

**SPORT INJURIES AND NUTRITIONAL CONSIDERATIONS OF MEN
FOOTBALL PLAYERS PARTICIPATING IN ETHIOPIAN PREMIER
LEAGUE: IN CASE OF SOUTHERN NATIONS, NATIONALITIES AND
PEOPLES' REGION CLUBS, ETHIOPIA**

MSc THESIS

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JUNE 2018

HARAMAYA UNIVERSITY, HARAMAYA

**Sport Injuries and Nutritional Considerations of Men Football Players Participating In
Ethiopian Premier League: In Case of Southern Nations, Nationalities and Peoples' Region
Clubs, Ethiopia**

A Thesis submitted to the School of Sport science Academy

Postgraduate Program Directorate

HARAMAYA UNIVERSITY

In Partial Fulfillment of the Requirements for the Degree of

MASTER OF SCIENCE IN SPORT NUTRITION

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JUNE 2018

Haramaya University, Haramaya

DEDICATION

I dedicated this thesis manuscript to my father Alemu Lemango, my sister Embet Alemu and my brothers melkamu Alemu and muluken Alemu for their entire contribution and being partner in my success.

STATEMENT OF THE AUTHOR

By my signature below, the researcher declare and affirms that this Thesis is my own work. The researcher has followed all ethical and principles of scholarship in the preparation, data collection, data analysis and compilation of this Thesis manuscript. Any scholarly matter that is included in the Thesis has been given recognition through citation.

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BIOGRAPHICAL SKETCH

The Author was born on 08 August, 1982 E.C from his father Alemu Lemango and his mother Adenach Dentiso in Hosanna, Haddiya Zone of SNNPR. He attended his junior elementary school education at Masibira and his secondary school education at Wachemo Senior Secondary and his preparatory school at Wachemo Senior Secondary and preparatory school. Then, he joined Haramaya University, College of natural science and computational science, department of sport science in 2001 E.C and graduated with BSc, degree in sport science in June 2003 E.C. After graduation he was employed in 2003 E.C by silite zone Halicho wiriro woreda kutere secondary school as a teacher from July 2003 E.C to June 2006 E.C and he served for three years, after serving three years at silite zone halicho wiriro woreda kutere secondary school, he shifted to Haddiya zone, misha woreda youth and sport office. And again he joined the School of Graduate Studies of Haramaya University in September 2009 E.C to pursue his MSc study in Sport Nutrition.

ACKNOWLEDGEMENTS

It is my genuine pleasure to express my deep sense of thanks and gratitude to my major advisor Dr. Abinet Ayelaw (PhD) and co-advisor Dr.Desta Enyaw (PhD) for their unreserved efforts in advising while conducting my research and providing me with valuable information and comments. I really appreciate their critical evaluation of the thesis draft and immediate feedback with valuable comments as well as for their immediate response to problems I faced.

I would like to also express my sincere appreciation to misha's woreda youth and sport office all management and staff members for gave me this chance to pursue my postgraduate study.

I would like to express my deep whole-hearted gratitude and indebtedness to Southern Nations, Nationalities and People's Region men football clubs participating in Ethiopian premier league for their cooperation and willingness to participate in this study.

Generally, I give my deepest thanks to my colleagues and family for their encouragement and support both in finance as well as knowledge until the end period this thesis accomplishment.

ACRONYMS AND ABBREVIATIONS

ACL	Anterior Cruciate Ligament
DRI	Dietary Reference Intake
E.C	Ethiopian Calendar
FA	Football Association
FBC	Football Club
MPB	Muscle Protein Break Down
MPS	Muscle Protein Synthesis
Mtor	Mammalian Target of Rapamycin
NFL	National Football League
RMR	Rest Metabolic Rate
SNNPR	South Nations, Nationalities and Peoples' Region
USAID	United States Agency for International Development

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ETHIOPIA**

ABSTRACT

The purpose of the study was to assess the sport injuries and nutritional considerations of men football players participating in Ethiopian premier league: In Case of Southern Nations, Nationalities and Peoples' Region Clubs. Thus, the subjects in the study were 21 injured football players were included as source of information for the study. They were selected by non-probability sampling techniques; Convenience sampling (also known as availability sampling). Data was collected from primary sources. In this study distractive survey method was employed. Questionnaire was dominantly used as data collection instrument; unstructured interview and observation were also used in the process. The data gathered through questionnaires were analyzed by using frequency counts and their percentages; whereas the data gathered interview and observation through descriptive statement. The main causes of injuries in this study may be consisted of; opponent's contacts, lack of attention to safety tips - not good fitness and lack of proper facilities. Therefore, these findings proved that footballer must consider causes of injuries more than ever. The results showed that total 21 subjects suffered some form injuries, among those injuries that have occurred in the various activities (training and competitions), the highest injuries related to muscle damage and the lowest rate related to bone damage. Also lowest percent of injuries related to upper organs and highest percent injuries related to lower limbs. Among common sport injuries, the highest injuries related to hamstring strains (19 percent) and the lowest related to shin splints (4.7 percent). A total of 8 injuries were reported, equivalent to an injuries were caused by contact with another player. Thigh (33.2%) and lower legs (72.8%) were the most frequently injured body parts. The most frequent diagnosis was thigh strain (n=9). The diet composition should be carefully assessed and changes considered as the injury heals and activity patterns change. Finally the study to make the football clubs effective and successful the concerned body supply the clubs sufficient facilities and equipments, players should be get well balance diet/nutrition, assign educated or professional coaches, coaches should be use plan, apply better coaching style and sport office experts should attentively follow the training session and give high emphasis to the clubs.

Key words: prevalence, nutritional, consideration, Sport injury.

1. INTRODUCTION

The introduction part of this chapter includes background of the study, statement of the problem, scope of the study, significance of the study and objectives of the study.

1.1. Background of the Study

Football is the most popular sport in the world, while also being associated with a high injury rate both at professional and amateur levels. When cause is analyzed, approximately 80% are traumatic in origin and 20% are overuse injuries (Chomiak, *et al.*, 2000). "Sports injuries" is a name applied to all types of damage occurring in the course of sporting activities (van Mechelen, 1992b).

A considerable amount of literature has been published on sports injuries in general. These studies state numerous different ways that one may choose to define the term sports injury. According to (van Mechelen, 1992b) sports injury is sustained during training or competition and restricts an individual's involvement or time lost from play. Whereas, (Brooks and Fuller, 2006) states that an injury is one that prevents a player from taking part in a training or match and the injury has been there for a period greater than 24 hours. "Sports injuries" are injuries that happen when playing, exercising or running. Some are from accidents. Others can result from poor training practices or improper warm up. Some athletes get injured when they are not in proper condition. Not warming up or stretching enough before playing, running or exercising can also lead to injuries. (Andre, 2009).

Injuries are often an unavoidable aspect of participation in physical activity. It's true that nutrition can do little to prevent injuries related to overuse or improper training, but they can play a role in how fast a student athlete recovers. Though little research exists to prove a direct relationship between nutrition and injury prevention, it is clear that poor nutrition can lead to conditions that increase the risk of injury. Exercise related fatigue, which is characterized by an inability to continue exercise at the desired pace or intensity, is just one example. Nutritional causes of fatigue in athletes include inadequate total energy intake, glycogen depletion, dehydration, and poor iron status. (Tipton, 2010).

Football challenges physical fitness by requiring a variety of skills at different intensities. Running, sprinting, jumping and kicking are important performance components, requiring maximal strength and anaerobic power of the neuromuscular system (van Beijsterveldt *et al.*, 2013). These activities lead to a post-match fatigue that is linked to a combination of factors, including dehydration, glycogen depletion, muscle damage and mental fatigue. The magnitude of football match-induced fatigue is dependent on intrinsic and extrinsic factors (Tipton, 2010).

Soccer players can remain healthy, minimize injury and achieve their performance goals by adopting good dietary habits. Players should choose foods that support consistent, intensive training and optimize match performance. What a player eat and drinks in the day and hours before a game, as well as during the game itself can influence the result by reducing the effect of fatigue and allowing players to make the most of their physical and tactical skills, and also food and fluid consumed a soon after a game and training can optimize recovery. All players should have a nutrition plan that takes account of the individual needs (Nédélec *et al.*, 2012).

1.2. Statement of the problem

Football is certainly one of the most popular sports worldwide. It has been reported that more than 200,000 professionals and 240 million amateur players play football (Junge and Dvorak, 2004). Compared with other sports, football is a vigorous sporting activity with relatively high incidence of injury (Rahnama and Reilly, 2002). To decrease the number of injuries, prevent early retirement, and provide a healthy and safe environment for players, preventive programs are highly recommended. "Sports injuries" are injuries that happen when playing, exercising or running. Some are from accidents; others can result from poor training practices or improper warm up. Some athletes get injured when they are not in proper condition. Not warming up or stretching enough before playing, running or exercising can also lead to injuries. (Andre, 2009).

The injuries might result from a negative energy balance, technical error, and inadequate warm-up and fatigue. Southern Nations, Nationalities and Peoples' Region men football clubs football players might not know about their basic staple diets based predominantly on energy rich foods and which nutrition considerations for injured players these have been presumed to provide adequate nutrition for efficient and effective performance

As a result of this the researcher was interested in assessing the prevalence of sport injuries and nutritional considerations that was happening in the Training Centers and its impact on football player's performance. Thus enhanced injured players' experience, quality observation and this research is necessary to overcome and explain the existing controversies in the common causes and nutritional considerations. Identifying the common sport injuries and their possible causes and nutritional considerations would help the training center for what measures should be taken to assess the existing problems, Hence the study was attempted to answer the following four basic research questions.

1. What are the common sport injuries that occurred in southern nations, nationalities and people's region men Football clubs participating in Ethiopian premier league?
2. What are the common causes of sport injuries in southern nations, nationalities and people's Region men football clubs participating in Ethiopian premier league?
3. What types of injuries were frequently occurring in southern nations, nationalities and people's region men football clubs participating in Ethiopian premier league?
4. Is an adequate nutrition better to treat sport injuries?

1.3. Scope of the Study

Subjects in the present study were comprises of a convenience sample from southern nations, nationalities and people's Region football clubs participating in Ethiopian men football premier league. This study was delimited to only 2010 E.C players. The research was also delimited to southern nations, nationalities and people's Region men football clubs participating in Ethiopian premier league. Thus the study results are delimited to the particular areas; the investigator focused only injured football players. This study was being employed on assessment of prevalence of sport injuries and nutritional considerations.

1.4. Significance of the Study

The main aim of this study was to assess the prevalence of sport injuries and nutritional considerations of Southern Nations, Nationalities and People's Region football clubs participating in Ethiopian men football premier league. In addition, this study will intend to signify the following importance:-

- Identifying the common sport injuries and their possible causes will help the training centers what measures should be taken to manage the existing problems.
- It will help to create awareness for football players, coaches and team officials about their nutrition and sport injuries rehabilitation.
- Also this research can assist all football players involved in sport program in designing more effective eating strategies, which helps to improve their recovery time.

Finally, it may help (serve) as a base or as spring board for anyone who is interested to conduct further study in this area.

1.5. Objectives of the Study

1.5.1. General Objective

The primary purpose of this study was to assess the prevalence of sport injuries and nutritional considerations of Southern Nations, Nationalities and People's Region football clubs participating in Ethiopian men football premier league.

1.5.2. Specific objectives

The objectives of this study were to:

- Identifying common sport injuries in Southern Nations, Nationalities and People's Region men football clubs participating in Ethiopian premier league.
- Find out the common causes of sport injuries in Southern Nations, Nationalities and People's Region men football clubs participating in Ethiopian premier league.
- Assess types of injuries that frequently occur in Southern Nations, Nationalities and People's Region men football clubs participating in Ethiopian premier league.
- Evaluate the nutritional considerations of injured player in Southern Nations, Nationalities and People's Region men football clubs participating in Ethiopian premier league.

2. REVIEW OF RELATED LITERATURE

This chapter consist the concept of sport injury, the footballer's diet, occurrence of sport injuries and rehabilitation after common football related injuries.

2.1 Occurrence of Sport Injury

Sports injuries are injuries that occur in athletic activities or exercising. In the United States there are about 30 million teenagers and children alone that participate in some form of organized sport. About 3 million avid sports competitors 14 years of age and under experience sports injuries annually, which causes some loss of time of participation in the sport. The leading cause of death involving sports-related injuries, although rare, is brain injuries. When injured the two main systems affected are the nervous and vascular systems (Herring, et al., 2009).

The origins in the body where numbness and tingling occurs upon sports injuries are usually the first signs of the body telling you that the body was impacted. Thus, when an athlete complains of numbness and especially tingling, the key to a diagnosis is to obtain a detailed history of the athlete's acquired symptom perception, determine the effect the injury had on the body and its processes, and then establish the prime treatment method. In the process to determine what exactly happened in the body and the standing effects most medical professionals choose a method of technological medical devices to acquire a credible solution to the site of injury (Herring, et al., 2009).

Prevention helps reduce potential sport injuries. It is important to establish participation in warm-ups, stretching, and exercises that focus on main muscle groups commonly used in the sport of interest. Also creating an injury prevention program as a team, which includes education on rehydration, nutrition, monitoring team members "at risk", monitoring behavior, skills and techniques. Season analysis reviews and preseason screenings are also beneficial reviews for preventing player sport injuries. One technique used in the process of preseason screening is the functional movement screen. The functional movement screen can assess movement patterns in athletes in order to find them at risk players (Bager et al., 2009)

Due to ever increasing interests as well as assertion on the conceptual framework of sports injury, it becomes imperative to highlight the incidence and issues pertaining to the occurrence of sport injury. Earlier, only the environmental, physical and physiological dimensions of sport injuries were considered, however, recently it has been realized that psycho-social factors also play pivotal role in the acquisition of sport injury. The psychological factors which predispose to sport injury include personality, stressors of life and poor coping resources. According to stress-injury model prepared by (Andersen et al.,1988), Numerous personality variables like trait anxiety, hardiness, locus of control, sense of coherence, major and minor sources of stress, daily hassles, previous injuries, social support; and poor stress management affect the probability of acquiring injury. These factors may interact in unison or act alone resulting in stress response, via attention deficits and increased muscle tension which may put the athlete at risk for getting injured (Andersen et al.,, 1988).

Athletes with greater stress were more likely to acquire injury than athletes with lesser stress. The physiological, intentional and cognitive aspects of the stress response affect each other. Thus, the research evidence suggest that athletes with greater stress, poor coping resources, behavioral problems or poor social support were more likely to incur an injury(Andersen and Williams, 2005).

2.2. Ways to classify sports injuries

Sports or performance injuries can be classified according to either the cause of the injury or the type of body tissue damaged. If injuries are classified according to cause, the three categories are direct injury, indirect injury and overuse injury. If injuries are classified according to the type of body tissue damaged, the two categories are soft-tissue injury and hard-tissue injury.(Kolt,2005)

(a) direct injury

A direct injury is caused by an external blow or force. Direct injuries can be caused by a collision with another person (for example, during a tackle in rugby union) being struck with an object (for example, a cricket ball or hockey stick).Examples of injuries that result from external forces include hematomas ('corks') and bruises, joint and ligament damage, dislocations and bone fractures. (Kolt, 2005)

(b) Indirect injury

An indirect injury can occur in two ways:

- ✓ The actual injury can occur some distance from the impact site. For example, falling on an outstretched hand can result in a dislocated shoulder.
- ✓ The injury does not result from physical contact with an object or person, but from internal forces built up by the actions of the performer, such as may be caused by overstretching, poor technique, fatigue and lack of fitness. Ligament sprains and muscle strains and tears are examples of these injuries. (Kolt,2005)

(c) Overuse injury

Overuse injuries occur when excessive and repetitive force is placed on the bones and other connective tissues of the body. Little or no pain might be experienced in the early stages of these injuries and the athlete might continue to place pressure on the injured site. This prevents the site being given the necessary time to heal. Eventually the damage accumulates, and the injured site becomes inflamed, and therefore painful. The symptoms of overuse injury often occur when there is a change in training practices (such as increasing training frequency or intensity), and the body is unable to deal with the new stresses that are placed upon it. A large number of overuse injuries results from poorly planned training programs in which the athlete is not given appropriate time to recover between intense sessions. Norris, C. (2004)

An overuse injury is defined as an injury which is caused by the consequences of repetitive micro traumas (Junge and Dvorak, 2000) defined an overuse injury as a pain syndrome of the musculoskeletal system appearing during physical exercise without any known trauma, disease, deformity or anomalia that have given previous symptoms. An overuse injury has also been described as an injury with an insidious onset with a gradually increasing intensity of discomfort without an obvious trauma (Arnason *et al.* 2004). The injury causes worsening pain during or after exercise and continuation of loading causes even worse pain and may stop exercise completely (Arnason *et al.* 2004). A chronic injury has also been classified as any injury with

insidious progression that existed prior to the date of the injury's occurrence or an exacerbation of a previously existing condition. (Norris, C. 2004)

Overuse injuries can occur to the same tissues as acute injuries, but the pathology of these injuries is different. The most common overuse injury occurs to the tendon and is called tendinopathy (Norris, C. 2004). It is prevalent in the Achilles, patellar and rotator cuff tendons. There is no clear understanding of the pathology of tendinopathy (Norris, C. 2004). Another common overuse injury among athletes is situated in the bursae.

(D) Acute injuries in sport

Junge and Dvorak (2000) have defined an acute injury as an injury caused by a macro trauma or as an injury which caused a trauma, the reason being, e.g., tackling, kicking or running. Classified a traumatic injury as an injury which was caused by a single traumatic incident. An acute injury has also been defined as any injury or condition which did not exist prior to the date of injury occurrence (Giza *et al.* 2005). In many studies, an acute sports injury is defined as injury with a clear onset as a result of trauma, and which has occurred in training or competition (Hawkins, et al., 2001). has caused at least one day away from training and/or competitions (Hawkins, et al., 2001). An acute injury has also been described as any physical injury that keeps an athlete away from at least one training session or competition, or needs a physician's care (Hawkins, et al., 2001).

Sports injuries can be classified according to injury type and tissue. Acute injuries usually occur to the muscle, ligament, or skin. Bone or joint injuries are rarer, but can also be more severe. Cramps, strains with different grades, and contusion are common acute injuries in the muscle (Hawkins, et al., 2001).

2.3 Extrinsic causes of sports injury

(a) Training-related factors

These factors relate to the design of the training programmes. Excessive repetitive loading of the tissues is needed for successful adaptation, however, without suitable recovery tissues never have the chance to adapt and can fail. Sudden increases in frequency, intensity and duration, or simply changing training method can go beyond the tissues fail tolerance level leading to increased risk

of injury. Performing sport and exercise specific techniques poorly can place excessive strain on tissues. For example, poor shot technique in tennis increases the risk of tennis elbow. (Bahr, 2004)

(b) Equipment selection factors

These factors relate to the suitability of equipment in training and competition. Incorrect footwear will not protect the foot and ankle adequately nor distribute forces effectively leading to an increased risk of injury. Not adhering to the personal protective equipment rules places individuals under increased risk of injury. Training or competing with equipment that is not the correct size or weight can make movements biomechanically inefficient and place greater strain on joints, connective tissues, and muscles. (Bahr, 2004)

(c) Environmental factors

These factors include the environmental temperature and the surface that participation takes place on. Training on surfaces that are too hard or too soft can lead to excessive forces going through the body or lead to a greater risk of sprains because feet/legs can become stuck in wet turf. Uneven surfaces, such as cambered paths or roads, can lead to increased force being placed through one side of the body. (Bahr, 2004)

(d) Psychological factors

Psychological factors relate to the psychological demands of training/competition and how individuals respond to these demands. Being over or under-aroused can lead to becoming injured by making poor decisions. It is not uncommon for individuals to become over assertive or aggressive when competing which can lead to them harming themselves or others. For a more in-depth discussion of the psychological determinants of injury.(Finch. ,2012).

(e) Nutritional factors

These factors mainly encompass ensuring the athlete has adequate glycogen stores, hydration and protein intake. Having adequate glycogen stores increases the time taken to become fatigued. Correct hydration reduces the effect of dehydration, prevents hypernatremia, and overheating of the body. Without correct protein intake, an individual's soft tissue may not recover or adapt

properly, and can lead to DOMS and overtraining syndrome. More often than not sports injury is a result of a number of inter-related factors. Intrinsic factors can lead to a predisposition to sports injury that when combined with exposure to extrinsic factors lead to sports injury.(Finch. ,2012).

2.4. Rehabilitation after Common Football-Related Injuries

The definition of football injuries means an injury that occurs during football and leads to absence from practice or games. The most common injuries are ankle sprains, knee sprains, and muscle strains.

2.4.1. Lateral Ankle Sprain

The lateral ankle sprain is one of the most common injuries sustained in sport and physical activities, accounting for 11–25% of all acute injuries (Adamson Cymet ,1997) and (Chomiak, et al., 2000).The most common mechanism of injury is with the ankle joint in a plantar-flexed and inverted position. The anterior talofibular ligament that most often is ruptured in lateral ankle sprains has been found to be the weakest ligament in tensile strength when compared with other ankle-joint ligaments (Pincivero., et al., 1993).

Ankle-sprain recurrence is common, and among adolescent female football players, it appears as a re-injury in 56% of cases (Soderman, et al., 2001) Lateral ankle sprain should usually be treated with non-operative functional rehabilitation, most often leaving only the most serious cases and repeat recurrences for consideration of surgical treatment (Kaikkonen.et al., 1999).

2.4.2 Acute Treatment

It is generally agreed that the acute phase should include swelling limitation (compression), pain reduction (local cooling), and range of motion maintenance. Compression bandaging during the first 2 days and crutches when needed are recommended. When pain and swelling have subsided, bracing or taping could be considered. The ankle joint should initially be kept in as much dorsiflexion as possible in order to stabilize the joint and minimize capsular distension. (Lynch, 1999)

2.4.3. Subacute Treatment and Rehabilitation

During the first 3 weeks, precaution should be undertaken to prevent ankle-joint inversion in order to decrease the risk of ligament elongation (Lynch, 1999). Absence of pain and swelling direct rehabilitation towards weight-bearing exercises, improvement of full range of motion, balance and proprioceptive training, and muscle strengthening, starting with the use of, for instance, elastic bands or tubing exercises. Strength training should focus on the peroneal, anterior, and posterior muscles, as well as intrinsic foot muscles. In order to avoid recurrence, a rehabilitation period of 12 weeks is recommended, focusing on muscles strengthening exercises and balance and proprioceptive training. Return to football might, however, be possible as early as 1–2 weeks after the injury if the ankle joint is supported with an ankle orthosis or possibly with taping. Exercises in all planes are most likely to be of the highest benefit and are therefore recommended to be included in the rehabilitation programme (Ekstrand et al., 1998).

2.4.4 Knee Sprains

Football players put great demands on their knee joints. The sudden changes of direction, hard cutting and pivoting, acceleration and deceleration, and occasionally violent collisions often put the player's knees at great risk of injury. The anterior cruciate ligament (ACL) is particularly at risk (Arendt and Dick 1995). ACL injury is one of the most serious injuries in football. An ACL injury leads to a long absence from football and is also the injury that leads to the highest risk of sustaining arthrosis later in life. In order to regain good knee-joint stability, most orthopaedic surgeons agree that ACL injuries should be treated with an ACL reconstruction. Today, no consensus regarding the optimal rehabilitation programme after ACL reconstruction exists (Ekstrand and Karlsson, 1998).

We know about the importance of early motion and weight bearing (Eriksson, 1976) and Noyes et al., 1987). However, only little is known about how much activity will promote adequate rehabilitation of an injured knee without permanently elongating the graft, producing graft failure, or creating damage to articular cartilage. More than 30 years of research at the Karolinska Institute into ACL rehabilitation has led to the rehabilitation protocol we use today. Based on new research, we are continuously updating our rehabilitation programme (Noyes et al., 1987).

2.4.5. Muscle Strains

Too much stretch or tension in the muscle leads to an indirect muscle injury; a muscle strains (Garrett, 1996) that may be graded into mild (grade I), moderate (gradeII), and/or severe (grade III). Strains occur in muscles that are being stretched while undergoing strong activation to decelerate a motion, that is, an eccentric action (Glick 1980).However; as well a sudden acceleration for extra speed during running, a sudden deceleration might result in a muscle strain. These situations are common in football when sprinting, kicking the ball, and stretching the leg to trap or tackle .The athlete experiences local pain and tenderness and, a grade III strain will also appear with swelling and bruising. The healing time is 2–12 weeks, depending on the grade (mild, moderate, or severe) (Garrett, 1996).

2.4.6 Hamstring Strain

In football, hamstring strains are the most common muscle injuries (Garrett, 1996).The biceps femoris is the most commonly injured muscle of the hamstring group (Burke,2011) and (Heiser, *et al* 1984).The hamstring muscles have a relatively high proportion of fast twitch fibres(Garrett,1996). The hamstring group crosses two joints, leading to greater changes in length when compared with muscles that cross only one joint. Therefore, the high levels of intrinsic tension, produced by the fast-twitch fibres, combined with the extrinsic stretch involved with length changes over two joints, might make the hamstrings prone to injury during high-intensity sprinting and jumping activities. The athlete usually experiences a sudden onset of pain in the posterior thigh during rapid activity. Occasionally, there might be an audible “pop”, identifying a grade II or III strain. The muscle area involved and a local tenderness can be identified by palpation with the athlete lying prone with the knee slightly flexed against resistance. Hamstring flexibility and muscle strength, as well as hamstring-to-hamstring and hamstring-to-quadriceps imbalances, appear to be the variables most often considered when dealing with hamstring strains. Subsequently, tests attempting to stimulate conditions in which hamstring strains occur appear to be the most valid indicators of predisposition to hamstring injury (Heiser.et al., 1984)

2.4.7 Quadriceps Strain

The second most commonly strained muscle group is the quadriceps, where the rectus femoris muscle that crosses two joints is the most frequently injured muscle (Garrett, 1996). Quadriceps muscle fibres are predominantly type II and therefore best suited to rapid, forceful activity. Typically, the athlete feels the injury as a sudden pain in the anterior thigh when the quadriceps muscle requires a vigorous explosive contraction. For a football player, these situations are common during sprinting when accelerating towards the goal, jumping when heading the ball against the goal, and/or when kicking the ball into the goal, for instance. Strain of the rectus femoris can be confirmed by eliciting pain when the hip joint is extended and the knee joint is flexed. Because the muscle is subcutaneous and overlies the remainder of the quadriceps, localized swelling or defect is rapidly apparent. This can be confirmed with the athlete lying supine and flexing the hip with the knee held in approximately 45° of flexion (Garrett, 1996).

Hamstrings injuries are primarily caused by sprinting and the stretch shortening cycle activities. Video analyses of hamstrings injury, particularly the phases leading up to the injury indicated that the injury was most likely to occur when players were running at high speed and when the body was leaning forward during the late swing phase of the cycle (eccentrically decelerating the forward motion) in preparation for foot contact. However the underlying aetiology of hamstrings injuries is unclear and many factors have been suggested, including poor flexibility, hamstrings quadriceps muscle imbalance, muscle weakness, improper technique, inadequate warm-up, poor neuromuscular control, and fatigue. (Garrett, 1996).

2.5. Sport Nutrition

Sport nutrition is the study and practice of nutrition and diet as it relates to athletic performance. It is concerned with the type and quantity of fluid and food taken by players, and deals with nutrients such as vitamins, minerals, supplements and organic substance such as carbohydrate, proteins and fats. During match consuming carbohydrate in the form of a liquid beverage or sports drink is important. (Burke, et al., 2011).

Football is among the most popular sport in the world. However, despite the immense popularity and vast amount of money now involved in the modern game, relatively little work has been

undertaken to assess the role of nutrition in football and players perceptions of the role. In years gone by, players would eat what they liked. However, today's game has developed with players training and behaving more like elite players. This change in approach has coincided with an increase in the tempo and intensity during top competitive football over the past two decades (Reilly, 1996)

2.6. The Footballer's Diet: Considerations for Injury Prevention

The energy cost of football is approximately 1,300-1,500 kcal for a 90-min game, depending upon playing position, tactics and body composition of the player. In our experience, the amount of energy required should be adjusted to reflect the lean body mass in kg of the individual player. Global positioning satellite technology can be used as a tool to approximate the energy cost of training sessions (Loucks, 2011).

An insufficient energy intake does not cover energy required for match performance, training and daily living activities. It has been reported that energy intakes below 30-35 kcal/kg lean body mass (excluding exercise) accentuate fatigue, immune-suppression and the predisposition to injury. Furthermore, low-energy diets in which calories are not consumed via a variety of foods typically have low nutritional quality (Loucks, 2011).

Insufficient energy intakes combined with poor dietary choices increase the risk of players being deficient in nutrients such as vitamins B or C; minerals like iron, calcium, magnesium, zinc and selenium. Interestingly, inadequate plasma vitamin D concentrations have been observed during the winter months in top-level players (<30ng/ml) (Morton 2012). Low vitamin D may affect bone metabolism and has been associated with alterations in strength and muscle components (Morton, 2012). Therefore, vitamin D status may be a consideration in injury prevention. Unfavorable lipid profiles (pro-inflammatory) due to excesses in the diet of trans-fat, saturated fat and excessive omega 6 fat from vegetable oils should be avoided. Instead, players are encouraged to regularly eat foods such as oily fish for a source of omega-3 (Simopoulos, 2007).

Recommendations and guidelines for player hydration must be customized as far as possible by adjusting quantity and composition depending on changes in body mass. Analysis of sweat and

electrolyte losses allows us to further individualize player recommendations. In general, we recommend that body mass losses be no greater than 2% of pre-exercise values (Morton, 2012).

Regarding post-exercise hydration, recently authors reported alcohol intake after training/competition reduces rates of myofibrillar protein synthesis even if co-ingested with protein. The suppression of the anabolic response in skeletal muscle will impair recovery and adaptation to training (Parr, 2014). Therefore, inappropriate ingestion of alcohol will have implications for subsequent performance and thus risk of injury. (Parr, 2014).

Dupont (2010) reported that the injury rate increases according to hours of football exposure. However, the risk of injury is significantly increased when games overlap training with less than 72 h between them. In this circumstance (the recovery period is under 72 h) it is necessary to emphasize optimal nutritional recovery strategies. Specifically, the restoration of muscle glycogen after exercise can be achieved by ingesting approximately 60 g of carbohydrates per hour during the first 2-3 hours (Rollo, 2014).

Protein intake is recommended immediately post exercise (0.3 g/kg BM, ~20-25 g), together with appropriate volumes of fluid to rehydrate (Laitano and Res, 2014). Some studies suggest the use of nutritional anti-inflammatory aids as flavonoids like quercetin or melatonin; "tart cherry juice" may also be of benefit when recovery time between matches is inadequate. However, evidence is limited and discussion of their application to football is beyond the scope of this review (Res, 2014 and Howatson, 2010).

2.7. Nutritional Interventions for the Injured Player

During injury, one aspect of recovery that is often overlooked is nutrition. Besides the importance of maintaining body composition as described previously, nutritional interventions must be coordinated with the different phases of the recovery process to optimize the healing process. From this point of view, injury can be classified in two phases: immobilization phase and functional recovery phase (rehabilitation and re-training). During these phases muscle wasting and atrophy are commonly observed. Therefore, the main objectives are reducing inflammation and increasing anabolic stimuli (Tipton, 2010).

For those undergoing surgery a “preoperative” phase could also be considered. For example, it has been proposed that whey protein supplementation in the “preoperative” phase can reduce the acute inflammatory response post surgery. It is quite rare to find an athlete that has not been injured (Perrone, 2011).

Injuries can be minor, such as a scratch or bruise, or much more severe, such as a torn knee ligament (e.g., ACL) or broken leg. Serious injuries, those that limit limb or whole-body mobility (such as a fracture or ligament tear), will over-time cause a decrease in muscle growth and an increase in muscle protein loss. This, in turn, will lead to a reduction in strength and neuromuscular control. The consequent period of rehabilitation to regain performance often means that an athlete will also have to sit on the sidelines for a while (Perrone, 2011).

Nutrition plays an important role in an athlete’s health and performance. Key nutrients are utilized daily to assist muscle growth, as well as ongoing recovery and repair. But what happens when an athlete can no longer train or perform due to an injury? Is there something that can help an athlete to heal faster and get back in the game sooner? Yes! Nutrition is vital during the post-injury and rehabilitation period. The right diet, in concert with proper therapy and an appropriate re-training regimen, can get you back in the game stronger and faster!.(Hecker, 1987).

Muscle strength loss and atrophy markedly appear within 5 d of immobilization due to a rapid increase in muscle protein breakdown (MPB) followed by a decrease in muscle protein synthesis (MPS). Around 150 g of muscle mass is lost per day, equivalent to 1 kg/ week, with type II muscle fibers being the most susceptible to atrophy .After 10 d muscle loss is mainly caused by MPS inhibition, basal and post-prandial, causing atrophy and functional loss (Wall and van Loon, 2013).

The decrease in MPS, even post-prandial and known as "anabolic resistance," is conditioned by inactivity and injury. Cytokines and catabolic factors, such as myostatins, block the processes in a similar response to aging-related sarcopenia (Wall, 2013). Thus, the effectiveness of protein ingestion is impaired and even in the presence of adequate levels of amino acids; protein synthesis is clearly inferior to the situation of no injury. The key issue seems to be muscle stimuli, since anabolic resistance will remain as long as muscle stimulation is lacking (Farthing, 2009).

From a nutrition perspective, the use of some supplements such as leucine may partially attenuate the decrease in MPS through the activation of mTOR (van Loon, 2012). Leucine is an essential amino acid found in greater amounts in proteins of high biological value (i.e., whey protein). The ingestion of 3 g of leucine, isolated or contained in protein, is capable of activating MPS enhancing muscle resistant to insulin. Food also offers a good source of leucine; for example, 3 g of leucine can be found in 25-30 g of whey protein, 140 g of chicken or 170 g of fish (Katsanos, 2006).

The catabolite of leucine, HMB ingested at 3 g per day has also been reported to be an effective supplement in the activation of MPS, although further research is needed before its use can be recommended, especially in consideration for the injured player (Molfino et al., 2013). Finally, the ingestion of 4 g/day of omega 3 fatty acids may act synergistically with leucine, increasing protein synthesis (Smith, 2011a; Smith, 2011b).

2.8. Nutrition Recommendations for the Injury and Immobilization Phase

2.8.1 Energy (calories)

The determination of energy needs for football players is based on many factors including their physical characteristics and their position on the football team. For example, defensive linemen, particularly defensive ends, are generally smaller than offensive linemen while running backs, linebackers, wide receivers and defensive backs are generally the same size and have common physical measurements (Pincivero *et al.*, 2014). In terms of body composition, similar findings are also found. Linemen generally have a higher percentage of body fat than linebackers, running backs, defensive backs and wide receivers (Pryor *et al.*, 2014). Thus, the wide range in body size and composition can make kilocalorie requirements extremely variable among a football team. In addition, different teams may emphasize different weights and body composition for certain positions. An estimated range of kilocalorie intakes for football players based on their position and body composition

Resting metabolic rate (RMR) is the energy required to maintain bodily functions such as heart rate, respiration and circulation while the body is at rest. It accounts for approximately 60-80% of total energy expenditure. It is measured by indirect calorimetry, where oxygen consumption

(L/min) and carbon dioxide production (L/min) are collected and analyzed for a specific amount of time. Because most practitioners do not have access to the equipment to actually measure RMR, a number of prediction equations are used to estimate RMR. Thompson and Manore (1996) compared predicted RMR equations with measured RMR and found that the Cunningham (1980) equation provides an accurate estimate of RMR when determining energy needs of active individuals.

Energy needs are slightly higher to assist with the healing process. If the injury is severe, resting energy expenditure can increase by 20%. When using crutches, energy expenditure can be 2-3 times higher compared to normal walking. Sometimes- a small weight gain is beneficial-because, without enough calories, muscle growth is limited and muscle loss can be greater (Molfino, 2013).

2.8.2 Protein

Protein is needed for normal cellular functioning as well as synthesis of various bodily tissues. Athletes tend to have elevated demands for dietary protein intake compared to sedentary individuals. During the immobilization phase there is a tendency to lose muscle mass, which then causes an athlete to lose strength. Protein helps athletes to build and repair muscle; therefore, the need for protein is higher. The precise number of grams/Kg (lb) needed each day is very individual. But, it is safe to assume that it's more than the dietary reference intake (DRI) of 0.8 grams/kg (0.35 grams/lb). While research suggests that the protein need is close to 1-1.2 grams/kg (0.45-0.55 grams/lb), since the majority of athletes eat more protein than they need, sufficient protein intake is typically not an issue (Smith, 2011a, Smith, 2011b).

2.8.3 Carbohydrate

Carbohydrates are the primary energy source for the exercising muscle when exercise intensity reaches 65% of maximum oxygen consumption (VO₂ max) or greater (van Loon *et al.*, 2001).

Carbohydrate is the fuel of choice for high-intensity aerobic exercise and also for so-called anaerobic exercise, where sprint and ballistic like movements occur. Because football players have high-intensity and vigorous workouts for sometimes more than an hour a day, they may need as much as 5-7 g of carbohydrate/kg/day of body mass in order to maintain and replenish

muscle and liver glycogen stores (Burke *et al.*, 2011, and Coyle, 1991). In the past, carbohydrate recommendations have often been expressed as a percentage of total kilocalories; however, this percentage is poorly correlated to both the amount of carbohydrate actually eaten and the required fuel needed to support an athlete's training and competition. This macronutrient is an athlete's main source of energy for physical activity. However, following an injury that limits activity, carbohydrate intake can be slightly lowered to prevent excessive weight gain. Sports beverages, gels, sodas and concentrated sweets are highly discouraged during this time (Smith 2011a, Smith, 2011b).

2.8.4 Fat

Dietary fats supply a source of essential fatty acids and fat-soluble vitamins that are important to a football player's diet; however, most players either fall within the range for recommended fat intake or exceed it. Players who consume a high-fat diet will not only have adverse health effects but may also displace the storage of carbohydrates by fat (Coyle *et al.*, 2001). On the other hand, players who eat a very low-fat diet (less than 15% of total kilocalories from fat) do not have any additional performance benefits. So, neither a high-fat diet nor low-fat diet is advised (Stellingwerff *et al.*, 2006).

Despite the fact that most players fall within the recommended range of fat intake, players of all ages should be encouraged to consume more heart healthy fats, which include more fats that contain monounsaturated (olive and peanut oil) and polyunsaturated fatty acids (safflower and soybean oil) and lower amounts of saturated fatty acids (butter, lard, cream) and trans fats (processed foods like cookies and crackers) with the addition of fruits, vegetables and whole grains. (Bosch and colleagues 2014) found that as body mass increased, abdominal fat accumulation increased in NFL players. Another study conducted in 1994 by Baron & Rinsky found that offensive and defensive linemen had an increased risk of cardiovascular disease when compared with players at other positions. Consuming too much food (especially high-calorie food from fat) can result in the accumulation of abdominal fat, which puts linemen at risk for cardiovascular disease. In particular, linemen had a 52% greater risk of cardiovascular death when compared with the general population and three times the risk of dying from heart disease when compared to non-linemen (Baron and Rinsky, 1994).

Fats are essential for healing, and the type of fat is critical. Omega 3's (found mainly in fatty fish such as salmon, mackerel or tuna) help to increase muscle protein synthesis (muscle building), as well as play a role with recovery and decreasing inflammation (Smith *et al.*, 2011a, Smith, 2011b).

2.8.5 Vitamins and minerals

Vitamin C - Assists with wound healing, tissue repair and optimal immune function. Foods rich in vitamin C include: citrus fruit, strawberries, red bell peppers, watermelon, etc. Vitamin A - Assists with cell growth and development, as well as immune function. Examples of foods rich in vitamin A include: sweet potatoes, tomatoes, carrots, papaya (i.e., orange/red fruits and vegetables). Zinc - Assists with wound healing, protein synthesis and immune function. Good choices of foods for getting enough zinc include: beef, almonds, seeds (e.g., sunflower, flax, (Molfino, 2013).

3. MATERIALS AND METHODS

This section of the thesis is research design, data source, population, sampling technique. It also presents the instrument of data collection and methods of data analysis.

3.1 Description of the Study Area

The study has been conducted in the Southern Nation Nationalities and Peoples Region men football clubs players participating in Ethiopian premier league. It is located in the south western part of Ethiopia and shares boundaries with Kenya to the south and Sudan to the west and southwest. The region is divided into 13 administrative zones, 133 woreda and 3512 kebeles and its capital is Hawassa. It has four clubs participating in Ethiopian premier league. "2011 National Statistics". Map of the study site is indicated on page 60.

The research was conducted at Wolaitta Dicha Sport Club. Wolayita Sodo is located about 400 kilo meters south west of Addis Ababa at $6^{\circ} 49'$ N latitude and $39^{\circ} 47'$ E longitude and at an altitude of about 1900 m. "2011 National Statistics"

The research also conducted at Arba Minch Football Club also known as Arba Minch Kenema is an Ethiopian football club. Arba Minch is located at latitude 6.03333 and longitude 37.5499992, in the northern hemisphere. Arba Minch (Amharic, "forty springs") is a city in central Ethiopia; less common names for this city include Gantar and Minghi Located in the Semien Omo Zone of the Southern Nations, Nationalities, and Peoples Region about 500 km south of Addis Ababa, at an elevation of 1285 meters above sea level. "2011 National Statistics" The research was conducted at Sidama Coffee Football Club. It is located in yirgalem south side of Ethiopia at 197 miles to Capital city sidama zone is the SNNPR, sidama has 879 kilometers of all weather roads and 213 kilometers of dry weather roads, the town has a latitude and longitude of $6^{\circ}45'N$ $38^{\circ}25'E$ and an elevation of 1776 meters. "2011 National Statistics"

The research was conducted at Hawassa Kenema FC. It is located 273 km south of Addis Ababa via Bishoftu, 130 km east of Sodo, and 75 km north of Dilla. The town serves as the capital of the Southern Nations, Nationalities, and Peoples' Region. Has a latitude and longitude

of 7°3'N 38°28'E Coordinates: 7°3'N 38°28'E and an elevation of 1708 meters above sea level.
"2011 National Statistics"

3.2. Study Design

The purpose of this study was to assess the prevalence of sport injuries and nutritional considerations of southern nations, nationalities and peoples, region Men Football Clubs Players Participating in Ethiopian Football Premier League. To this effect, descriptive survey method was employed. To achieve these, the quantitative and qualitative research approach was used. According to (Bryman 2004) states that quantitative research is outlined as a distinctive research strategy. The method that was chosen to obtain the relevant data quantitative and qualitative research in the form of a questionnaire, interview and observation. Questionnaires are cheap and quick to administer, cost effective and is convenient for respondents. The questionnaire was designed based on the objectives and literature review. This method was intentionally done so as to get tangible data from injured football players.

3.3 Population of the Study

Target population of the study was 100 football players at southern nations, nationalities and peoples' region men football clubs participating in Ethiopian premier league (2010 E.C) in Arba minch kenam(n=25), Hawassa kenam(n=25), Sidama buna(n=25) and Wolayita Dicha(n=25).

3.4. Sample and Sampling Technique

In this study, the researcher used non-probability sampling techniques to select sample. Convenience sampling (also known as availability sampling) is a specific type of non-probability sampling method that relies on data collection from population members who are conveniently available to participate in study. Techniques was used to select study subjects from total population of southern nations, nationalities and peoples' regional state men football clubs participating in Ethiopian football premier league such as Arba Minch kenam (n=5), Hwassa kenam (n=6), Sidama buna (n=6) and Wolayita Dicha (n=4) football clubs injured players were selected as sample size for this study.

3.5. Types of Data and Data Collection Methods

To get better information the researcher employed triangulation methodology which includes: questionnaire, observation, and interview and document analysis in this study. The data was collected using two methods of collecting data sources. The researcher used primary source of data. The primary data sources were included questionnaires, interviews and observation. Secondary data sources were legal documents, reference books.

3.6. Data Collection Tools

3.6.1. Questionnaire

Questionnaires were also used to collect data relevant information from injured football players. Twenty four questionnaires were distributed to the injured football players were properly filled and returned. Open and close ended questions were distributed and collected from the respondents. Out of from the total questionnaires distributed to the targeted population 21 (100%) from injured football players were returned, and then the analysis was made. The questionnaires were prepared for the injured football players in English. The researcher used a collective (face-to-face) method to gather data. Beside to this questionnaires distributed by providing clear instruction to respondents and also researcher assisted by providing clear information to respondents when they want to get clarification.

3.6.2. Interview

Interview is a verbal questioning. It is a face –to-face communication between interviewer and interviewee. It is employed to gather information from injured footballer players of each southern nation, nationalities and peoples' men football clubs participating in Ethiopian premier league. For injured football players six structures Interview questions were prepared in English. At the end of the interview, the researcher interpreted and analyzed the interview for presentation.

3.6.3. Observation

Observation is one way of collecting primary data. Observation is a purposeful, systematic and selective way of watching and listening to an interaction or phenomena as it takes place. It is also

accurate watching and noting phenomena. Two kinds of observation check lists were prepared to collect data with non participatory observation. The first check list was employed to check injured football players 'body site in relation to the specific events they are engaging. The second check list was employed to observe the availability of facilities and equipment by saying "yes/no".

3.7. Data Collection Procedure

After the designing the research instruments (observation, questionnaire and interview) the research sites and sample size of participants was identified, then observation of the training session took the first step in data collection on southern nations, nationalities and peoples' region men football players participating in Ethiopia premier league 21 injured football players. This was because to gained first hand information the usual principles, methods and character of the team and the coach during the training session. Secondly data and times of contact were determined and questionnaires were distributed to selected team injured players.

The questionnaires were revised depending up on suggestion collected during the try out and was administered to the concerned respondents to be filled and returned them back. After completed the data collection processing raw data or analysis follow suit.

3.8. Methods of Data Analysis

For data analysis both quantitative and qualitative approaches were employed. The data obtained through questionnaires, interview and observation were analyzed and interpreted to come up with some new findings and recommendations. Qualitative method was used to provide a detailed description of the data obtained from the questionnaire, interviews and Observations. It helps to investigate and find out reliable facts in relation to the research problems that have been stated in chapter one.

The quantitative approach was employed to interpret the data obtained from the questionnaires using descriptive statistics such as tables, frequency and percentage. Finally, the analysis was done using the percentages based on the questions listed in each category.

3.9. Pilot Study

Before the actual study was carried out, a pilot study was conducted with who were not parts of the sample group. The purpose of the pilot study was to assess the relevance of the questionnaires designed to collect data for the study. The objective was also to check the clarity of the questionnaire items, in order to evaluate feasibility, cost and time. On the bases of the feedback of the pilot study and expert's comments some modification was made on the questionnaire.

3.10. Data Quality Control

To insure quality of the data, procedures, collected data and handling information were carried out in accordance with standard protocols and fine assessment. Only standardized materials were used to keep the quality of the data. The researcher was used assistants to collect data. To avoid errors, training were given for the assistant data collectors on how to use data collecting instruments and assessment during data collection.

4. RESULTS AND DISCUSSION

This chapter of the study deals with the presentation, analysis and interpretation of data that collected through triangulation of different tools of data gathering. Data from respondents were analyzed and interpreted with both quantitative (descriptive and inferential numeric analysis) and qualitative analyses. Two items or information has been treated in this section of study, the background information of the participants and the analysis and interpretation of the data were gathered through questionnaires, interview and observation.

4.1 General Characteristic of the Respondents

Table 1. Injured football player's Age, Marital Status, Education Levels and Qualification, Playing Experience and Specialization

No	Demographics Profile of injured footballer		Frequency	Percentage
1	Age	20-30	17	81
		31-40	4	19
		Total	21	100
2	Marital status	Single	8	38
		Married	13	62
		Total	21	100
3	Playing Experience	0-4 years	15	71
		5-10 years	6	28
		Total	21	100
4	Education levels & qualifications	Grade 10 th completed	4	19
		Grade 12 th completed	3	15
		Certificate level	6	28
		Degree	8	38
		Total	21	100
5	Specializations	Teaching other subject Area	8	38
		Teaching physical Education & sport	4	19
		Coaching other sport areas	3	15
		Coaching in football	6	28
		Total	21	100

As table 1 shows of background information presents that in the case of age, total 17 (81%), of the injured football players respondents were obtained between 20-30 years of age and, 4 (19%) of the injured football players respondent were fall in range of 31-40 years. Hence one can deduce from this analysis, almost all injured football players were found at similar age categories of 20-30 years. Regarding to marital status 8(38%) of injured football players were single and 13(62%) of injured football players were marriage. This information shows that the majority injured football players marital statuses were married. This helps to avoid sexual harassment. Table.1 reveals that 8(38%) were found in single and 13(62%) married respectively.

With regard to their playing experience as football players 15(72%) and 6(28%) of injured football players found in the range between 0-4 years and 5-10 years respectively. Pertaining the education level and qualification, table 1 depicts grade 10th completed 4(19%) and grade 12th completed 3(15%) of the injured football players found and have certificate level and first degree holder 6(28%) and 8(38%) respectively and their specializations were 8(38%), 4(19%) 3(15%) and 6(28) of the injured football players have found in teaching other subject, teaching in physical education ,Coaching other sport areas and Coaching in football respectively. From this one can conclude 17(81%) and 4(19%) of the injured football players are found in between the age of 20-30, and 31-40 respectively. From this one can conclude that the majority of the injured football players are found in adult age levels. Their Educational level and qualification shows that 6(28%) and 8(38%) of the injured football players the majority of the southern nations, nationalities and peoples' region men football clubs participating in Ethiopian premier league have found in first degree holder with other subjects and certificate level.

As table.1 shows that 4(19%) of injured football players have specialized in physical education & sport, 8(38%) of injured football players have diploma in other subject area 6(28%) and 3(15%) of injured football players have coaching in football and Coaching other sport areas respectively. From this one can conclude that the southern nations, nationalities and peoples' region football clubs injured football players participating in Ethiopian premier league are dominated by other subject specialize.

4.2. Analyses and Interpretation of the Data

Table 2. Responses of the injured footballer on the common sport injuries

No	Item	Alternative	Injured footballer		
			Frequency	Percentage	
1	Have you injured any common types of sport injury:	Hamstring strain	Yes	4	19%
			No	-	-
		Shin splints	Yes	1	4.7%
			No	-	-
		Knee injury	Yes	2	9.5%
			No	-	-
		Quadriceps strains	Yes	2	9.5%
			No	-	-
		Ankle strain	Yes	4	19%
			No	-	-
		Calf strain	Yes	2	9.5%
			No	-	-
		Shoulder pain	Yes	2	9.5%
			No	-	-
		Groin strains	Yes	3	14.2%
			No	-	-
		elbow pain	Yes	2	9.5%
			No	-	-
Total			21	100	

As the above table 2 shows that the highest injuries which occurred in 2010 E.C was hamstring strain , Ankle strain and Groin strain with a frequency 4 ,4 and 3 and 19%,19% and 14.2% respectively. As this frequency number indicate that mostly football players were exposed to hamstring strain, Groin strain and Ankle strain. As indicated on the above table 2 out of 21 (100%) of respondent 4(19%) of injured football players replied that there were hamstring strain injuries in the southern nations, nationalities and peolpes' region men football clubs players participating in Ethiopia premier league. As indicated on the above table 2 out of 21 (100%) of

respondent 1(4.7%) of injured football players replied that there were shin splints injury in the southern nations, nationalities and peolpes' region men football clubs players participating in Ethiopia premier league. As indicated on the above table 2 out of 21 (100%) of respondent 2(9.5%) of injured football players replied that there knee injury in the southern nations, nationalities and peolpes' region men football clubs players participating in Ethiopia premier league. As indicated on the above table 2 out of 21 (100%) of respondents 2(4.7%) of injured football players replied that there were quadriceps strains injuries in the southern nations, nationalities and peolpes' region men football clubs players participating in Ethiopia premier league.

As indicated on the above table 2 out of 21 (100%) of respondents 4(19%) of injured football players replied that there were ankle strains injuries in the southern nations, nationalities and peolpes' region men football clubs players participating in Ethiopia premier league. As indicated on the above table 2 out of 21 (100%) of respondents 2(9.5%) of injured football players replied that there were calf strains injuries in the southern nations, nationalities and peolpes' region men football clubs players participating in Ethiopia premier league. As indicated on the above table 2 out of 21 (100%) of respondents 2(9.5%) of injured football players replied that there were shoulder pain injuries in the southern nations, nationalities and peolpes' region men football clubs players participating in Ethiopia premier league. As indicated on the above table 2 out of 21 (100%) of respondents 2(9.5%) of injured football players replied that there were elbow pain injuries in the southern nations, nationalities and peolpes' region men football clubs players participating in Ethiopia premier league.

This study was with agreement to (Herring and Nilson,1987) Shin splints are a non-specific term for an overuse injury to the lower leg Pain was usually found in the lower two-thirds of the shin and is associated with tendonitis of the posterior tibial tendon or other flexor tendons along the shin. A training program with a gradual increase in volume and intensity was essential. So, Shin splints were usually an early season injury resulting from attempting to do too much too soon! The lowest injuries occurred in 2010 E.C was shin splints with a frequency of 1and percentage 4.7%.

4.2.1. Injured football players' response for Common Causes of Sport Injuries

Table 3. Injured football players' response for Common Causes of Sport Injuries

No	Item	Alternatives	Injured footballer	
			Frequency	Percentage
2.	Technical error	Yes	4	19%
		No	-	-
	Contact	Yes	4	19%
		No	-	-
	Stretching and warm-ups?	Yes	3	14.2%
		No	-	-
	Inadequate facilities	Yes	2	9.5%
		No	-	-
	Falling or diving?	Yes	2	9.5%
		No	-	-
	Fatigue?	Yes	4	19%
		No	-	-
	Not proper training area?	Yes	2	9.5%
		No	-	-
Total			21	100

As shown in item 2 of tables 3, 4(19%) of the injured football players were injured by causes of Contact (tackled by other players and tackling other players). As table 3 shows that 4(19%) the injured football players were injured by causes of Technical error (twisting/turning, jumping, running/sprinting and blocking). As shown in item 2 of tables3, 3(14.2%) of the injured football players were injured by causes of stretching and warm-ups. As shown in item 2 of tables 3, 2(9.5%) of the injured football players were injured by causes of inadequate facilities. As table3, in item 2 shows 2(9.5%) of the injured football players respond that their injury due to causes of falling or diving. As shown in item 2 of tables 3, 4(19%) of the injured football players were injured by causes of fatigue .As table 3 shows 2(9.5%) of the injured football players respond that their injury due to causes of not proper training area.

Resulting from questionnaires, interview and observation analysis the following major causes were indentified. Training error were including, running too far, increasing the distance or time to quickly, high intensity and poor techniques and fatigue. Many football injuries were re-injured or aggravation of pre-existing injuries due to running with the previous injury that were not healed completely or rehabilitated that may cause the repair tissue may damage again. Training not considering the training age of an injured football player's (i.e. injured football players mostly working together in groups without considering nutrition and training intensity). Proper training equipment like sport shoe problems mainly happened that were forced the footballer to train and compete with the same improper shoe. Training area i.e. not proper training area especially in 2010 E.C due to that many footballer were injured. Lack of proper treatment provided by the training centers

As observed on the above were training error, aggravation of pre-existing injuries, mass training without considering age, absence of proper training equipments and materials, training environment and lack of proper treatment were the causes for the common injuries identified in the training centers. Individuals completing this section of the form were asked to indicate if the cause of injury was as a result of contact, or non-contact, and if foul play was involved.

The main non-contact injuries were muscular strain injuries particularly to the Hamstrings, groin strain and ankle sprain caused mainly by inadequate warm up, Fatigue, Inadequate facilities and Technical error (running, twisting, accelerating, and decelerating). Muscle strains were the main cause of non-contact injuries. Contact injuries particularly the shin splints, quadriceps strains, knee injury, shoulder pain, Tennis elbow and calf strain resulted predominantly from collisions with other players, fatigue, tackled or struck by another player and not proper training area.

Model describing injury causes, firstly described by (Meeuwisse, 1994) and later expanded by (Bahr and Krosshaug, 2005) aims to explain and clarify why certain athletes are at greater risk for injuries and how injuries occur. In this model, internal and external risk factors increase the risk of injury occurrence. However, the presence of internal and external risk factors in an athlete does not explicitly explain injury occurrence, but may only render an athlete

susceptible to injury. For the injury to occur, an inciting event (the injury mechanism) also needs to take place as the final event that causes an injury, according to (Meeuwisse, 1994)

4.2.2 Injured football players' response for Body Region Injured

Table 4. Injured football players' response for Body Site of Football Injuries

No	Items	Alternative	Injured footballer		
			frequency	percentage	
3	Have you injured any body part?	Front leg	Yes	1	4.7%
			No	-	-
		Inside thigh	Yes	3	14.2%
			No	-	-
		Shoulder	Yes	2	9.5%
			No	-	-
		Back thigh	Yes	4	19%
			No	-	-
		Lower leg	Yes	2	9.5%
			No	--	-
		Elbow	Yes	2	9.5%
			No	-	-
		Knee	Yes	2	9.5%
			No	-	-
Heel	Yes	4	19%		
	No	-	-		
Total			21	100	

As table 4 in item 3 shows that 1 (4.7%) of the injured football players' injuries were recorded front leg. As table 4 (Item 3) shows that 3(14.2%) of the injured football players' injuries were recorded inside thigh. As table 4 (Item 3) shows that 4(19%) of the injured football players' injuries were recorded back thigh. As table 4 (Item 3) shows that 2(9.5%) of the injured football players' injuries were recorded lower leg. As table 4 (Item 3) shows that 2(9.5%) of the injured football players' injuries were recorded elbow. As table 4 (Item 3) shows that 2(9.5%) of the injured football players' injuries were recorded knee injuries. As table 4 (Item 3) shows that 1(4.7%) of the injured football players' injuries were recorded heel. Percentages for each body site injury were: hamstrings (19%), knee (14.2%), ankle (19%), and groin (14.2%). The injury pattern for body site in games and training is strikingly similar although more hamstrings and

groin injuries occurred in training than in games. The incidence of Ankle injury and hamstring was higher in games 19% and 19% respectively.

According to (Dick, 2007) found that the majority of injuries in collegiate football players occurred to the lower extremities; with over 50% of the injuries observed in the lower extremity, followed by the upper extremity with 22.6%, head/neck at 11.5%, and trunk/back with 9.9%. The knee and ankle accounted for the majority of lower extremity injuries with knee internal derangement making up 17.8% and the ankle ligament sprains contributing 15.6% of injuries during fall games. The next highest occurrence of lower extremity injury was muscle-tendon strain.

During fall and spring practices upper leg muscle-tendon strains accounted for 10.7% and 10.8% of injuries respectively. Rechel, 2007 found similar data among high school athletes, with 57.2% of all the injuries recorded in the lower extremity; with the most frequently injured part being the ankle (22.7%) and the thigh and upper leg (8%). When looking specifically at the data collected from football the researchers found that the lower extremity injury was involved 48.3% of the time during practice and 46.8% of the time during competitions. This was more predominant than the upper extremities (practice=29%, competition=29.7%), head neck and face (practice=14%, competition=17.1%), and the trunk (practice=8.7%, competition=6.4%) (Rechel, 2008)

4.2.3 Injured football players' response for Injury types in each SNNPRS

The types of injury are shown in Table 5 Where injuries have been re-classified according to southern nations, nationalities and peolpes' region men football clubs participating in Ethiopian premier league. Hamstring strain, groin strain and Ankle strains was the most common type of injury in Arba Minch, Hawassa kenam, Sidama buna and wolyeta dica football clubs. Ligament sprains and contusions were common acute injury types. Overuse injuries to tendons and joints were also frequent. Serious injuries such as fractures and dislocations were uncommon. The majority of injuries were to the lower extremity, the most common sites of injury among injured football players being the thigh (19%) hip/groin (14.2%) and ankle (14.2%). The percentages of quadriceps injuries were highest in Arba Minch (4.7%) and Sidama buna (4.7%) also reported the highest percentage of groin injuries Sidama buna (4.7%), Hawassa kenam (4.7%) and

wolyeta dica football clubs reporting 4.7%. Injuries to the hamstrings, knee, ankle, and groin were the four most common injuries recorded for each of the southern nations, nationalities and peoples' region football clubs participating in Ethiopian premier league.

Table 5. Injury types in each Southern nation, nationalities and peoples' region men football clubs participating in Ethiopian premier league.

Arba Minch Fbc		Hawassa kenam		sidama buna Fbc		Wolyeta dica Fbc					
	N	%		N	%		N	%			
Hamstring strains	1	4.7%	Hamstring strains	1	4.7%	Hamstring strains	1	4.7%	Hamstring strains	1	4.7%
Shin splints	-	-	Shin splints	1	4.7%	Shin splints	-	-	Shin splints	-	-
Quadriceps strains	1	4.7%	Quadriceps strains	1	4.7%	Quadriceps strains	-	-	Quadriceps strains	-	-
Ankle strains	1	4.7%	Ankle strains	-	-	Ankle strains	1	4.7%	Ankle strains	2	9.5%
Calf strains	-	-	Calf strains	1	4.7%	Calf strains	1	4.7%	Calf strains	-	-
Knee injury	1	4.7%	Knee injury	-	-	Knee injury	1	4.7%	Knee injury	-	-
Groin strains	-	-	Groin strains	1	4.7%	Groin strains	1	4.7%	Groin strains	1	4.7%
Shoulder injury	1	4.7%	Shoulder injury	-	-	Shoulder injury	-	-	Shoulder injury	1	4.7%
Tennis elbow	-	-	Tennis elbow	1	4.7%	Tennis elbow	1	4.7%	Tennis elbow	-	-
Total	5	23.5%		6	28.2%		6	28.2%		5	23.6%

Prevalence rate of injuries in this study was found to be (26%). In each club prevalence rate varies, 23.5% in Arba Minch kenam fbc, 28.2% in Hawassa kenam, 28.2% in Sidama buna and 23.6% in wolyeta dica fbc injured football players. It has also been reported that injured football players may be particularly at risk for sports-related injuries as a result of improper technique, muscle weakness and poor proprioception and playing with fatigue. In our study the maximum frequency of injuries was seen in the Hawassa kenam and wolyeta dica fbc.

When comparing Arba Minch kenam fbc, Hawassa kenam, Sidama buna and wolyeta dica fbc injured players injuries in general (including hamstring strain) were more common among Arba

Minch kenam, Hawassa kenam, and Sidama buna and wolyeta dica fbc. Wolyeta dica fbc had a higher proportion of unspecified overuse complaints Ankle injury than Arba Minch kenam, Sidama buna and Hawassa kenam, whereas problems located to hamstring strains and ankle injury seemed more frequent among southern nations, nationalities and peoples' region football clubs participating in Ethiopian premier league .

Hawassa kenam and Sidama buna players also had a higher proportion percentage of injuries than Arba Minch kenam and Wolyeta dica fbc. Wolyeta dica fbc had more injuries to the Ankle injury, while Arba Minch kenam and Wolyeta dica fbc had lowest percentage injuries.

These findings are consistent with most studies on Arba Minch kenam 23.5%, Hawassa kenam 28.2% Sidama buna 28.2% Wolyeta dica fbc 23.6% injured players. This analysis showed that knee injuries accounted for 4.7% of the total days lost among southern nations, nationalities and peoples' region football clubs participating in Ethiopian premier league. Knee sprain comprised 4.7% of all injuries in Hawassa kenam and Sidama buna fbc players.

The most common injury in southern nations, nationalities and peoples' region football clubs participating in Ethiopian premier league players was hamstring strain, representing 19% of injuries. Conversely, hamstring strains and ankle sprains represented a high proportion of injuries, but comprised a lower risk due to shorter absence. This information has implications for developing preventive strategies; as these should focus on injuries with a high risk, taking into account both the frequency and consequences of injury.

4.2.4 Injured football players' response for the most frequently occurring injury

The numbers of injuries reported in each month from September –January shown in table 6; the highest number of injuries was recorded in November and December season for both training and games respectively.

Table 6. Injured football players' response for the Most Frequently Occurring Injury in each month

No	Item	Alternatives	injured footballer		
			Frequency	Percentage	
4	Was this a reoccurring injury?	Hamstring	1-3 times	2	9.5
		strains	4-6 times	-	-
			Never	-	-
			1-3 times	2	9.5
		Ankle strains	4-6 times	-	-
			Never	-	-
			1-3 times	1	4.7
		Groins strains	4-6 times	-	-
			Never	-	-
			1-3 times	2	9.5
		Knee injury	4-6 times	-	-

Hamstrings injuries, Ankle strains, knee injury and groin strains were consistently the most frequently occurring injury in each month followed closely by knee and ankle injuries. Two (9.5%) of the players had a recurrence of a previous hamstrings strains; the other was new injuries. Two (9.5%) of the players had a recurrence of a previous ankle strains; the other was new injuries. One (4.7%) of the players had a recurrence of a previous groin strains; the other was new injuries. Two (9.5%) of the players had a recurrence of a previous knee injury the other was new injuries. The monthly profile pattern of injuries is similar for both games and training. The highest number of injuries was sustained during the months September and December). During the study period, four players sustained hamstrings injuries. Two of the injuries occurred in training, and two during a competitive game. All four injuries were non contact injuries and occurred during twisting, inadequate warm up and running/ sprinting activity.

4.2.6 Injured football players' response for Nutritional considerations

Research has shown that injured football players receive most of their nutrition information from family, magazines and newspapers, friends, and strength and conditioning coaches. Research has also shown that one of the places injured football players get the least amount of nutrition information is Registered Dietitians. When taking all injured football players into consideration, a higher percentage indicated that they actually seek out nutrition information, while higher amount of injured footballer players indicated they did not actively seek out this information.

During injury, one aspect of recovery that is often overlooked is nutrition. Nutritional interventions must be coordinated with the different phases of the recovery process to optimize the healing process. Muscle strength loss and atrophy markedly appear within few days of immobilization due to a rapid increase in muscle protein breakdown (MPB) followed by a decrease in muscle protein synthesis (MPS).

Table 7. Injured football players' response for Nutritional considerations

No	Items	Alternatives	Injured footballer	
			Frequency	Percentage
1	Do you have access to nutrition counseling?	Yes	9	43
		No	12	57
		I don't know	-	-
2	Do you actively seek out or read nutrition information?	Yes	6	29
		No	15	71
		I don't know	-	-
3	Do you read the nutrition facts label when you selecting a food item to eat?	Yes	8	38
		No	13	62
		I don't know	-	-
4	Having a nutritious diet will improve your Injuries?	Yes	6	29
		No	15	71
		I don't know	-	-

As shown in Table 7 that 9(43%) of the southern nations, nationalities and peolpes' region men football clubs participating in Ethiopia premier league injured footballer reported having access to nutrition counseling and 12(57%) of them were reported having no access to nutrition counseling.

The most frequent responded for where of the southern nations, nationalities and peolpes' region men football clubs participating in Ethiopia premier league injured football players seek out nutrition information were family, strength and conditioning coach, and the internet. The few of frequent responses for where injured football players from of the southern nations, nationalities

and peoples' region football clubs participating in Ethiopia premier league injured seek out nutrition information included teammates, family, strength and conditioning coach, registered dietitian, and the internet. Of the (71%) of injured football players from of the southern nations, nationalities and peoples' region men football clubs participating in Ethiopia premier league who stated they do not actively seek out or read nutrition information, most felt it was because it is not a major concern.

When the injured football players were asked they read the nutrition facts label when selecting a food to eat, Lower number of them from injured football players of the southern nations, nationalities and peoples' region men football clubs participating in Ethiopia premier reported doing so. Among all of the injured football players from the southern nations, nationalities and peoples' region men football clubs participating in Ethiopia premier (38%) reported they do, while 62% from the southern nations, nationalities and peoples' region men football clubs participating in Ethiopia premier who do not read the nutrition facts label most stated it was because it is not important.

The injured football players who selected that they do read the nutrition facts label were then asked what they look for. As shown in Table 7,(29%) of injured football players of the southern nations, nationalities and peoples' region men football clubs participating in Ethiopia responded that they believe having a nutritious diet would improve their injury, while (71%) responded that they didn't believe having a nutritious diet would improve their injury.

Regardless of the amount of effort placed with each clubs, based on the data collected in this study, as a whole, injured football players from southern nations, nationalities and peoples' region men football clubs players participating in Ethiopia premier league with full-time Sports Registered Dietitians placed more value on seeking out nutrition information, got their nutrition information from more reliable sources, had better nutrition information and identified more self-efficacy in making nutrition decisions. Therefore, it would be beneficial for each southern nations, nationalities and peoples' region men football clubs players participating in Ethiopia premier league to have a Registered Dietitian, educated in Sports Nutrition, on staff, full-time, and on campus to provide counseling and education to ensure each footballer is receiving reliable

nutrition information, is knowledgeable regarding proper nutrition to maximize their health and performance, and has the confidence to make proper nutrition decisions.

4.3. Results of Interview and Open Ended Questions.

What do you know about the nutrition?

Their responses were summarized as follows:

The respondents were responded that their awareness to food choice, amount and composition of different foods very low. Whereas more of the injured football players replied that they were poor in knowledge about the choice and composition of foods in their meals and snacks in relation to their age, body size and intensity of training. But the less percentage of injured football players were equipped with good knowledge concerning to food selection, amount and composition of their meals and snacks. As hence, one can deduce from this analysis, the majority of the injured football players had little knowledge about the choices and composition of foods in meals and snacks by considering of their age, body size and intensity and duration of the exercise or training, but a few injured football players were well awarded about this issue. The lack of good awareness about optimal training diets may in force footballer to inadequate dietary intake, which directly affects the exercise performance of the most footballers. Thus, finally leads to decrease in performance.

As a whole, injured football players were less confident in making certain nutrition decisions. The injured football players were less confident in their ability to eat a health snack pre and post workout, eat a nutritious, balanced diet, eat the correct amount of calories each day, maintain a healthy weight, and keep hydrated before, during, and after practice and competition. These injured football players ,who in general sought out less nutrition information, got less of their nutrition information from Registered Dietitians, and who were less knowledgeable about nutrition were better prepared to make nutrition decisions and felt less confident in doing so.

What's your philosophy on nutrition counseling?

Research has shown injured football players receive most of their nutrition knowledge from family, magazines and newspapers, friends, and strength and conditioning coaches .Research has

also shown that one of the places injured football players get the least amount of nutrition information is Registered Dietitians.

They were advice injured football players' sometimes about water intake and food consumption as a whole without specifying the kind proportion of food in depth. The coaches were didn't tried to provide any updated information for injured football players' knowledge and awareness about optimal training nutrition practice in detail around and day off training. So, coaches have to attempt aware about nutritional practice is not satisfied. This may be categorized as one factor for shortage of nutritional practice. If an injured football players' lack awareness on nutritional practice, which may lead them to inadequate diet and fluid intake, which may result impaired an exercise performance.

Therefore, coaches should be aware and try to provide awareness that injured football players' eating and drinking patterns will influence how they can train and whether they are able to compete at their best.

What are the causes of sport injury?

The majority of the injuries did not require hospitalization; they did require medical treatment and rehabilitation. The majority football players were exposed to hamstring strain, Groin strain and Ankle strain. Analysis from the injured football players clubs revealed in this regard, the causes for those injuries were mostly associated to the training age, the intensity of training; the training field and sport wear problems mainly: Training error including running to far, increasing the distance or time to quickly, high intensity and poor techniques and fatigue. Shin splints are caused by overuse of the muscles of the lower leg, repetitive impact with flat feet, stress fractures in the shin bones or weakness in stabilizer muscles supporting lower-leg muscles.

What are the common sport injuries that occur frequently?

Hamstrings injuries were consistently the most frequently occurring injury followed closely by knee and ankle injuries.

Analysis of Observational Checklist

Basic materials and equipments necessary to carry out daily trainee footballer training session successful are established in short supply. This can be also seen clearly from rating scales used to what extent these equipments and facilities are available in football club (see table 8). In the nut shell, to make the training activities more effective, it is necessary to have an appropriate the physical environment with infrastructures and equipments, which facilitate the training program at large.

Table 8. Observational checklist for football clubs in SNNPR men football clubs

No	Injured body site	Rating scales		Total sessions observed
		yes	No	
1	Head		✓	
	Neck		✓	
	Waist		✓	
	Shoulder	✓		
	Leg	✓		
	Hands	✓		
	Knee	✓		
	Other	✓		
2	Was common sport injuries			
	Hamstring Strains	✓		
	Groin strains	✓		
	Ankle strains	✓		
	Quadriceps	✓		
	Other	✓		
3	Facilities and Equipment availability			
	Training infrastructure	✓		
	Field	✓		
	Proper cloth	✓		
	Nutritional counseling		✓	

Observation takes place at southern nations, nationalities and peoples 'regional men football clubs players were participating in Ethiopia premier league.

As indicated table above, except very and few types of equipment, basic facilities in training center are scarce or not available for conducting training. The research study showed major problems that affect trainee footballer. The following were found to be the first four most hindering factors: lack of individualized training for different techniques and tactics , lack of adequate facilities, lack of sufficient incentives and motivation and lack of well adequate and balanced diet as ranked by trainee footballer . Among the different facilities and equipment; it was found out that sufficient dormitories, well equipped sport wears including shoes and transportation was concerned, recreational center, training place and field equipments respectively were found .On the other hand, shortage of medical service was identified by footballer.

Shin splint, hamstring strain, back strain, quadriceps strain and ankle sprain were the most Common injuries seen in all clubs in the training center.

As table 8 shows that of the injured football players injuries were observed inside thigh, front leg, shoulder, back thigh, lower leg, tennis elbow, knee and heel.

5. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter deals with an overview of the purpose and procedures of the study, major findings, conclusion and recommendations forwarded.

5.1 Summary

From the basic questions formulated, the data collected triangularly through questionnaire, interview and observation and from the findings, the following summaries were made. The data were mainly collected from questionnaire, interviews and observation; questionnaire was dominantly used. The purpose of this study was to assess the prevalence of sport injuries and nutritional considerations of Southern Nations, Nationalities and People's Region men football clubs participating in Ethiopian premier league.

In this study all possible effects were made to get the most probable answers to the basic questions by making strong review of related literature, collecting relevant information through questionnaire, interview and observation.

In order to achieve the purpose of the study the following basic research questions were answered:

1. What are the common sport injuries that occurred in southern nations, nationalities and people's region men Football clubs participating in Ethiopian premier league?
2. What are the common causes of sport injuries in southern nations, nationalities and people's Region men football clubs participating in Ethiopian premier league?
3. What types of injuries were frequently occurring in southern nations, nationalities and people's region men football clubs participating in Ethiopian premier league?
4. Is an adequate nutrition better to treat sport injuries?

To answer the above questions, descriptive research method was employed. The non-probability sampling technique; Convenience sampling (also known as availability sampling) is a specific type of non-probability sampling method that relies on data collection from population members who are conveniently available to participate in study. The subjects of this study were 21 injured football players were included in the study. The data relevant to the study were collected through questionnaires employed, interview and observation checklist. In analyzing the collected data

quantitative method percentage was employed to analyze the data collected by questionnaires and qualitative method was employed for interview, open ended question and observation. Based on the analyzed data the following major findings summary was obtained:

- Hamstrings injuries (19%) are the most common injury. Although ankle injuries were very prevalent in this study (19%) and the most frequently occurring injury in games, the higher incidence of hamstrings injury reported in this study.
- Hamstrings injuries are primarily caused by sprinting and the stretch shortening cycle activities.
- The most common injuries were to the ankle (19%) knee (14.2%), hamstrings (19%), and groin strains (14.2%) were the most common.
- The most common cause of injury was collisions and twist/turn, poor flexibility, hamstrings-quadriceps muscle imbalance, muscle weakness, improper technique, inadequate warm-up, poor neuromuscular control, and fatigue. Tackling, being tackled by an opponent, sprinting, and turning were the principle mechanisms of injury. In this study, southern nations, nationalities and peoples' region men football players participating in Ethiopia premier league, as a whole, with access to a Registered Dietitian, received less of their information from this reliable source, placed more value on the importance of seeking out nutrition information, and in turn were less knowledgeable about general nutrition and its importance in their footballer performance.

5.2. Conclusions

The following conclusions were made based on the major findings of the study:

- Football injuries are the major factor affecting players' performance. Thus, appropriate strategies, aimed at reducing injuries, ought to be implemented.
- Hamstring strain, groin strain and ankle sprain were the most Common injuries seen in all southern nations, nationalities and peoples' region men football clubs players participating in Ethiopia premier league.
- Training error, aggravation of pre-existing injuries, mass training without considering age, proper training equipment, inadequate warm-up and fatigue, training environment and lack of proper treatment were the common causes.
- Injuries to the hamstrings, knee, ankle, and groin were the four most common injuries recorded in each of the southern nations, nationalities and peoples' region men football clubs participating in Ethiopian premier league.
- The majority of the injuries did not require hospitalization, they did require medical treatment and rehabilitation and as well the direct costs involved, the injury might have immediate serious financial implications, particularly for players.

Regardless of the amount of effort placed with each team, based on the data collected in this study, as a whole, footballer from southern nation, nationalities and peoples' region men football players participating in Ethiopian premier league with full-time Sports Registered Dietitians placed more value on seeking out nutrition information, got their nutrition information from more reliable sources, had better nutrition knowledge, and identified more self-efficacy in making nutrition decisions.

5.3. Recommendations

Based on the major findings of the study the following should be recommended:

- Running speeds and distances should be built-up gradually when doing training and a campaign aimed at increasing footballers' awareness of the injury consequences of training errors should be developed and promoted.
- Footballer should ensure they drink adequate water, where appropriate clothing and shoes carefully preferably with professional advice. Purchasers should be encouraged to look for certain characteristics of shoes and not to be unduly influenced by price. In addition footballer should avoid hard rigid surfaces.
- Footballer should do the warm-up, cool down, and stretching properly before and after exercise.
- Coaches should follow the proper training principles in improving performance without harming footballer beyond their capacity.
- Performance enhancement and rehabilitation centers should be organized in the clubs to control the injury effects towards performance, for avoiding the occurrence and reoccurrence of injury as well as using research findings for scientific training.
- Each southern nation, nationalities and peoples' region men football players clubs participating in Ethiopia premier league should have a Sports Dietitian on campus, full time, in order for their injured football players to be properly educated and able to use nutrition to best maximize their performance and health.

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7. APPENDICES

Appendix A

Questionnaires to be filled by injured football players.

Questionnaire to be filled by injured football players of southern nations, nationalities and peoples' region football clubs participating in Ethiopian men football premier league. The purpose of this questionnaire was to collect the adequate and essential data for the study on SNNPR football clubs participating in Ethiopian men football premier league on prevalence of sport injuries and nutritional considerations. Please be frank and response to each item as accurately as possible.

Instructions

- No need of writing your name
- Where alternatives are given encircle the letter that you think the answer is
- Give precise and clear answer for the both ended questions.

Thank you in advance for your cooperation!!

Part One. Background Information

1. Name of club _____ 6. Playing experience A.0-4 years B.5-10 years
2. Sex _____ 7. specialization _____
3. Age A.20-30 B.31-40 C.41 and above
4. Education qualification _____
5. Marital status A. single B. married

Part Two

1. Do you have access to nutrition counseling? Yes _____ No _____ I don't know _____

2. Do you actively seek out or read nutrition information? Yes ____ No ___ I don't know _____

2a.If you do, from where? (Check all that apply)

A).Teammates B) Doctor

C). Family D). Registered Dietitian

E). Magazine F). Strength and Conditioning Coach Supplement Store

G) Athletic Trainer H). Internet

I).other (please list) _____

2b.If you don't, why not? (Check all that apply)

A).No time

B).It is not a major concern

C).You already has enough nutrition knowledge

D).Other (please list)_____

3. Do you read the nutrition facts label when selecting a food item to eat?

Yes ____No_____ I don't know what a nutrition facts label is _____

3a.If you do, what do you specifically look at the nutrition facts label for? (check all that apply)

A). Calories E). Fiber

B). Fat grams F). Protein

C). Saturated fat G).carbohydrate

D).Monounsaturated Fat I). Calcium, iron, vitamins

H). Polyunsaturated Fat J). Sodium

K). other (please list) _____

3b.If you do not, what are the reasons? (Check all that apply)

A). It is too time consuming

B).I don't know what to look for on the label

C). It is not important

D).Other (please list)

4. Having a nutritious diet will improve your injuries?

A. Yes B .No C. I don't know

5. Have you injured any sport related injury?

A..Yes B. No C. I don't know

5a.please mentions them.-----

6. In your opinion, have you suffered injury due to a lack of stretching and warm-ups?

Yes

No

Unsure

7. If so, have you been injured in this way

1-3 times

4-6 times

7-9 times

10+ times

8. Was the injury caused by overuse (gradual onset) or trauma (acute onset?)

A). Overuse B).trauma (acute) C).Not applicable

9. Was the injury caused by contact or collision?

A), No B) Yes with other players C) Yes with object

10. **Mechanism of injury: circle your causes**

A) Direct B) Indirect

- i. Tackle event
- ii. Falling/diving
- iii. Running/sprinting
- iv. Stretching
- v. Twisting/turning
- vi. Sliding
- vii. Shooting
- viii. Collision
- ix. Heading
- x. Jumping/landing
- xi. Blocked
- xii. Dribbling
- xiii. Use of arm or elbow
- xiv. Hit by ball
- xv. Kicked by other players
- xvi. Overuse

11. Was this a reoccurring injury?

Yes

No

12. What was the recovery time?

13. Indicate playing position at time of injury?

A) Goalkeeper B) Defender C) Midfielder D) forward

14. Have you injured any body part? Yes – if so, which one?

A) Head J) finger

B) Neck K) pelvis

C) Shoulder and clavicle L) Ankle

D) Upper arm M) Skin

E) Elbow N) legs

F) Abdominal region O) Legs

G) Back pain P) foot/toe

H) Wrist

I) Thigh Other _____

15. Have you injured any types of injury? Yes – if so, which one?

A) Fracture D) Muscle and tendon

B) Joint injury E) Hamstring

C) Ligament F) Knee injury other _____

16. What would the causes for injuries as your understanding? Please list them

17. Had you ever been experienced the injury? Which one among them

18. What are the common or repetitive types of injury in the football game you observed in your club? Please list them. _____

19. When was your most recent injury? (circle one)

A. < 2 weeks ago B. 2 weeks-1 mo. ago C. 1-3 mos. Ago D. 3-6 mos. ago E. 6 mos. to 1 yr. ago F. > 1 yr. ago

20. What was your most recent injury? _____

21. How long were you unable to participate in sport due to this injury? (circle one)

a. < 2 weeks B. 2 weeks-1 mo. C. 1-3 mos. D. 3-6 mos. E. 6 mos. to 1 yr. F. 1 yr. +

22. How recently did you return to participation following this injury? (circle one)

A. < 2 weeks B. 2 weeks-1 mo. C. 1-3 mos. D. 3-6 mos. E. 6 mos. to 1 yr. F. 1 yr. +

23. Did you have surgery for this injury? Yes No

24. Was this injury (circle one): Acute Chronic

25. Have you ever been to an injury support group? Yes No

26. How many injuries have you had during your collegiate career? _____

Source: J. Bjørneboe, T. W. Flørenes, R. Bahr, T. E. Andersen

Appendix B

Interview Questions to be filed by injured football players.

Interview Questions to be filed by injured football players of southern nations, nationalities and peoples' region football clubs participating in Ethiopian men football premier league. The purpose of this Interview questions was to collect the adequate and essential data for the study on SNNPR football clubs participating in Ethiopian men football premier league on prevalence of sport injury and nutritional consideration. Please be frank and response to each item as accurately as possible.

1.Part One. Background Information

1. Name of club _____ 6. Playing experience A.0-4 years B.5-10 years
2. Sex _____ 7.specialization _____
3. Age A.20-30 B.31-40 C.41 and above
4. Education qualification _____
5. Marital status A. single B. married

2. Part Two

1. What do you know about nutrition?
2. What's your philosophy on nutrition counseling?
 1. What are the most causes of sport injury?
 2. What are the common sport injuries that occur frequently?
 3. Do you promise to not have your play when they could risk further injury?

Source: self developed

Appendix C

Observation rating checklist of some key elements in prevalence of sport injuries and nutritional considerations

Name of the club: _____

Date _____

Time _____

1. Observational checklist for football clubs in SNNPR men football clubs participating in Ethiopian premier league

No	Injured body site	Rating scales		Total sessions observed
		yes	No	
1	Head			
	Neck			
	Waist			
	Shoulder			
	Leg			
	Hands			
	Knee			
	Other			
2	Was common sport injuries			
	Hamstring Strains			
	Groin strains			
	Ankle strains			
	Quadriceps			
	Other			
3	Facilities and Equipment availability			
	Training infrastructure			
	Field			
	Proper cloth			
	Nutritional			

Source: self developed

Appendix D

Figure 1. Map of the Study Site.

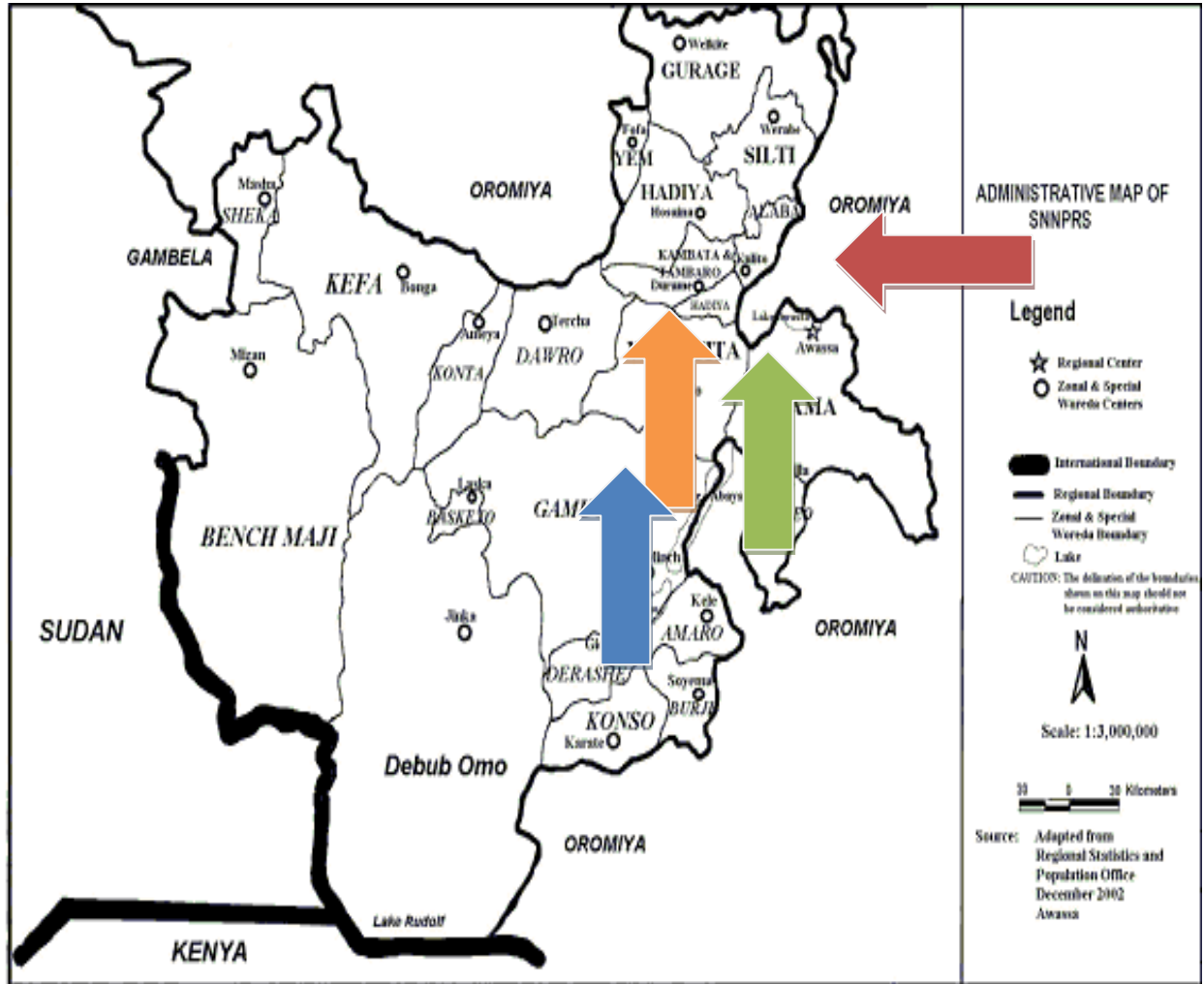


Figure .Map of the Study Site.

Source: <https://www.bing.com/images/search?view>