriousness in which every aspect is given adequate attention. The aspect of safe participation in sports is given much premium to minimize incidence of medical catastrophe during competition. Safe participation in sporting event involves a lot of preparation. Stuart (1998) asserts that serious, catastrophic and life-threatening injuries are encountered at athletic events, especially among young participants, hence time need to plan ahead of competitions. Medical examination of athletes is one major step among the preparatory steps to take ahead of any major sports competition.

Medical examination of athletes prior to training and competition is an ideal exercise that should not be strange to athletes, coaches, sports administrators and every individual that partakes in sports at professional or amateur level. Ijseh (1990) suggests that athletes should see their doctors before embarking on any training programme. This is important for the evaluation of their present state of health to ascertain whether they are medically fit or not. American Committee on Sports Medicine and Fitness, cited in American Academy of Pediatrics (2000) asserts that clinical examination that precedes participation in sports is an ideal opportunity to screen for problems of any functional disorder. This becomes more imperative as medical examination for a season should not be taken as adequate for another season, because onset of injury or ailment could at times be spontaneous or gradual (Gaya, 1991 & Shehu, 1995).

Okuneye and Dansu (2001) quoting Kiaf and Lyon (1978) describe medical examination as a screening device wherein all facets of the athlete’s anatomy, physiology and socio-psychological aspects come under the scrutiny of (lie physician. Ajiduah (1998) opines that a good training

programme should include both initial and periodic tests to be conducted before, during and after training programme. Athletes differ a great deal in many respects. They physically, intellectually, emotionally and in health condition, and that is why it is always necessary to test the newly recruited ones. The examination is to determine and monitor athletes' health status right from the beginning to the end of training programme and competitions.

Athletes who have gained prominence want to stay long participating in their chosen sports hence they are more concerned about their body and health. Trainers may not have adequate knowledge of the importance of medical examination or may not have the capacity to subject athletes to medical examination thereby leaving the athletes at time peril of lack of medical examination. Athletes need to look beyond their trainers/coaches and clubs for medical examination if they do not want to quit performance suddenly. Okuneye and Dansu (2001) report that clubs management have poor attitude towards medical examination of their athletes. Athletes on their own parts are expected to possess certain level of awareness of medical examination and regularly subject themselves to it during off season or while preparing for competitions.

The purpose of this study therefore was to evaluate medical examination awareness among group of athletes at the level of National Sports Festival and the extent of their involvement in regular medical examination.

Hypotheses

- I, Athletes at the level of National Sports Festival would not be aware of the importance of Medical examination
2. Male athletes at the level of National Sports Festival would not Regularly undergo medical examination
3. Female athletes at the level of National Sports Festival would not regularly undergo medical examination.
4. State Sports Council would not be committed to medical examination of athletes.

Methodology

Subject

Athletes who participated in the 13th National Sports Festival held in Benin, Edo State of Nigeria tagged "EDO 2002" formed the population for the study. A total of 279 athletes randomly selected formed the sample. The athletes selected spread over 12 states (see appendix 1) and participated in 9 different sports (see appendix 2) 59.3 percent were male athletes while 40.7 percent were female athletes. 63 percent of the athletes have been taking part in competitive sports for over five years.

Instrument

A structured questionnaire designed by the researchers served as the instrument for the study. Draft of the questionnaire was given to colleagues for comments to ensure its validity. The final draft was subjected to reliability test using test-retest method and a coefficient of 0.78 was obtained.

Administration of Instrument

Researchers visited venues of different sports competitions during “EDO 2002” and served selected athletes with copies of questionnaire. Athletes were made to respond to the questionnaire independently without interaction with one another on the content of the questionnaire. Copies were retrieved immediately after completion. Some athletes and officials were orally interviewed to support the responses from the questionnaire.

Data Analysis

Six copies of the returned questionnaire were defective, therefore, results were based on 270 copies of questionnaires which were analysed. The results are presented tables

Variable	Response	SA	A	D	SD	TOTAL
Medical Examination	Fo	96.2	85.4	35.9	52.5	270
	%	35.63	31.63	13.30	19.44	100
Awareness (Items 1 – 4)	Fe	67.5	67.5	67.5	67.5	67.5
	25	25	25	25	25	25

$$X^2 = 35.07, df=3 (P>0.05)$$

The analysis in table 1 shows that 67.26% (181.6) of the mean response indicated that the respondents were aware of the importance of medical examination to the athletes, while 32.74% (88.4) of mean – response indicated that the respondents were not aware of its importance. Further analysis shows that the calculated chi-square value 35.077 was greater than 7.82 critical values at 0.05 level of significance. Based on this result, the hypothesis that athletes at the level of National Sports Festival would not be aware of the importance of medical examination of athletes.

Table 2: Percentage and chi-square analysis of data on involvement in medical examination by male athletes

Variable	Response	SA	A	D	SD	TOTAL
Regular Involvement	Fo	36.8	34.2	43.7	45.3	160
	%	23	21.38	27.31	28.81	100
In Medical Examination (Items 7 – 10)	Fe	40	40	40	40	160
	25	25	25	25	25	100

$$X^2 = 2.14, df=3 (P>0.05)$$

The analysis in table 2 shows that 44.38% (71) of the mean – response indicated that male athletes at the level of national sports Festival undergo regular medical examination while 55.62% (98) mean – response of the respondents disagreed with this opinion. Further analysis indicated a chi square value of 2.14 which was less than the critical value of 7.82 at 0.05 level of significance.

Based on this result, the hypothesis that male athletes at the level of National Sport Festival would not undergo medical examination regularly was retained.

Table 3: Percentage and chi-square analysis of data on involvement in medical examination by female athletes

Variable	Response	SA	A	D	SD	TOTAL
Regular	Fo	23.7	20.2	32.5	33.6	110
Involvement	%	21.55	18.36	29.54	30.55	100
In Medical	Fe	27.5	27.5	27.5	27.5	110
Examination (Items 7 – 10)		25	25	25	25	100

$$X^2 = 4.73, df=3 (P>0.05)$$

The result in table 3 shows that 39.91% (43.9) means response of the respondents agreed that female athletes undergo regular medical examination, while 60.09% (66.1) mean response of the respondents disagreed with this statement.

Further analysis indicated a chi-square value of 4.73 which was less than 7.82 critical value at 0.05 level of significance. Based on this, the hypothesis that female athletes at the level of National Sports Festival would not regularly undergo medical examination was retained.

Table 4: Percentage and chi-square analysis of data on state sports official commitment to athletes medical examination

Variable	Response	SA	A	D	SD	TOTAL
Regular	Fo	62.3	54.5	78.9	74.3	270
Involvement	%	23.07	20.19	29.22	27.52	100
In Medical	Fe	67.5	67.5	67.5	67.5	270
Examination (Items 7 – 10)		25	25	25	25	100

$$X^2 = 5.52, df=3 (P>0.05)$$

The result in Table 4 shows that 43.26% (116.8) mean—response of the respondents agreed that states sports officials obtain are committed to athletes’ medical no examination, while 56.74 (I 53.2) mean response of the respondents disagreed with the opinion. (square contingency analysis indicated a value of 5.52 which was less than 7.82 critical value at 0.05 Level of significance.

Therefore, the hypothesis that states sports official would not be committed to medical examination of athletes was retained

Discussion

The result obtained on medical examination awareness among athletes was significant. This was expected of athletes who are competing at national level. Most of the athletes have gained prominence and are striving to become international athletes while some are already professional and as such they wish to stay long in action. To achieve this, the athletes are aware that their anatomical, physiological and general health conditions should regularly be examined.

Okuneye and Dansu (2001) obtained similar response among Nigerian professional soccer players who sufficiently demonstrated knowledge of medical examination and perceived medical examination as compulsory for all professional players. Athletes competing at national level are likely to have witnessed some other athletes who were victims of sudden illness due to neglect of medical examination and to avoid such pitfall, athletes make enquiry and know more about medical examination.

Male athletes and their female counterparts do not go for medical examination regularly (see tables 2 and 3). This indicates that in spite of the awareness of the need for medical examination, athletes do not regularly undergo medical examination. This irregular medical examination on the part of athletes may have been due to certain constraints such as funds and lack of drive. Most athletes are on their own with little means on which they survive. Those who belong to clubs do not receive medical allowance,

There are no designated hospitals or medical centers where athletes can visit and obtain free medical service. Athletes receive no assistance or recognition until a major competition is around the corner. Therefore before competition season, athletes strive to survive and have little or no means to regularly go for medical examination. Even though studies have indicated the need for athletes to attend medical examination on regular basis to avoid catastrophic and life threatening injuries during training and competitions (American Academy of pediatrics, 2000; Ajiduali, 1998; Sturt, 1998 and Shehu, 1995), athletes at the National Sports Festival "EDO 2002" could not regularly undergo medical examination probably due to certain constraints.

A non-significance result was obtained in this study that state sports officials are committed to athletes medical examination (see. table 4). This result is not surprising due to the fact that 5 states sports councils do not have comprehensive medical examination programme for their athletes. A related study (Okuneye and Dansu, 2001) reported that most clubs management do not have medical department and that management considered medical examination of players as secondary.

Most state sports councils remember athletes when national sports competitions is approaching during which they draw programme only (or training and competition. In most cases state sports council neither own of nor maintain individual athletes and as such they do not have long term programme for athletes and whatever short term programme prepared, they do little on medical examination. States sports councils considered provision of first aid treatment (luring competition as all that is required to take care of athletes medically. This should not be so do because preventive medical attention inform of medical examination is better than waiting for emergencies which may be devastating and out of control. Non commitment of state sports council officials to medical examination of athletes further revealed that athletes participating at the national sports festival are left on their own in respect of medical examination.

Conclusion

Based on the findings of this study, it is concluded that athletes at national level are adequately aware of the importance to medical competitions, but they do not regularly undergo medical examination before sports competition. It is also concluded that the states sports officials are not committed to ensuring medical examination of the athletes under their care. It is therefore recommended that;

- Presentation of medical examination certificate /reports by every athlete should form important part of accreditation exercise during sports competitions;
- Medical department should be established in states sports councils where no one exists. And where there is one, it should be made functional and make regular medical responsibilities.
- Further studies should investigate the level of involvement of Nigerian top athletes in medical examination

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APPENDIX 1

Percentage Distribution of Athletes and Slates Represented.

STATE	FREQUENCY	%
CROSSRIVER	13	4.71
DELTA	38	13.76
EDO	34	12.32
EKITI	24	8.70
IMO	21	7.61
JIGAWA	13	4.71
KAIMJNA	12	4.35
KANO	26	9.42
LAGOS	33	11.96
OGUN	19	6.88
OYO	17	6.16
RIVERS	26	9.42
TOTAL	276	100

APPENDIX 2

Percentage Distribution on Sports of Athletes.

SPORTS	FREQUENCY	%
Abula	4	5.07
Athletics	66	23.91
Basketball	25	9.06
Handball	37	13.4
Judo	19	6.88
Soccer	44	15.94
Table Tennis	06	2. 18
Taekwando	15	5.43
Volleyball	50	5.43
TOTAL	276	100

