

Prevalence of injuries in the first round of the Tuzos de plata tournament in the Mexican blind soccer league in the 2020 season

Prevalencia de lesiones en la primera vuelta del torneo de Tuzos de plata en la liga mexicana fútbol ciegos de la temporada 2020

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Abstract

Objectives: identify the prevalence of injuries in blind football, as well as the most common pathologies in this sport variant. Methodology: The present study Longitudinal. In conclusion: The most common pathology according to the end of the days corresponding to the first round was skull trauma, due to constant head or fence collisions

Trauma, Sprain, Contusion

Resumen

Objetivos: Identificar la prevalencia de lesiones en el futbol ciego, asi como las patologías más comunes en esta variante deportiva. Metodología: El presente estudio es Longitudinal de tipo. En conclusión: La patología más común de acuerdo al termino de las jornadas correspondientes a la primera vuelta fue traumatismo de cráneo, debido a los choques constantes de cabeza o con la valla

Traumatismo, Esguince, Contusión

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Introduction

An observational study was carried out in the first round of the professional blind football tournament, specifically with the Tuzos de Plata football team, where the main pathologies that occur in the blind football modality were detected, as well as the importance of the specific or adjuvant work that should be done with this type of player for internal prevention of injuries.

But in reality, can all pathologies in this modality be prevented? There will not be some in which they are carried out in an extrinsic way and it does not depend on the player or the physiotherapist, so that even with preventive coadjuvant work, they will be present.

Within this modality of football some pathologies characteristic of this sport will be presented so it is of great importance to identify the pathologies that are presented during this type of sport events, because unlike the conventional football this type of injuries in 99% are presented in an official match due to the trainings that are carried out with less exigency or risk.

Background

The modality of the practice of this type of adapted football emerged several years ago with the aim of including people with different abilities in the sporting environment and independently of the circumstances in which these sportsmen and women find themselves with the practice of sport, they have managed to break their greatest fears, They have managed to break their biggest fears, aims and goals knowing their capacities and needs, so that nowadays at world level, since 1996, 5-a-side football is considered a Paralympic sport, but it is not until 2010 when it arrived in Mexico and until 2021 thanks to the Mexican League of Blind Football and the Mexican Federation of Sports for the Blind and Visually Impaired developed the first official league of 5-a-side football in Mexico of professional character.



Figure 1 Tuzos de plata team
Source: Own elaboration

This type of competition is an adaptation of the most popular sport in the world "football" but in this branch 5 players are involved in the field including the goalkeeper, of which 4 blind or visually impaired players covered with a special blindfold to prevent those who have any visual impairment from benefiting and a normovisual goalkeeper using a sound ball.

There are some different rules such as mentioning the word "VOY", one of the most indispensable and very important, when a player does not have the ball in possession they must emit it, this will warn the opponent that they are approaching the ball; unlike conventional football in most of its versions it is forbidden to say words like "MINE", "I HAVE IT" or "VOY"; But in this sport it is essential to say it for a matter of prevention and communication, accidents are avoided and the players are in contact with the ball to identify the distance they are at, this key is very important especially to prevent head injuries or collisions in the knee.

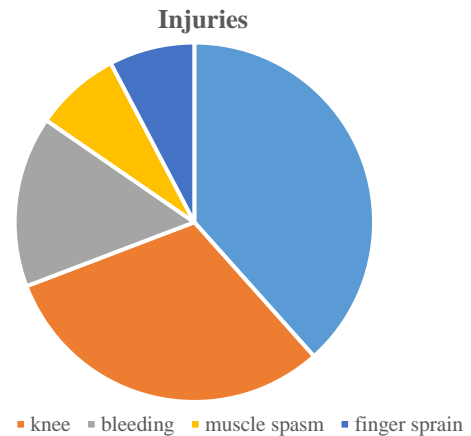
The role of physiotherapists is key in the prevention of injuries to the team, as they are exposed to different traumas due to their visual impairment. Obtaining statistical data and physiotherapeutic work will allow us to monitor injuries, determine their frequency and ensure a speedy recovery of the injured footballer.

In a match where the public must remain silent because the ear and the voice are essential, it is important that the work of the physiotherapist is nourished in the training sessions where the athlete manages to improve skills such as orientation, coordination, balance as the main characteristics of the player, This is done with specific tests and exercises but modified to blind football, such as the Unterberger test which evaluates dynamic balance, the sebt test or Y test which gives us important information about stability, as well as some auditory exercises with the ball, remembering that it emits a sound with bells which are found inside the ball.

For this, a previous evaluation was carried out with the neurofunctional tests for the 9 football players registered in the squad, but making some modifications for blind football, obtaining results below a score of 4 out of 10, after the work carried out, scores above 6 were obtained, but not above 8.

That is why it is important that the modified exercises to improve the aforementioned skills are worked on during the week and can be reflected in the matches. A neurofunctional assessment before the tournament as is normally carried out on the players will allow us to know the condition of each athlete and work with them on the skills where there is a deficit as part of their individual adjuvant training, apart from the group adjuvant work that is carried out.

During these 4 days that lasts the first leg tournament is competed once a month, in this period there were a total of 13 injuries of 9 registered players, all on the field during the official match, 100% of injuries present, 38.46% correspond to trauma to the head or face, 30.76% knee contusions, 15.38% slight bleeding, 7.69% muscle spasm and 7.69% finger sprain, showing that the main injury during the practice of the sport is head trauma, as the players when trying to defend and in the absence of communication with the word "go" received strong impacts to the head unconsciously between the two.



Graphic 1 Prevalence in percentage of injuries in the tournament

Source: Own elaboration

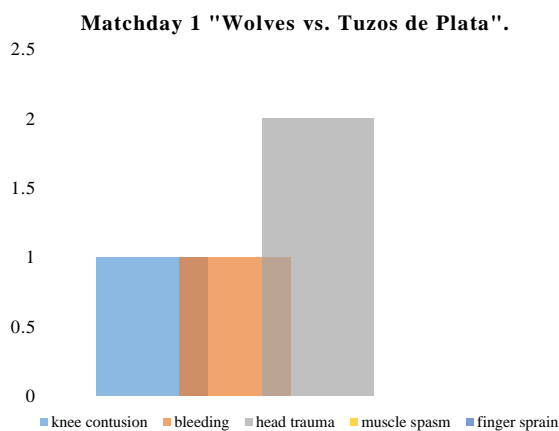
After presenting the knee contusion as the second highest incidence, the role of the physiotherapist is important, as on many occasions the knee injury is one of those that most affects the life of the athlete in an intrinsic or extrinsic way, so some were caused by the same reason as the trauma to the skull, but others were due to inappropriate turns of the player or stepping on an opponent.

Bleeding, which on both occasions was slight, was caused by a knee contusion on day 1 and on day 2 there was a nose and mouth haemorrhage due to an impact between opponents.

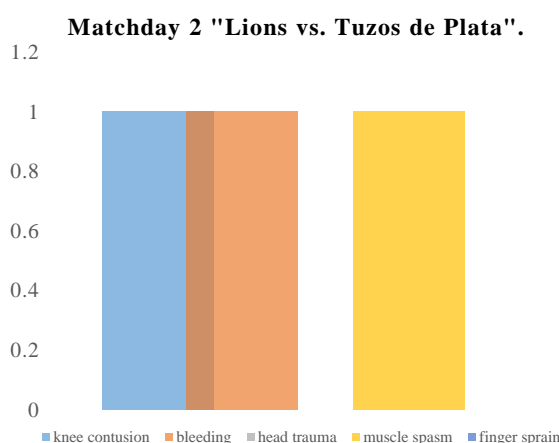
There will be some pathologies that can be prevented, but others it will be impossible to prevent injuries no matter how much preventive work is done because several injuries occur extrinsically where the weather, the opponent, or the field of play are involved.

Results

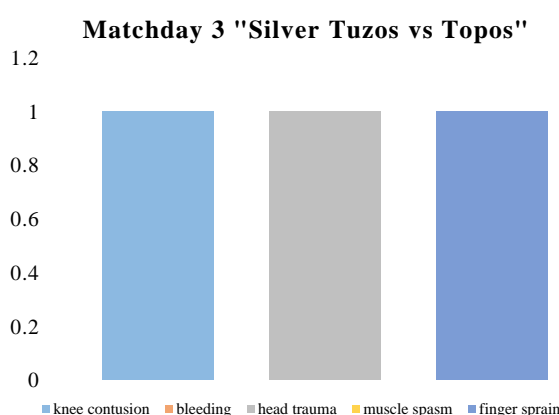
At the end of the first round of competition it was identified that head injuries were the most frequent injury that occurred during this period, followed by knee contusions, muscle spasms, cranial contusions and bleeding. Below are the graphs of injuries per month that were detected during the 4 months of the first round of the tournament.



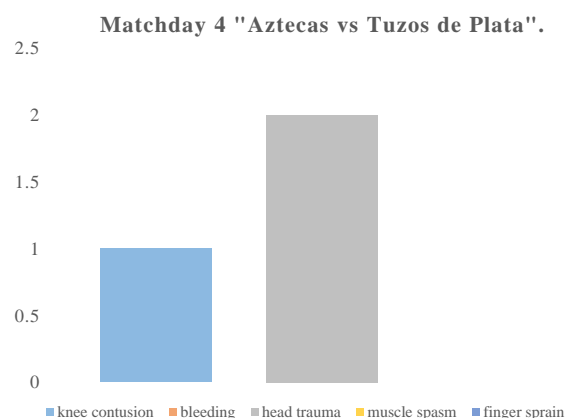
Graphic 2 Prevalence of injuries day 1
Source: Own elaboration



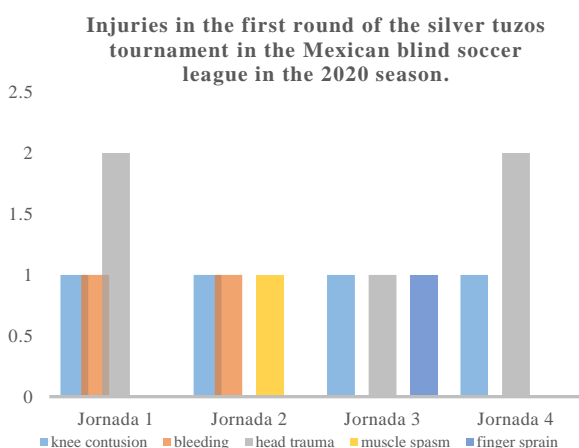
Graphic 3 Prevalence of injuries day 2
Source: Own elaboration



Graphic 4 Prevalence of injuries on day 3
Source: Own elaboration



Graphic 5 Prevalence of injuries on day 4
Source: Own elaboration



Graphic 6 Types of injuries in the first round of matches
Source: Own elaboration

Conclusion

Some injuries can be prevented in this type of sport if we work with a focus on orientation, balance, coordination and proprioception, but it is worth mentioning that involuntary collisions of structures such as knees and head that were the most prone in this first stage of competition is difficult to prevent, since there depends a lot on the communication that the players have within the field of play to warn that a player is approaching this is always with the word "go" which is allowed in this form of football.

The greatest demand of a physiotherapist who accompanies a professional group of football players in this modality is the previous design of a plan to prevent injuries as well as to invest the least time in their recovery, thus ensuring a better performance during the matches, being the physiotherapists a key piece in the recovery of football players.

Recommendations

It is extremely important to carry out this type of work during a complete tournament or with more teams in order to define which injury is the most prone during a complete season and to be able to obtain more concrete data on this type of sport.

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