

Injury Prevention Programme – Does It Work?

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Musculoskeletal injury is an unwelcome consequence of sport. Ankle, knee, and hamstring injuries are among the most common of sports related injuries (SRIs). Every year in the U.S. an estimated 327,000 ankle injuries occur in high school athletes, nearly 150,000 anterior cruciate ligament reconstruction procedures are performed, and hamstring injuries are thought to represent 12 – 30% of all lower extremity injuries in rugby, soccer, American football, and Australian rules football. Our understanding of the burden of these sports injuries on health related quality of life (HRQoL) and long-term health outcomes is poorly understood. The potential for negative outcomes compels us to view SRIs as a public health issue. This approach advocates the use of disablement models to better understand the social impact of injury and clinical outcomes assessment to document the consequence SRI. An emphasis on injury prevention programming is consistent with a public health approach. There is evidence that ankle injuries, ACL injuries, and hamstring injuries can be reduced through the use of injury prevention programs. Despite evidence of success, literature suggests reluctance by coaches and athletes to implement prevention programs in team settings. Our understanding of SRI must reach beyond strategies for return to sport and address injury prevention and the impact of injury on broader health outcomes. Coaches, athletes, and health care providers must take responsibility for implementing injury prevention strategies with proven success. Recognizing that SRI is a public health issue with potential negative health outcomes will generate increased emphasis on participant safety and injury prevention. Assisting athletes in achieving outcomes that foster life-long physical activity and wellness is the essence of patient-centered care; that care begins with injury prevention.