



**THE PREVALENCE OF SPORT INJURIES AND NUTRITIONAL CONSIDERATIONS
IN CASE OF SOUTHERN NATIONS, NATIONALITIES AND PEOPLES' REGION
MEN FOOTBALL CLUB PLAYERS PARTICIPATING IN ETHIOPIAN
FOOTBALL PREMIER LEAGUE,
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ABSTRACT

The purpose of the 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. 21 injured football players were included as source of information for the study. They were selected non-probability sampling techniques Convenience sampling (also known as availability sampling). Data was collected from primary sources. The method of data collection employed included questionnaire, interview and observation. The data obtained through these tools were analyzed both qualitatively and quantitatively. Quantitatively analysis data is made using tables of descriptive percentage and frequency and interpret through percent value and qualitatively using words. The findings revealed that most footballer injuries where occurred due to causes of training error, proper training equipments, training area and proper treatment were the major causes and their impacts have seen on footballer's performance. Joint/ligament sprains, predominantly to the ankle and knee, are also frequent, Injuries to the lower limb, particularly the hamstrings muscles accounted for the majority of injuries. 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 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: Diet, Nutrition, Sport injury.

1. INTRODUCTION

Football is the most popular sport in the world, while also being associated with a high injury rate both at professional and amateur levels (Hong Y. (2005). When cause is analyzed, approximately 80% are traumatic in origin and 20% are overuse injuries (Chomiak J, Junge A, Peterson L, and Dvorak J. (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 Cromwell (cited in Newell 2011) sports injury is sustained during training or competition and restricts an individual's involvement or time lost from play. Whereas, Brooks & 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 Panagos, (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 (Tipton KD (2010). 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 (5th edition Academy of Nutrition and Dietetics: 2012).

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 KD (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).

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 A, Dvorak J. 2004). Compared with other sports, football is a vigorous sporting activity with relatively high incidence of injury(Rahnama N, Reilly T, Lees A(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 Panagos, (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?

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 (Hecker, 1987).

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)

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 (Loucks 2011). 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 2014; 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; Howatson 2010).

3. MATERIALS AND METHODS

This section of the thesis was research design, data source, population, sampling technique. It is also present 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.

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. <http://www.rippleethiopia.org/page/snnpr>

The research was conducted at Wolaitta Dicha Sport Club. Wolayita Sodo is located about 400 kilo meters south west of Addis Ababa at 6° 49' N latitude and 39° 47' E longitude and at an altitude of about 1900 m.. <http://www.fao.org/wairdocs/ILRI/x5519B/x5519b19.htm>

The research was 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 37.549992, 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...[http://en.wikipedia.org/wiki/Arba Minch](http://en.wikipedia.org/wiki/Arba_Minch)

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°45'N 38°25'E and an elevation of 1776 meters. (<http://en.m.wikipedia.org>).

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.

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 was 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 was 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. All participants returned the questionnaires which indicate that 100% were filled and returned properly. 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. 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
		Grade 10 th completed	4	19
4	Education levels & qualifications	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 shown 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 was 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	Alternatives	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	-	-	
		Quadriiceps strains	Yes	2	9.5%	
			No	-	-	
		Ankle strain	Yes	4	19%	
			No	-	-	
		Calf strain	Yes	2	9.5%	
			No	-	-	
		Shoulder pain	Yes	2	9.5zzz%	
			No	-	-	
		Groin strains	Yes	3	14.2%	
			No	-	-	
		Tennis elbow	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 tennis elbow 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 SA, Nilson KL. (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.	What was your the causes of injury.	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 Identified. Training error including running to 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. he main non-contact injuries were muscular strain injuries particularly to theHamstrings, 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 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 (Meeuwisse1994) and later expanded by (Bahr R, Krosshaug T.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 (Meeuwisse1994)

4.2.2 Injured football players’ response for Body Region Injured

Table 4.

Injured football players’ response for Body Site of Football Injuries

N	Items	Alternatives	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.

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

dicha 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 dicha fbc. Wolyeta dicha fbc had more injuries to the Ankle injury, while Arba Minch kenam and Wolyeta dicha 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 dicha 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

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 strains	1-3 times	2	9.5	
			4-6 times	-	-	
			Never	-	-	
			1-3 times	2	9.5	
			4-6 times	-	-	
			Never	-	-	
			Groins strains	1-3 times	1	4.7
				4-6 times	-	-
				Never	-	-
			Knee injury	1-3 times	2	9.5
				4-6 times	-	-
				Never	-	-

he 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. 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 least 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 Alternative	Alternatives	Injured footballer	
			Frequency	Percentage
1	Do you have access to nutrition counseling?	Yes	12	57
		No	9	43
		I don’t know	-	-
2	Do you actively seek out or read nutrition information?	Yes	15	71
		No	6	29
		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(Q1-4) that 12(57%) 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 9(43%) of them were reported having no access to nutrition counseling.

When asked whether they actively seek out or read nutrition information, a significantly larger amount (71%) of injured football players from the southern nations, nationalities and peolpes' region men football clubs participating in Ethiopia premier league stated they actively seek out or read nutrition information, while (29%) from of the southern nations, nationalities and peolpes' region men football clubs participating in Ethiopia premier league injured stated they do. 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 most frequent responses for where injured football players from of the southern nations, nationalities and peolpes' 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 29% of injured football players from of the southern nations, nationalities and peolpes' 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 if they read the nutrition facts label when selecting a food to eat, a significantly higher number of them from injured football players of the southern nations, nationalities and peolpes' region men football clubs participating in Ethiopia premier reported doing so. Among all of the injured football players from the southern nations, nationalities and peolpes' region men football clubs participating in Ethiopia premier (38%) reported they do, while 62% from the southern nations, nationalities and peolpes' 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 peolpes' 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.

4.3.1 Injured football players' response for Results of interview and open ended questions.

The results of interview questionnaires and open ended questions the injured football players, more injured football players from southern nations, nationalities and peoples' region men football clubs players participating in Ethiopia premier league reported 12(57%) having access to nutrition counseling and 9(43%) of them were reported having no access to nutrition

counseling. When asked whether they actively seek out or read nutrition information, a significantly larger amount of injured football players stated they actively seek out or read nutrition information. Of all of the injured football players surveyed stated they do seek out nutrition information, while stated they do.

What do you know about the nutrition?

The most frequent responses of southern nations, nationalities and peoples' region football clubs players participating in Ethiopia premier league seek out nutrition information were family, strength and conditioning coach, and the internet. A significantly higher number of southern nations, nationalities and peoples' region men football clubs players participating in Ethiopia premier league sought nutrition information from teammates, strength and conditioning coach, and registered dietitian. Of the less percentage of southern nations, nationalities and peoples' region football clubs players 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.

What's your philosophy on nutrition counseling?

When the injured football players were asked if they read the nutrition facts label when selecting a food to eat, a significantly higher number of them from southern nations, nationalities and peoples' region men football clubs participating in Ethiopia premier league reported doing so. Among all of the injured football players more reported they do, while less percentage from injured football players reported they do. The injured football players who selected that they do read the nutrition facts label were then asked what they look for. The most common responded from the southern nations, nationalities and peoples' region men football clubs participating in Ethiopia premier league were calories, fat grams, saturated fat, protein, and carbohydrates. A significant more number of southern nations, nationalities and peoples' region men football clubs participating in Ethiopia premier league injured football players stated they look at the nutrition facts label for fat grams, saturated fat, and protein. Of the less percentage of southern nations, nationalities and peoples' region men football clubs participating in Ethiopia premier league of who do not read the nutrition facts label most stated it was because it is not important.

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.

Part II. Actual Training

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. CONCLUSIONS

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

- Hamstring strain, groin strain and ankle sprain were the most Common injuries seen in all southern nations, nationalities and peolpes' 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 peolpes' 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.
- More than a third of all new injuries resulted in absence from normal training for at least two weeks. However, only 71% (n=15) of these injuries were recovered after 1 week, indicating that the remaining injuries did not fully recover during the study, or were lost to follow-up. Even if all the remaining injuries would have led to less than 7 days absence from normal training, 29% of all injuries would still result in more than two weeks absence from normal training.

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