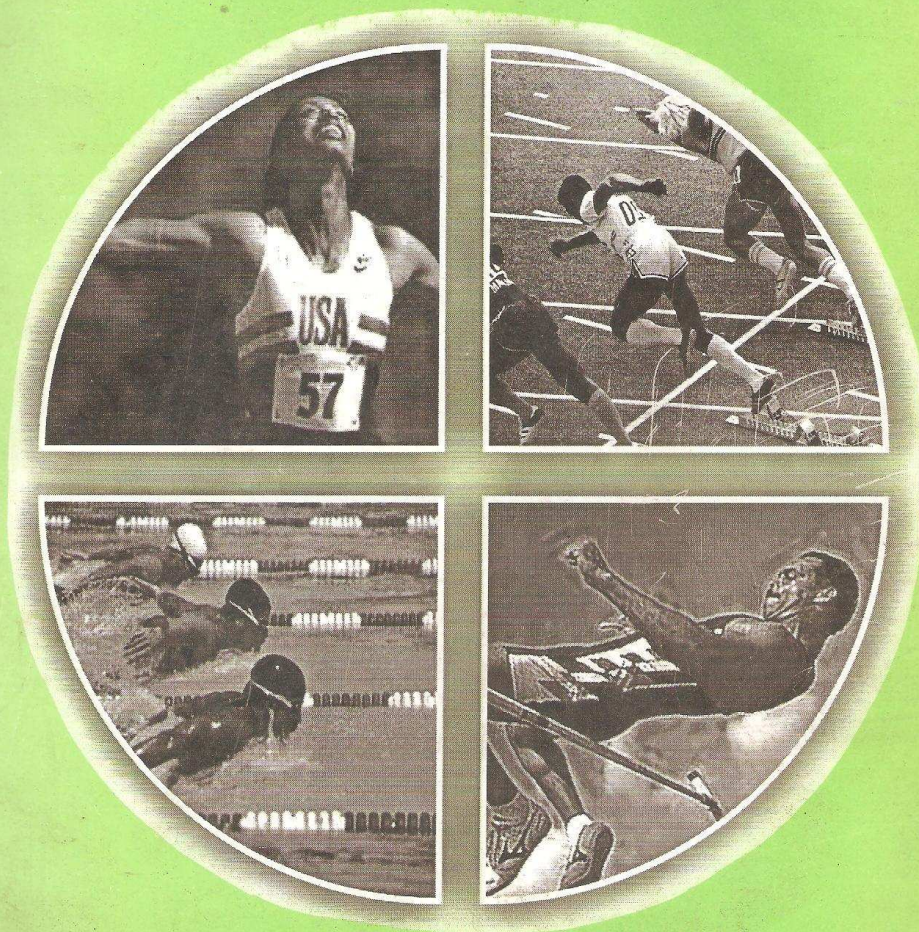




PREPARATION OF ATHLETES

FOR HIGH LEVEL PERFORMANCE



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**KNOWLEDGE AND PRACTICE OF MEDICAL
EXAMINATION AMONG NIGERIAN PROFESSIONAL
SOCCER PLAYERS**

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Abstract

Study determined the knowledge and practice of medical examination among professional soccer players in Nigeria. The subjects of this study were players and club's personnel drawn from various football clubs both in the divisions one and two professional leagues in Nigeria. The instrument for data collection was questionnaire constructed by the researchers to cover the scope of study. This was administered to the subjects and the data collected were analysed using statistics of simple percentage and chi-square. Results showed that the players have the knowledge of medical examinations but the practice is irregular due to the negative attitude of the club's management.

It was therefore recommended that clubs' management should establish medical departments where players should be medically examined at the beginning of every season.

INTRODUCTION

Competition in soccer is much celebrated than any sport and than how it is used to be in the past. The diversity of competitions in soccer game involving age groups, senior category and both sexes has further opened the gateway for large population of people to be involved in the game. Greater involvement in soccer has set challenges into two directions, first towards spectators who throng to watch matches at all cost but do not want to be disappointed over the performance of every player and secondly, the players who want to be impressive to both the spectators and handlers so as to retain positions in the teams.

The implication of the above exposition is more on the players who would not want to experience sudden exit from competitions. Players may not be able to continue a match as a result of injury or sudden illness hence, the need to have adequate evaluation of players before being featured in matches. Igbanugo (2001) highlighted main approaches to the assessment of physical performance as (i) Physical fitness tests and (ii) studies of cardio respiratory function.

Physical fitness tests include evaluation of endurance, flexibility, strength, speed, co-ordination, etc. and skills while aerobic and anaerobic function tests cater for cardiopulmonary functions.

Various Guidelines have been postulated for participation in physical activities, prominent among which is medical examination of the individuals. The medical examination according to Kiaf and Lyon (1978) is a screening device wherein all facets of the athlete's anatomy, physiology and socio-physiological aspects come under the scrutiny of the physician.

Medical examination of players is a step that would expose any traces of injury or hidden ailment in form of its anatomy, pathology, onset (acute or gradual) and history (recurrent). Gaya (1991) mentioned that medical examination of athletes is used to identify those who have medical, neurologic, opthamologic and orthopedic problems that jeopardize their participation in sports.

Studies suggest that results of 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 (Kiaf & Lyon, 1978; Gaya, 1991; Shehu, 1995). Medical examination is a medical, legal and moral obligation of all people that are involved in preparation of athletes, at least to ensure their safety while participating in sports (Novich & Taylor, 1972).

Soccer players at professional cadre along with their handlers need to embrace regular evaluation and medical examination before competition, as this would put them in better stead to perform. What to be embrace should be known; hence the purpose of this study is to assess the level of knowledge, attitude and practices of medical examination among a group of professional soccer players.

Methodology

Subject:

Professional soccer players and club management personnel served as subjects for this study. A total of 45 of them were drawn from various football clubs both in divisions one and two professional league in Nigeria. 85.19% of the selected players have been playing for over six years.

Instrument:

The main instrument for this study was questionnaire, which was constructed by the researchers. The questionnaire was given out to three other colleagues for content validation. For reliability of the instrument, it was subjected to test re-test method. The reliability coefficient was 0.78.

The items contained in this instrument were based on the players' knowledge and practice of medical examination and the attitude of clubs management toward medical examination. The questionnaire was supported with an oral interview.

ADMINISTRATION OF INSTRUMENT:

Copies of questionnaire were distributed to players after the day's training. This was done at the club's common room in-groups. Players were made to sit at distance to one another, to prevent any form of interaction while responding to the items; copies were retrieved immediately after completion. Questionnaire was administered on the club management personnel at their different offices except the coaching crew that was available at the club's common room with the players.

The retrieval rate was 100 percent.

Data Analysis:

The data were subjected to descriptive statistics of simple percentage and inferential statistics of chi-square.

The level of significance was 0.01.

Results

The results of the analysis are presented in tables based on the areas covered in the instrument.

Table 1: chi-square analysis on player's knowledge of medical examination

| | STATEMENT | RESPONSES | | | | | |
|---|---|-----------|----|----|----|-------|----------------|
| | | SA | A | D | SD | TOTAL | X ² |
| 1 | Medical examination involves diagnosis records and assessment of current health status of players | 68 | 24 | 4 | 0 | 96 | *27.60 |
| 4 | Soccer players may encounter sudden illness that could have been revealed through medical examination | 42 | 39 | 1 | 0 | 92 | |
| 5 | Medical examination is done just to screen out unwanted good players | 1 | 2 | 48 | 35 | 87 | |
| 6 | Players without medical examination should always be allowed to play crucial matches | 0 | 6 | 42 | 40 | 88 | |

The responses as shown in table 1 indicate that the players have the knowledge of medical examination. The respondents strongly agreed that current health status of players; and that of sudden illness encountered could be revealed through medical examination. The respondents, however, disagreed that medical examination is done just to screen out unwanted good players

and that players without medical examination reports should be allowed to play crucial matches. Further analysis shows that responses on the players' knowledge of medical examination were significant.

Table II: chi-square analysis on player's knowledge of medical examination

| | STATEMENT | RESPONSES | | | | | |
|----|---|-----------|----|----|----|-------|----------------|
| | | SA | A | D | SD | TOTAL | X ² |
| 7 | Players regularly go for medical examination | 2 | 18 | 30 | 24 | 74 | *31.95 |
| 8 | Players go for medical examination on rare occasion | 20 | 36 | 16 | 2 | 74 | |
| 10 | Most players go to their personal doctors for medical examination | 20 | 45 | 12 | 1 | 78 | |
| 11 | Most players avoid going for medical examination for fear of being screened out | 12 | 15 | 18 | 0 | 55 | |

The respondents as shown in table 2 agreed that most players go for medical examination on rare occasions, and that they go to their personal doctors for such examinations. The respondents disagreed that most players avoid going for medical examination for fear of Further analysis shows that the responses on the practice of medical examination among the players were significant.

Table III: chi-square analysis on player's knowledge of medical examination

| | STATEMENT | RESPONSES | | | | | |
|-----|---|-----------|----|----|----|-------|----------------|
| | | SA | A | D | SD | TOTAL | X ² |
| 12 | Most clubs have medical department where medical examination are conducted on the players | 6 | 18 | 24 | 16 | 64 | *10.28 |
| 13 | Most clubs management take medical examination seriously | 5 | 18 | 18 | 28 | 69 | |
| 14. | Most clubs managements organize regular medical examination for players | 3 | 22 | 24 | 20 | 69 | |
| 15 | Most clubs management consider medical examination as secondary issue | 16 | 15 | 20 | 8 | 59 | |

Table 3 shows that the respondents disagreed that most clubs management have medical department and that they organize regular medical examination for players. Respondents also

strongly disagreed that most clubs management take medical examination seriously, However, the responses on the attitude of clubs management toward medical examination were not significant,

Discussion

The main focus of this study was to investigate the knowledge and practice of medical examination among Nigeria professional soccer players. Three hypotheses were tested, and two were significant. The first one concerns the knowledge of medical examination among players. The respondents acknowledged the fact that medical examination involves medical diagnosis, records and assessment of current health status through which sudden illness that might have been encountered by the player could be revealed. The respondents, however, see medical examination as a must for all players as it is not done just to screen out players. They were strongly against the position that players without medical examination report should be allowed to play matches.

This position corresponds with the opinion of Ladini (1991) that every prospective athlete should be given a thorough medical examination prior to the first day of practice. Onifade and Agbojimi (1991) also opined that sports doctors should take their time in making a thorough physical examination so as to prevent over use and re injury.

The responses on practice of medical examination were also significant. Responses show that players go for medical examination on rare occasions, and those who do, usually go to their personal doctors. The researchers further found out through oral interview the irregularity in medical examination of the players was not due to the fear of being screened out as (see Table 2) but for the fact that provisions were made for such clubs.

Responses on the attitude of clubs' management toward medical examination were not significant.

Responses indicate that most club management do not have medical department where medical examination should be on the players (see Table 3). It was also found out that most clubs' management did not organize medical examinations for players; thus, considering it as secondary issue. This attitude of clubs' management contradicts the position of researchers. Adelakun (1991) recommends that there should be provision for medical personnel for each team. Adeoye and Obiyemi (1991) also posited that proprietors or sponsors of soccer clubs should not shy away from adequately employing professionals that can guarantee the success of their clubs in organized competitions. Participation should not be at the expense of player's health. Players, however should not be medically examined and certified fit to participate in competitive sports (Ogunyeye, 1998).

Conclusion

From findings of this study, it could be concluded that Nigerian professional soccer players have the knowledge of medical examination but they rarely practice it (the practice is irregular). It was also concluded that professional soccer clubs management do not have positive attitude towards medical examination of players.

Recommendations

It is therefore recommended that:

- Players should be made to go for compulsory medical examination at the beginning of every season.
- Clubs management should establish well-equipped medical departments where examination will be conducted on players.
- Qualified medical personnel should be employed by the clubs' management to handle medical examination of players.

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