HEALTH ORGANIZATION IN FOOTBALL CLUBS

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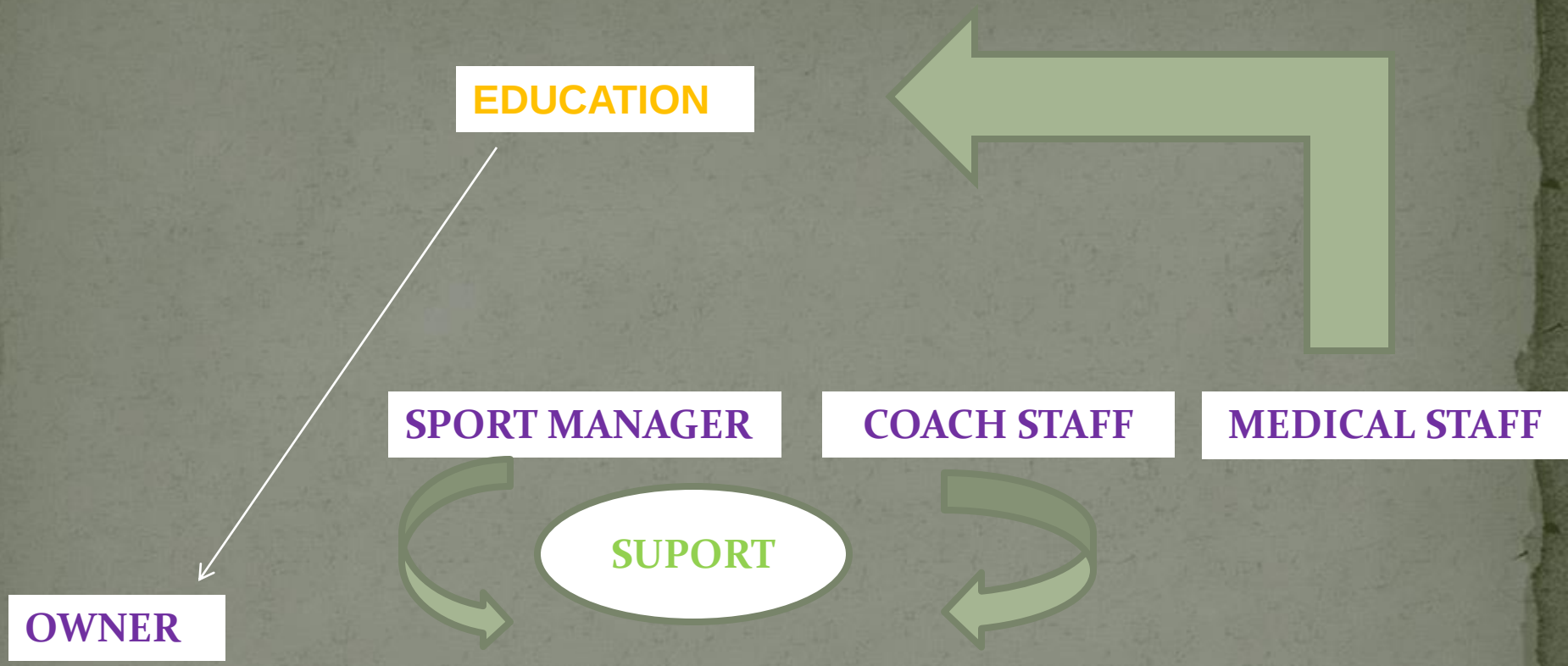
HEALTH CARE IN FOTTBALL CLUBS DEPENDS ON MAINLY FOUR FACTORS

- **OWNER**
- **SPORT MANAGER OR MANAGER OF CLUB**
- **COACH STAFF**
- **MEDICAL STAFF**

HOW COULD THESE FACTORS INFLUENCE ON HEALTH CARE?

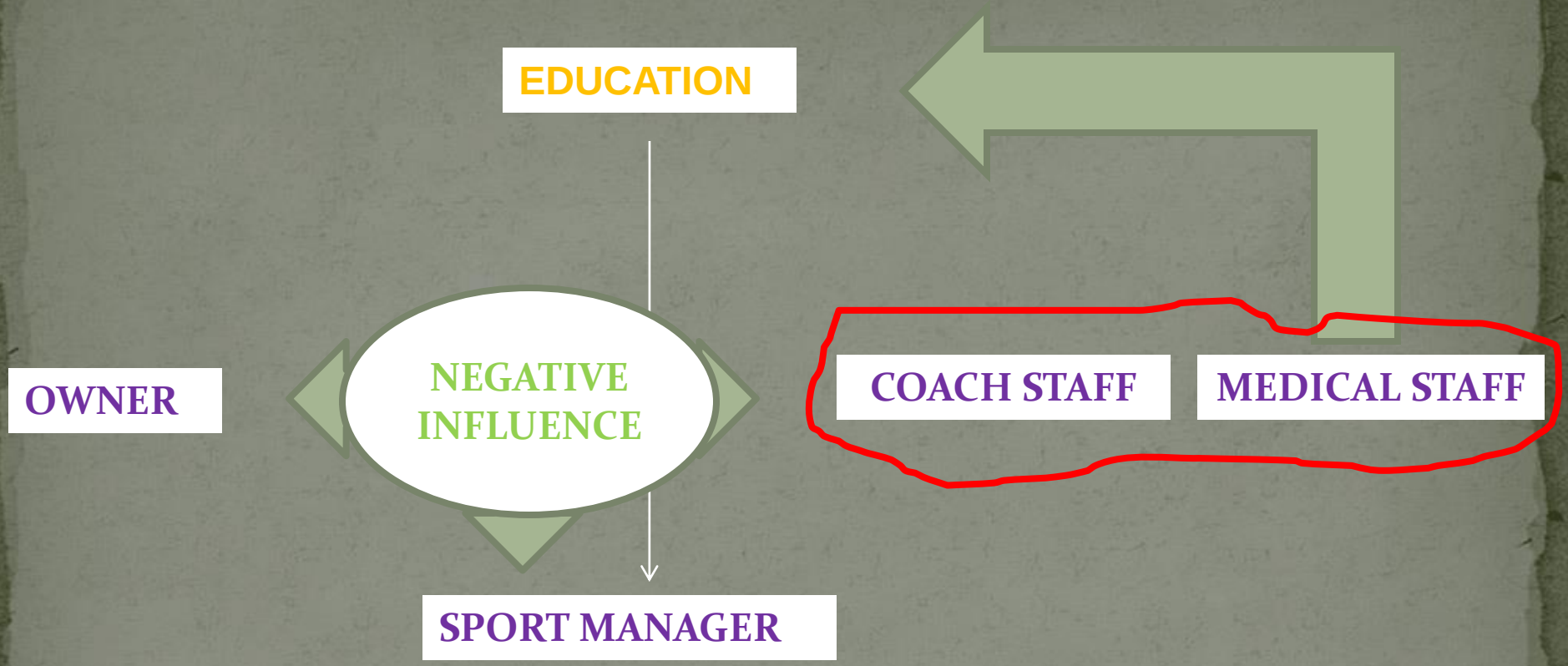
THERE ARE FIVE POSIBILITIES

I



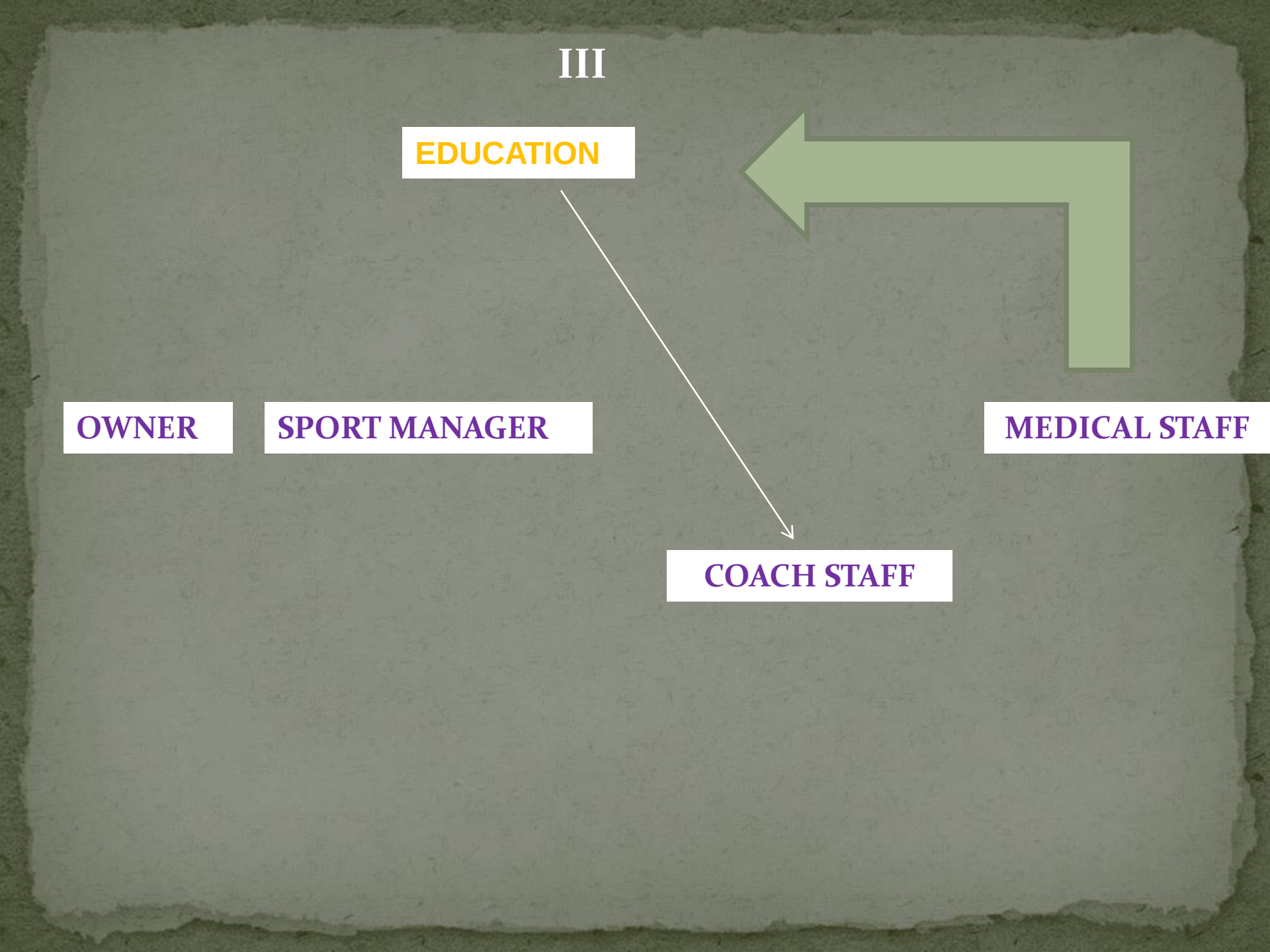
10-15% OF ANUAL BUDGET SHOULD BE FOR SPORTS MEDICINE (testing, rehabilitation, nutrition, supplementation, evaluation of training process, etc.)

II



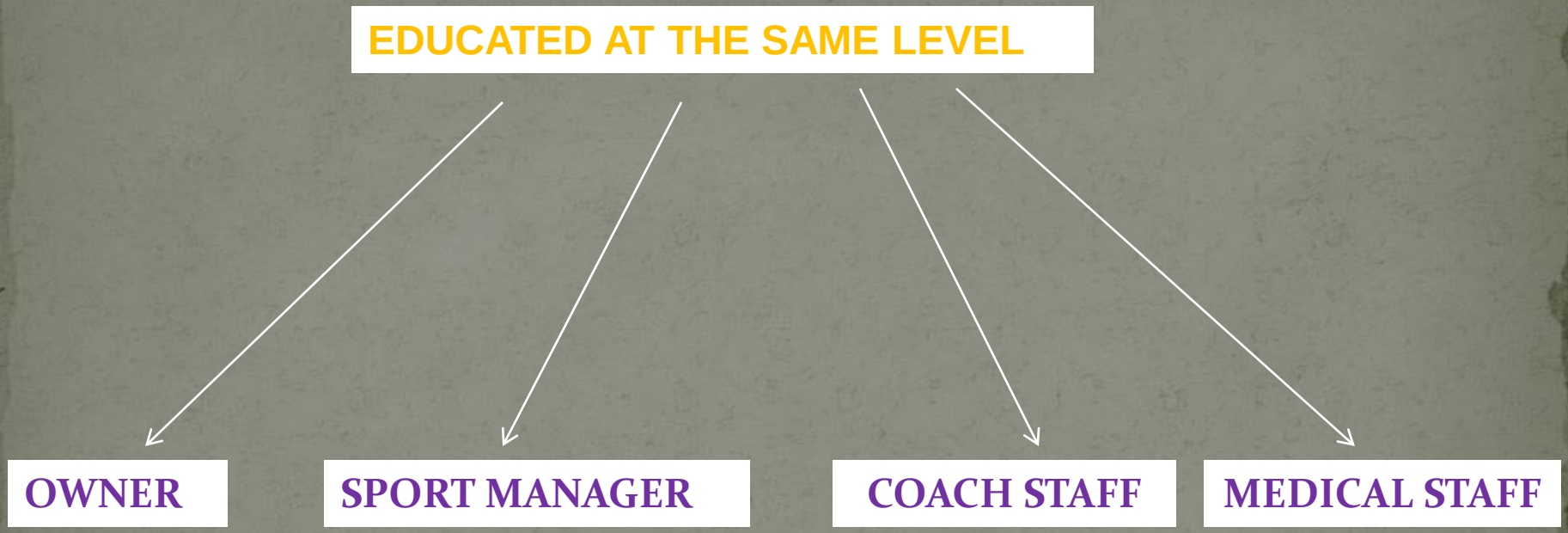
THE MOST CRITICAL MISSING LINK IN MACEODNIAN FOOTBALL IN ORDER OF APLLAING AN APPROPRIATE HEALTH CARE IN CLUBS

III




Football player
Succesfull
health
care
coach
physician

IV



THE GREATES CHANCES TO PROVIDE APPROPRITE MEDICAL CARE

V

WHO SHOULD EDUCATE IN THIS SITUATION ?????????

OWNER

SPORT MANAGER

COACH STAFF

MEDICAL STAFF

WHAT IS APPROPRIATE MEDICAL CARE IN A FOTBALL CLUB ?

- PREVENTION AND TREATMENT OF INJURIES AND ILNESS
- ADEQUATE RECOVERY
- PREPRATICIPATION EXAMINATION
- EVALUTION AND MONITORING OF THE EFFECTS OF TRAINING PROCESS
- EMERGANCY CARE ON THE FIELD
- NUTRITION AND SUPLEMENTATION
- ANTIDOPING
- PHYSIOTHERAPY AND KINESYTHERAPY

WHO COULD (SHOULD) PROVIDE (MANAGE) THIS MEDICAL CARE?

- **PHYSICIAN OF GENERAL MEDICINE**
- **ORTHOPEDIST OR TRAUMATOLOGIST**
- **SPECIALIST OF INTERNAL MEDICINE**
- **SPECIALIST OF PHYSICAL MEDICINE AND REHABILITATION**

OR MAYBE

- **SPECIALIST OF SPORTS MEDICINE**

FIFA AND UEFA MEDICAL PROJECTS

- **FIFA 11**
- **FIFA Emergency manual**
- **Nutrition booklet**
- **Pocket CONCUSSION RECOGNITION TOOL**
- **……**

National seminars of licensing the doctors engaged in football clubs

WHERE DO THE PROBLEMS COME FROM?

Profesional football player – without health problems, in preparation period of training process, regular isokinetic testing

Doctor of the club was physician on first year of specialisation of orthopedy; two physio

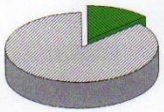
The given advice was to escape competitions and to provide individual strength program

Name:
ID:
Birth Date:
Ht:
Wt:
Gender:

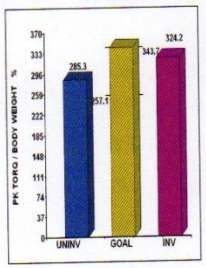
# OF REPS (60/60)													
# OF REPS (180/18													
PEAK TORQUE	N-M												
PEAK TQ/BW	%	285.3	324.2		302.0	204.9		199.3	206.5		178.0	162.0	
MAX REP TOT WORK	J	243.3	219.2	9.9	414.6	167.2	59.7	197.8	191.9	3.0	198.6	160.6	19.1
COEFF. OF VAR.	%	6.7	4.8		5.6	5.8		9.8	6.6		9.4	12.9	
AVG. POWER	WATTS	147.2	157.3	-6.8	127.3	112.6	11.5	245.6	264.2	-7.5	233.7	218.1	6.7
TOTAL WORK	J	928.8	1045.9	-12.6	1155.5	749.7	35.1	1702.1	1695.8	0.4	1678.2	1463.3	12.8
ACCELERATION TIME	MSEC	10.0	10.0		130.0	30.0		50.0	40.0		50.0	50.0	
DECELERATION TIME	MSEC	50.0	50.0		50.0	40.0		160.0	130.0		190.0	150.0	
ROM	DEG	95.3	83.9		95.3	83.9		108.0	102.1		108.0	102.1	
AVG PEAK TQ	N-M	167.9	240.2		172.7	153.3		129.6	146.7		125.5	115.9	
AGON/ANTAG RATIO	%	105.8	63.2	G: 61.0				89.3	78.5	G: 72.0			

EXTENSION

Stronger
13.6 %



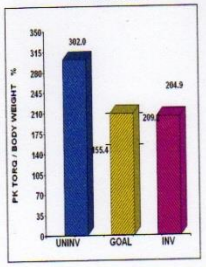
60 DEG/SEC



FLEXION

Deficit
32.2 %

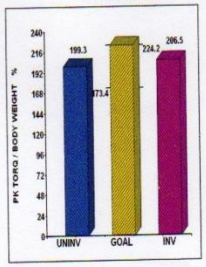
60 DEG/SEC



EXTENSION

Stronger
3.6 %

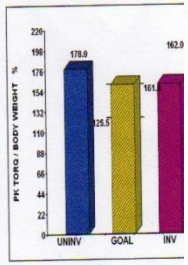
180 DEG/SEC



FLEXION

Deficit
9.0 %

180 DEG/SEC



Comments:

PEAK TORQUE: Highest muscular force output at any moment during a repetition. Indicative of a muscle's strength capabilities.
PEAK TQ/BW : Represented as a percentage normalized to bodyweight and compared to an established goal
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AGON/ANTAG RATIO: The Reciprocal muscle group ratio. Excessive imbalances may predispose a joint to injury
DEFICITS: 1 to 10% No significant difference between extremities.
11 to 25% Rehabilitation recommended to improve muscle performance balance.
> 25% Significant Functional Impairment
(-) Negative deficit indicates involved extremity performed better than uninvolved

P

Comprehensive Evaluation

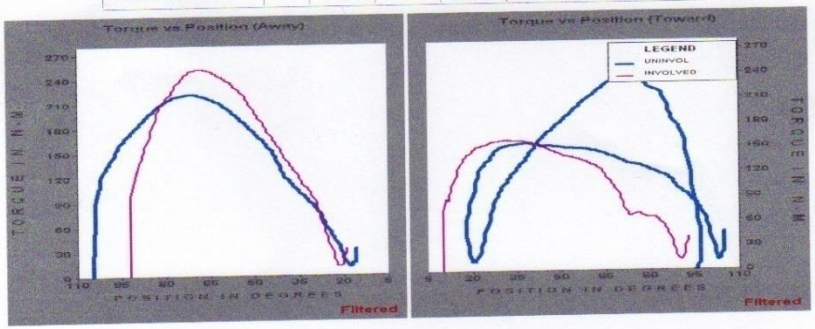
Name: [redacted]
ID:
Birth Date: 9/23/1982 (M/d/yyyy)
Ht: 179
Wt: 78.0
Gender: Male

Session: 7/6/2009 5:53:43 AM
Involved: None
Clinician:
Referral:
Joint: Knee
Diagnosis: test

Windowing: None
Protocol: Isokinetic Bilateral
Pattern: Extension/Flexion
Mode: Isokinetic
Contraction: CON/CON
GET: No Gravity Correction

	EXTENSION 60 DEG/SEC			FLEXION 60 DEG/SEC		
# OF REPS: Right 5	UNINVOL	INVOLVED	DEFICIT	UNINVOL	INVOLVED	DEFICIT
# OF REPS: Left 5	LEFT	RIGHT		LEFT	RIGHT	
PI						
F						
TI						
AN						
TO						
TO						
C						
MAX						
MA						
WR						
WO						
WC						
W						
ACC						
DEC						
AGON/ANTAG RATIO	%	105.8	63.2	G: 61.0		

After 20 days of testing, on friendly match, there was meniscal injury, after arthroscopy, two months was out of regular football training process



KINETICUS Rev 4.26 Nov 27 2007

Page 1

- *Profesional footbal player* – **10 months after reconstruction of right LCA– in regular training process with painful and swollen knee** – surgeon advised him that this is normal situation, he could train and if the problem exist in the future he will put an injection in the knee

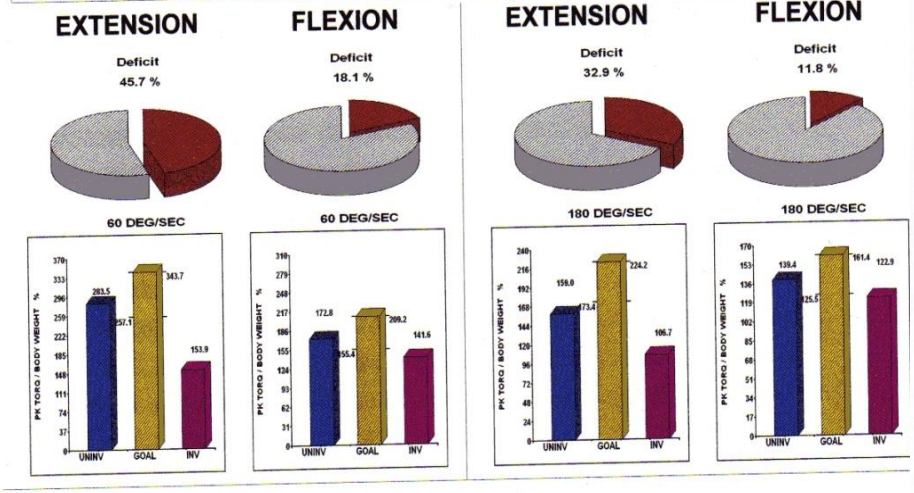
He was excluded from the training process and a individual strength program was proposed

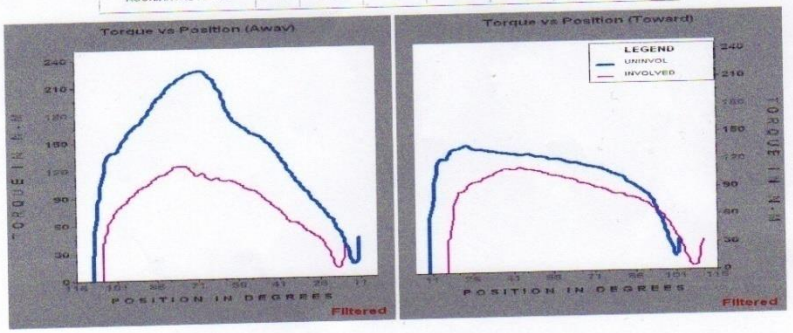
Comprehensive Evaluation

Name:	Boban Stamenkovski	Session:	11/14/2008 11:50:38 AM	Windowing:	None
ID:	100	Involved:	Right	Protocol:	Isokinetic Bilateral
Birth Date:	2/24/1989 (M/d/yyyy)	Clinician:		Pattern:	Extension/Flexion
Ht:	182	Referral:		Mode:	Isokinetic
Wt:	80.0	Joint:	Knee	Contraction:	CON/CON
Gender:	Male	Diagnosis:		GET:	No Gravity Correction

		EXTENSION 60 DEG/SEC			FLEXION 60 DEG/SEC			EXTENSION 180 DEG/SEC			FLEXION 180 DEG/SEC		
# OF REPS (60/60): 5		UNINVOL	INVOLVED	DEFICIT	UNINVOL	INVOLVED	DEFICIT	UNINVOL	INVOLVED	DEFICIT	UNINVOL	INVOLVED	DEFICIT
# OF REPS (180/180): 10		LEFT	RIGHT		LEFT	RIGHT		LEFT	RIGHT		LEFT	RIGHT	
PEAK TORQUE	N-M	226.5	122.9	45.7	138.1	113.1	18.1	127.0	85.2	32.9	111.4	98.2	11.8
PEAK TQ/BW	%	283.5	153.9		172.8	141.6		159.0	106.7		139.4	122.9	
MAX REP TOT WORK	J	249.1	135.6	45.6	177.6	140.1	21.1	180.9	129.8	28.3	169.7	131.0	22.8
COEFF. OF VAR.	%	59.4	12.2		56.1	8.6		8.9	5.0		21.9	21.7	
AVG. POWER	WATTS	135.1	80.0	40.8	99.2	82.5	16.9	209.1	154.4	26.2	185.2	156.3	15.6
TOTAL WORK	J	840.5	598.3	28.8	673.7	648.9	3.7	1545.2	1156.3	25.2	1455.5	1173.8	19.4
ACCELERATION TIME	MSEC	20.0	20.0		30.0	30.0		50.0	40.0		60.0	70.0	
DECELERATION TIME	MSEC	40.0	50.0		40.0	60.0		180.0	170.0		180.0	150.0	
ROM	DEG	100.1	94.3		100.1	94.3		115.5	112.1		115.5	112.1	
AVG PEAK TQ	N-M	163.4	109.5		110.0	107.1		110.5	78.2		99.6	88.4	
AGON/ANTAG RATIO	%	61.0	92.0	G: 61.0				87.7	115.2	G: 72.0			

		EXTENSION 60 DEG/SEC			FLEXION 60 DEG/SEC		
# OF REPS: Right 5		UNINVOL	INVOLVED	DEFICIT	UNINVOL	INVOLVED	DEFICIT
# OF REPS: Left 5		LEFT	RIGHT		LEFT	RIGHT	
PEAK TORQUE	N-M	226.5	122.9	45.7	138.1	113.1	18.1
PEAK TQ/BW	%	283.5	153.9		172.8	141.6	
TIME TO PK TQ	MSEC	650.0	480.0		240.0	460.0	
ANGLE OF PK TQ	DEG	70.0	78.0		23.0	44.0	
TORQ @ 30.0 DEG	N-M	91.5	49.7	45.7	133.3	101.3	24.0
TORQ @ 0.18 SEC	N-M	149.5	89.9	39.9	134.3	98.3	26.8
COEFF. OF VAR.	%	59.4	12.2		56.1	8.6	
MAX REP TOT WORK	J	249.1	135.6	45.6	177.6	140.1	21.1
MAX WORK REP #	#	3	3		4	4	
WRK/BODYWEIGHT	%	311.8	169.6		222.2	175.4	
TOTAL WORK	J	840.5	598.3	28.8	673.7	648.9	3.7
WORK FIRST THIRD	J	243.2	186.9		171.5	217.8	
WORK LAST THIRD	J	262.9	203.9		224.3	210.8	
WORK FATIGUE	%	-8.1	-9.1		-30.8	3.2	
AVG. POWER	WATTS	135.1	80.0	40.8	99.2	82.5	16.9
ACCELERATION TIME	MSEC	20.0	20.0		30.0	30.0	
DECELERATION TIME	MSEC	40.0	50.0		40.0	60.0	
ROM	DEG	100.1	94.3		100.1	94.3	
AVG PEAK TQ	N-M	163.4	109.5		110.0	107.1	
AGON/ANTAG RATIO	%	61.0	92.0	G: 61.0			





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> 25% Significant Functional Impairment
(-) Negative deficit indicates involved extremity performed better than uninvolved

General Evaluation

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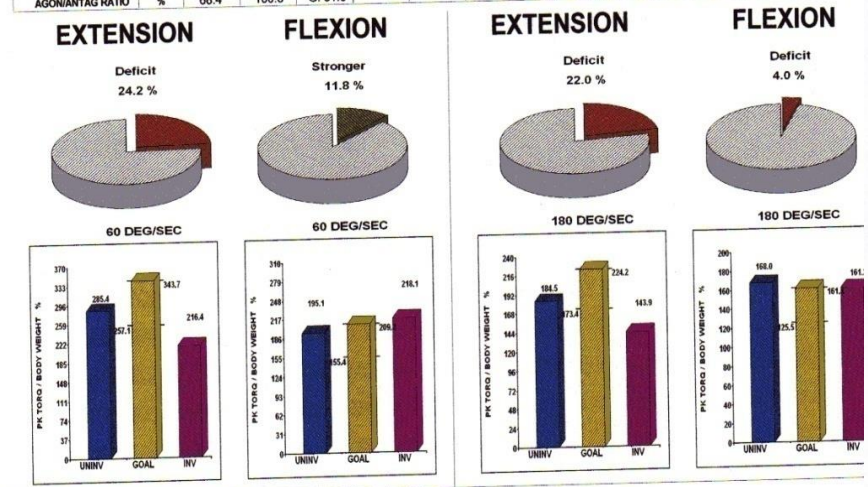
ID:	100	Involved:	Right	Protocol:	Isokinetic Bilateral
Birth Date:	2/24/1989 (M/d/yyyy)	Clinician:		Pattern:	Extension/Flexion
Ht:	182	Referral:		Mode:	Isokinetic
Wt:	80.0	Joint:	Knee	Contraction:	CON/CON
Gender:	Male	Diagnosis:		GET:	No Gravity Correction

		EXTENSION 60 DEG/SEC			FLEXION 60 DEG/SEC			EXTENSION 180 DEG/SEC			FLEXION 180 DEG/SEC		
# OF REPS (60/60): 5		UNINVOL	INVOLVED	DEFICIT	UNINVOL	INVOLVED	DEFICIT	UNINVOL	INVOLVED	DEFICIT	UNINVOL	INVOLVED	DEFICIT
# OF REPS (180/180): 10		LEFT	RIGHT		LEFT	RIGHT		LEFT	RIGHT		LEFT	RIGHT	
PEAK TORQUE	N-M	228.0	172.9	24.2	155.9	174.3	-11.8	147.4	114.9	22.0	134.3	128.8	4.0
PEAK TQ/BW	%	285.4	216.4		195.1	218.1		184.5	143.9		168.0	161.2	
MAX REP TOT WORK	J	234.6	168.4	28.2	180.1	305.7	-69.7	180.5	147.2	18.5	183.8	167.1	9.1
COEFF. OF VAR.	%	6.4	4.4		3.0	2.1		15.3	8.3		6.4	2.4	
AVG. POWER	WATTS	158.8	124.4	21.7	122.0	129.7	-6.4	243.4	206.1	15.3	244.6	252.8	-3.3
TOTAL WORK	J	1042.0	650.7	37.6	830.6	987.4	-18.9	1484.8	1313.0	11.6	1717.3	1620.6	5.6
ACCELERATION TIME	MSEC	20.0	20.0		30.0	30.0		50.0	40.0		60.0	50.0	
DECELERATION TIME	MSEC	40.0	40.0		40.0	40.0		140.0	140.0		230.0	120.0	
ROM	DEG	82.3	77.6		82.3	77.6		97.6	100.7		97.6	100.7	
AVG PEAK TQ	N-M	215.0	135.1		149.4	169.7		126.2	103.4		128.6	125.5	
AGON/ANTAG RATIO	%	68.4	100.8	G: 61.0				91.1	112.1	G: 72.0			



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Two weeks after individual program with given advice to continue this program, without regular football training process

Doctor of the club (general medicine) interrupted this program and told him that he could play

TOTAL WORK	J	1042.0	650.7	37.6			
WORK FIRST THIRD	J	369.0	200.8		311.3	306.1	
WORK LAST THIRD	J	324.7	197.6		244.9	331.3	
WORK FATIGUE	%	12.0	1.6		21.4	-8.2	
AVG. POWER	WATTS	158.8	124.4	21.7	122.0	129.7	-6.4
ACCELERATION TIME	MSEC	20.0	20.0		30.0	30.0	
DECELERATION TIME	MSEC	40.0	40.0		40.0	40.0	
ROM	DEG	82.3	77.6		82.3	77.6	
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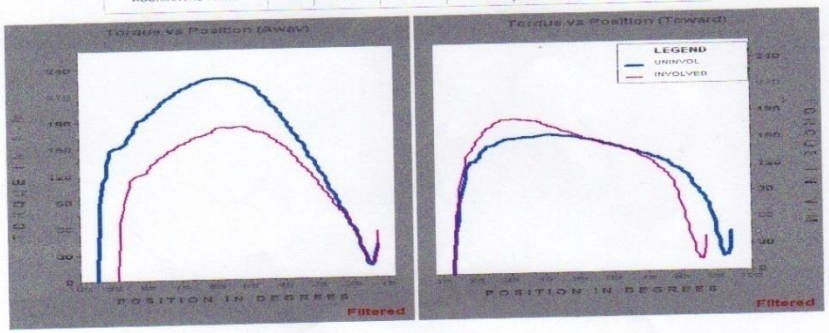
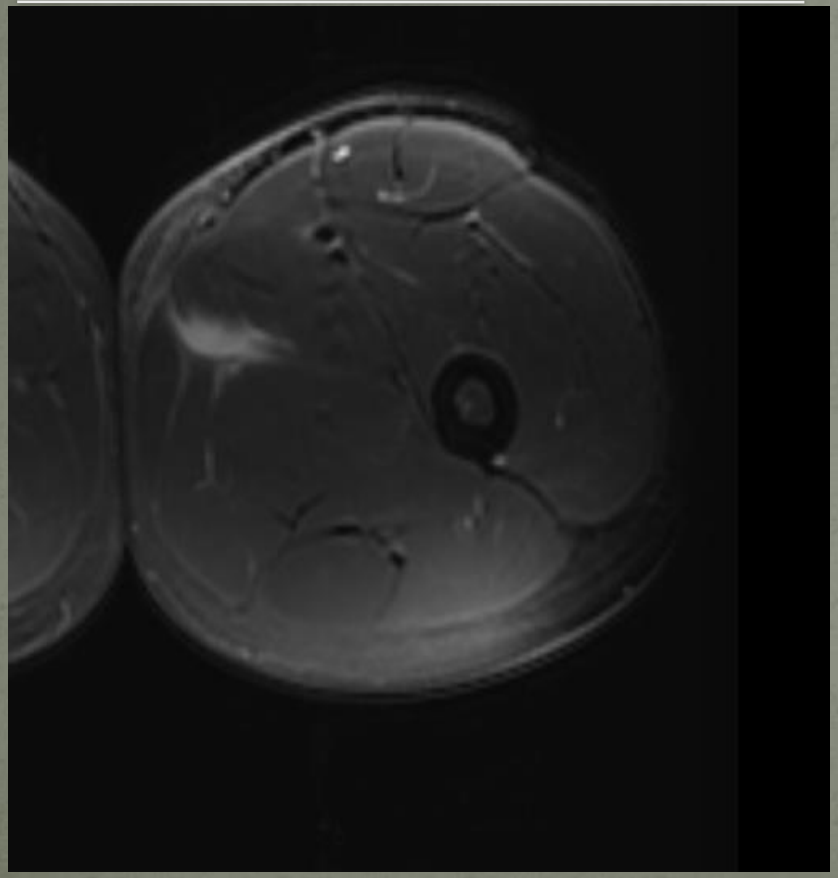
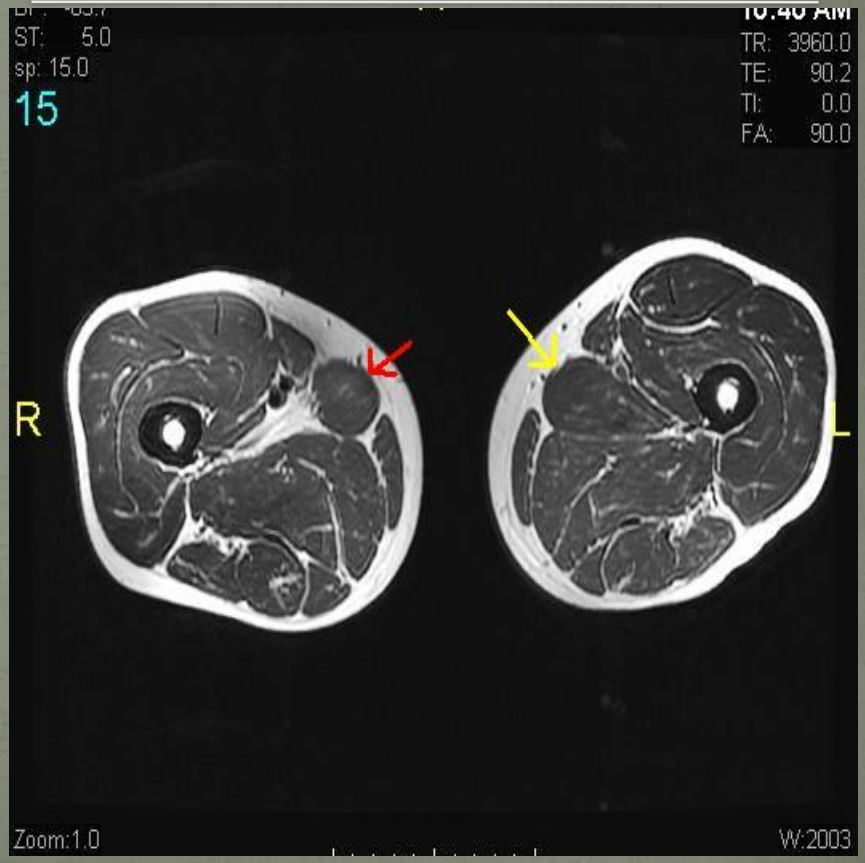


After 10 days of injury the coach forced the player to have a fotball training a day before the match wihout a permison from the doctor

Adductor strain



Adductor tear



Changes of body composition of professional soccer players during a competition half-season (5 months divided in 3 periods)

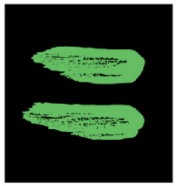
[a] p<0.05 – there is a significant differences between I i II period of training process
[b]p<0.05 - – there is a significant differences between I i III period of training process

Period of training process	MM kg	MMP %	MT kg	MTP %
P_1	42.13 ±4.63	**55.19 ±2.04**	**10.64 ±1.17**	13.56 ±0.63
		54.53[a] ±2.05	10.71 ±1.16	13.92 ±0.69
		54.66 ±2.52	**11.03[b] ±1.03**	14.26 ±0.93
F	0.08	0.46	0.61	1.22
p	0.92			

The coach could not accept that a lot of friendly matches in the preparation period and inappropriate strength training was a reason of this decrease of muscle mass

The coach used this data to include penalty to players at the end of the season

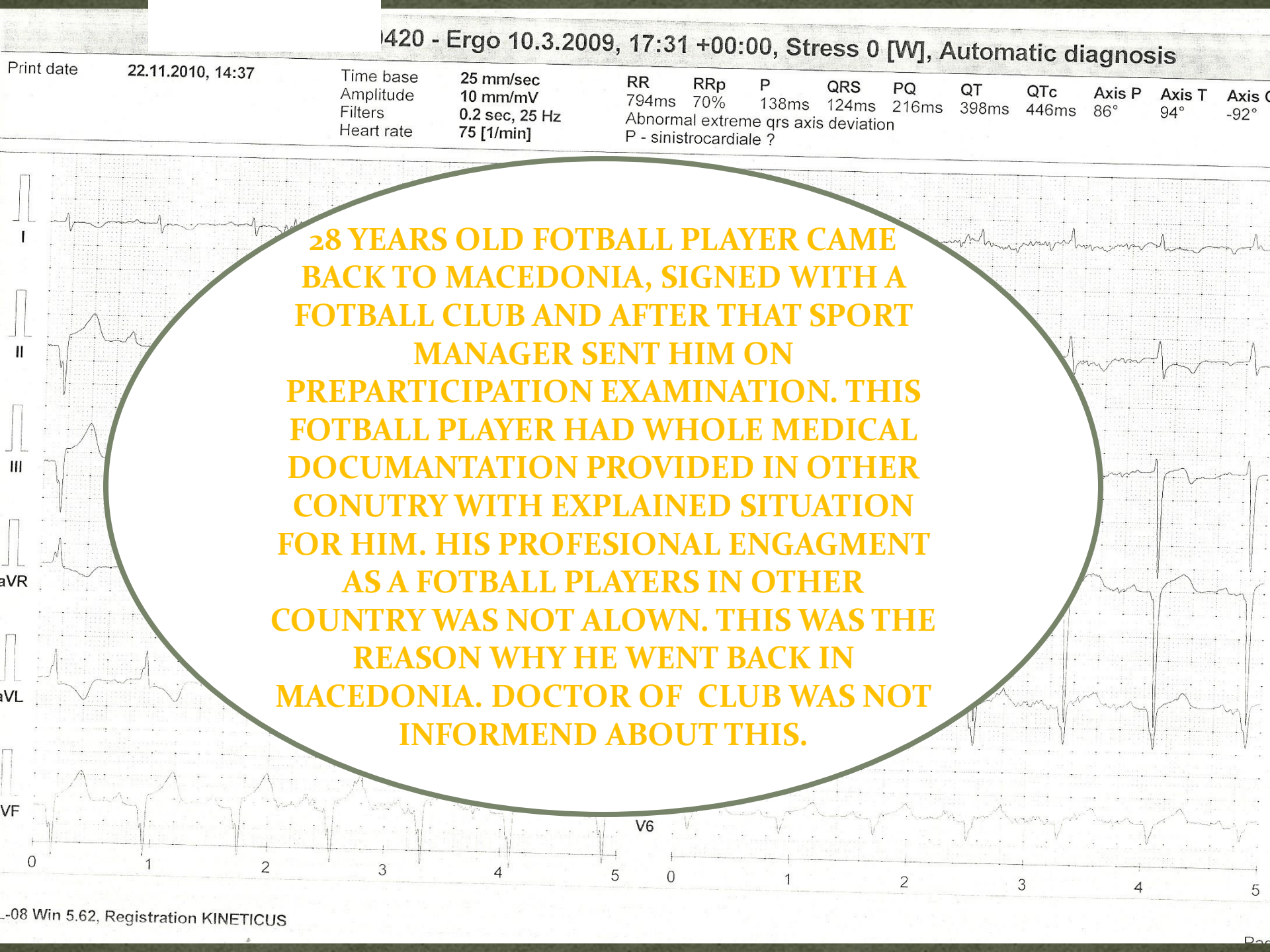
ALTHOUGH THERE ARE NO SI… COMPOSITION BETWEEN THR… RELATIVE MUSCLE MASS DECREASED SIGNIFICANTLLY AFTER THE PREPARATION PERIOD AND ABSOLUTE FAT MASS INCREASED SIGNIFIOCANTLLY AT THE END OF COMPETITION HALF-SEASON



Jack 3D was put on the Prohibited list from January 2011 due to methylhexaneamine

During the qualifications for the UEFA Europe League, July 2011, two players of a club were positive on methylhexamine. Doctor (traumatologist) of the club inscribe the Jack 3D as a given supplement in doping control form list

3 physiotherapist worked in club were engaged and responsible for supplementation. The doctor was not interested and informed about supplementationn. The owner of the club could not accept his responsibility.


420 - Ergo 10.3.2009, 17:31 +00:00, Stress 0 [W], Automatic diagnosis
Print date 22.11.2010, 14:37
Time base 25 mm/sec
Amplitude 10 mm/mV
Filters 0.2 sec, 25 Hz
Heart rate 75 [1/min]
RR RRp P QRS PQ QT QTc Axis P Axis T Axis
794ms 70% 138ms 124ms 216ms 398ms 446ms 86° 94° -92°
Abnormal extreme qrs axis deviation
P - sinistrocardiale ?
I
II
III
aVR
aVL
VF
V6
0 1 2 3 4 5
0 1 2 3 4 5
-08 Win 5.62, Registration KINETICUS
28 YEARS OLD FOTBALL PLAYER CAME BACK TO MACEDONIA, SIGNED WITH A FOTBALL CLUB AND AFTER THAT SPORT MANAGER SENT HIM ON PREPARTICIPATION EXAMINATION. THIS FOTBALL PLAYER HAD WHOLE MEDICAL DOCUMANTATION PROVIDED IN OTHER CONUTRY WITH EXPLAINED SITUATION FOR HIM. HIS PROFESIONAL ENGAGMENT AS A FOTBALL PLAYERS IN OTHER COUNTRY WAS NOT ALOWN. THIS WAS THE REASON WHY HE WENT BACK IN MACEDONIA. DOCTOR OF CLUB WAS NOT INFORMEND ABOUT THIS.

MATERIAL AND METODS

- ***EXAMPLE OF 36 PEOPLE*** – PROFESSIONAL SOCCER PLAYERS FROM A CLUB OF NATIONAL LEAGUE (AGE,18-32)
- ***INCLUSIVE CRITERIA*** – ABSENSE OF ANY ACUTE OR CHRONIC ILLNESS AND PARTICIPATION IN WHOLE COMPETITION HALF-SEASON

TYPE OF STUDY AND WORK PROTOCOL

- PROSPECTIVE STUDY - 6 MONTHS; THREE PERIODS IN HALF-SEASON:
    1. PREPARATION
    2. COMPETITION
    3. POSTCOMPETITION
- THREE EXAMINATIONS, ON THE BEGINNING OF EACH OF THREE PERIODS, (P_1, P_2 i P_3)
- EACH EXAMINATION IS DIVIDED IN TWO PHASES

FRIST PHASE - LABORATORY

1. **ANAMNESIS**
2. **ANTHROPOMETRIC DETERMINATION OF BODY COMPOSITION** (Mateigka, Frischencko)
MUSCLE COMPONENT (ABSOLUTE AND RELTIVE) - MM; MMR
FAT COMPONENT (ABSOLUTE AND RELATIVE) - MT; MTR
MUSCLE AND FAT SURFACE OF UPPER ARM - MMA; FMA.
BMI

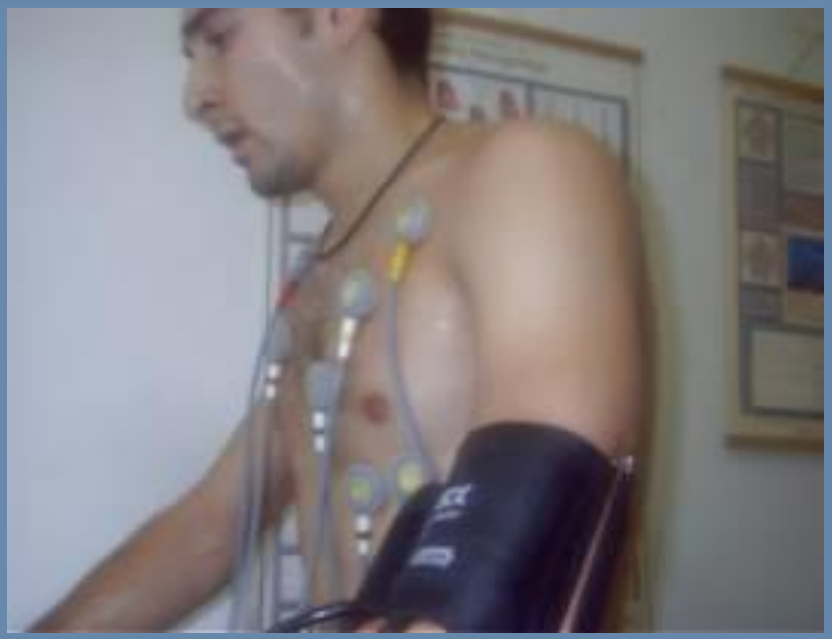
3. **LABORATORIC INVESTIGATIONS** – BEFORE AND AFTER MAXIMAL ERGOMETRIC TES

HORMONAL (ACTH, TESTOSTERONE, CORTIZOL) - RIA – $ACTH_{1,2,odgovor}$; $Cor_{1,2,answer}$; $Tes_{1,2,answer}$ $Tes/Cor_{1,2,answer}$

BIOCHEMICAL (CREATINE KINAZE, K^+, FREE RADICALS) - $CK_{1,2,answer}$; $K^+_{1,2,answer}$; $FR_{1,2,answer}$

4. **ERGOMETRIC TREADMILL TEST**- MAXIMAL, PROGRESIVE (8km/h – 3 minutes warm up, 10 km/h to maximal speed – 3 minutes with 1 minute rest)

VO2max (ml/kg/min)
VO2/kgMM (ml/kg)
HRr_1 HR_1, HR_2, HR_3, HR_4, HR_{max}, HR_{rec} (B/min)



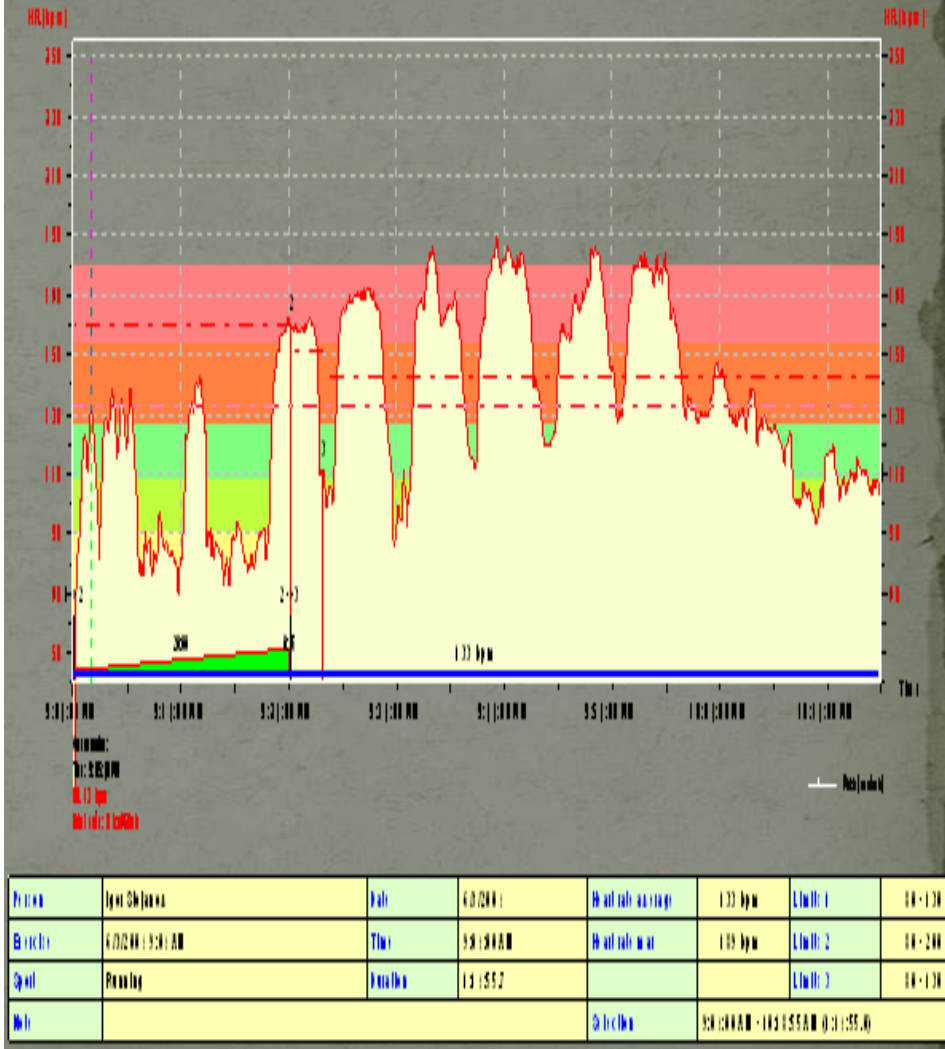
5. **DETERMINATION OF BLOOD LACTATES** (Lactate Analyzer Acusport)

Lac_r (mmol/l), Lac_1, Lac_2 ,Lac_3 Lac_4 Lac_{max} Lac_{rec}

6. **DETERMINATION OF LACTATE CURVE AND AnT (km/h) and AnT (b/min)**

PHASE – examination on soccer field

- **SPECIFIC CONSTRUCTED SOCCER TRAINING**
- **HIGH PRODICTIVE, AEROBIC - 90-110% OF AnT**
- **WARMING UP OF 15 MINUTES, 6 SERIES OF HIGH INTESITY ACTIVITY WITH BALL, DURATION OF 4 MINUTES, 2 MINUTES OF REST BETWEEN SERIES, 5 MINUTES OF RECOVERY (50% OF AnT)**
- **DETERMINATION OF BLOOD LACTATES AT REST - $Lact_r$, AT THE END OF EACH SERIA – $Lac_{1,2,3,4,5,6}$ AND AT THE END OF RECOVERY - Lac_{rec} (Lactate Analyzer – Acusport) (mmol/l)**



CONCLUSIONS

- **THERE IS A STAGANTION OF TRAINING PROCESS DUIRING A COMPETITON HALF-SEASON** - unchanged AnT; there is no decreasing of heart rat… maximal loadings; there is insignificant (i… answer.
- ***PREPA… …UME AND INT…*** a lot of fri… r player t… reased V… started a… sing of blo… her side, there… component after this …
- ***There is a dep… …lisms, dysfunction of hypothalamo-pituitary … and maybe the signs of overtraining syndrome at the end of season.***
- ***Without specific field test of soccer performance and psychological test of mood, it is difficult to conclude about overtraining syndrome, although physiological parameters go in this direction***

ALTHOUGH THE COACH ACCEPTED A LITTLE FROM THESE CONCLUSIONS, GENERALLY, THER WAS AN IMPROVEMENT OF TRAINING PROCESS AND THE OWNER AND SPORT MANAGEMENT STARTED TO THINK LITTLE BIT DIFFERENT FOR FOTBALL

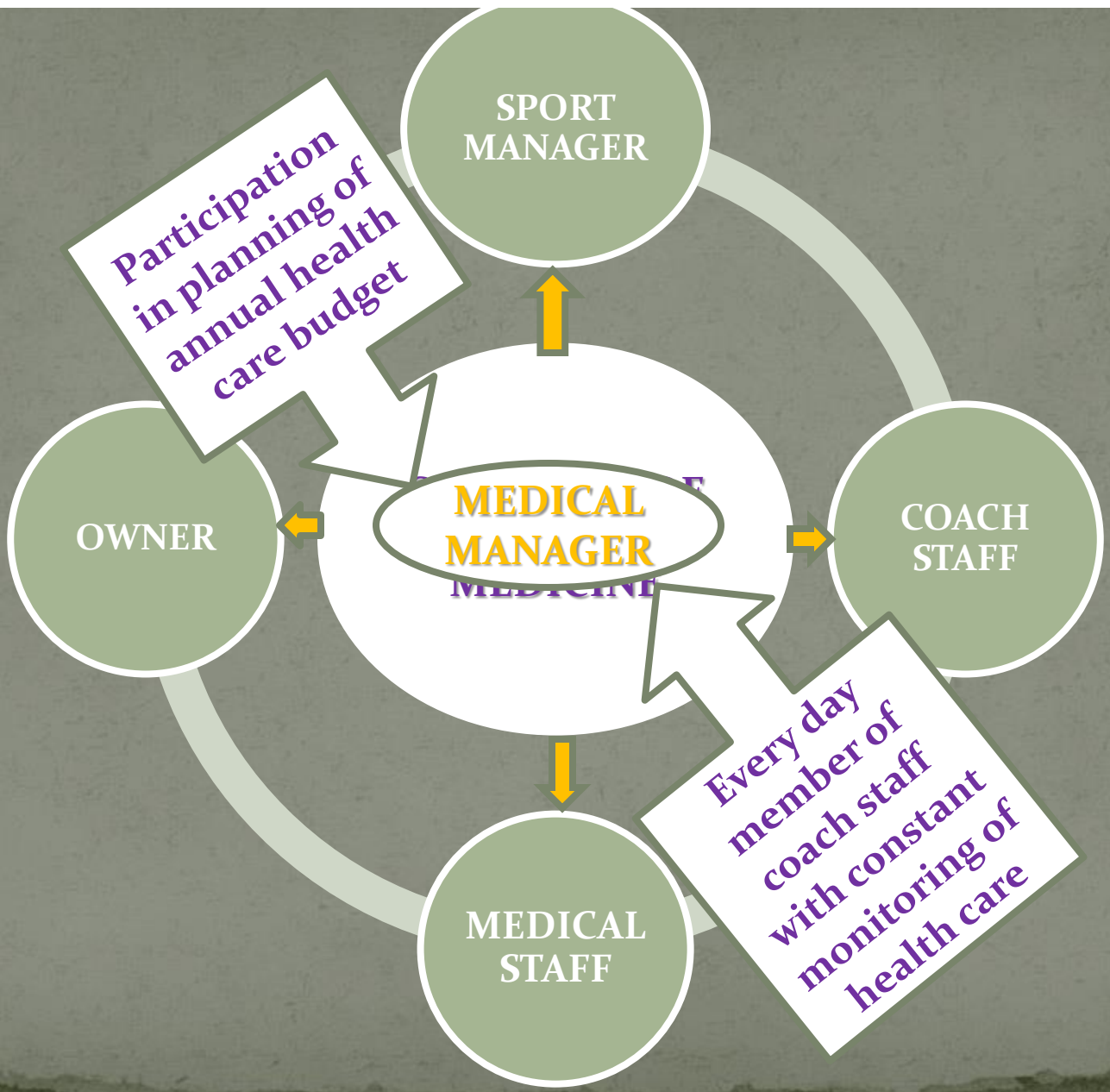
HEALTH ORGANIZATION IN FOOTBALL CLUBS

WHAT IS APPROPRIATE MEDICAL CARE ?

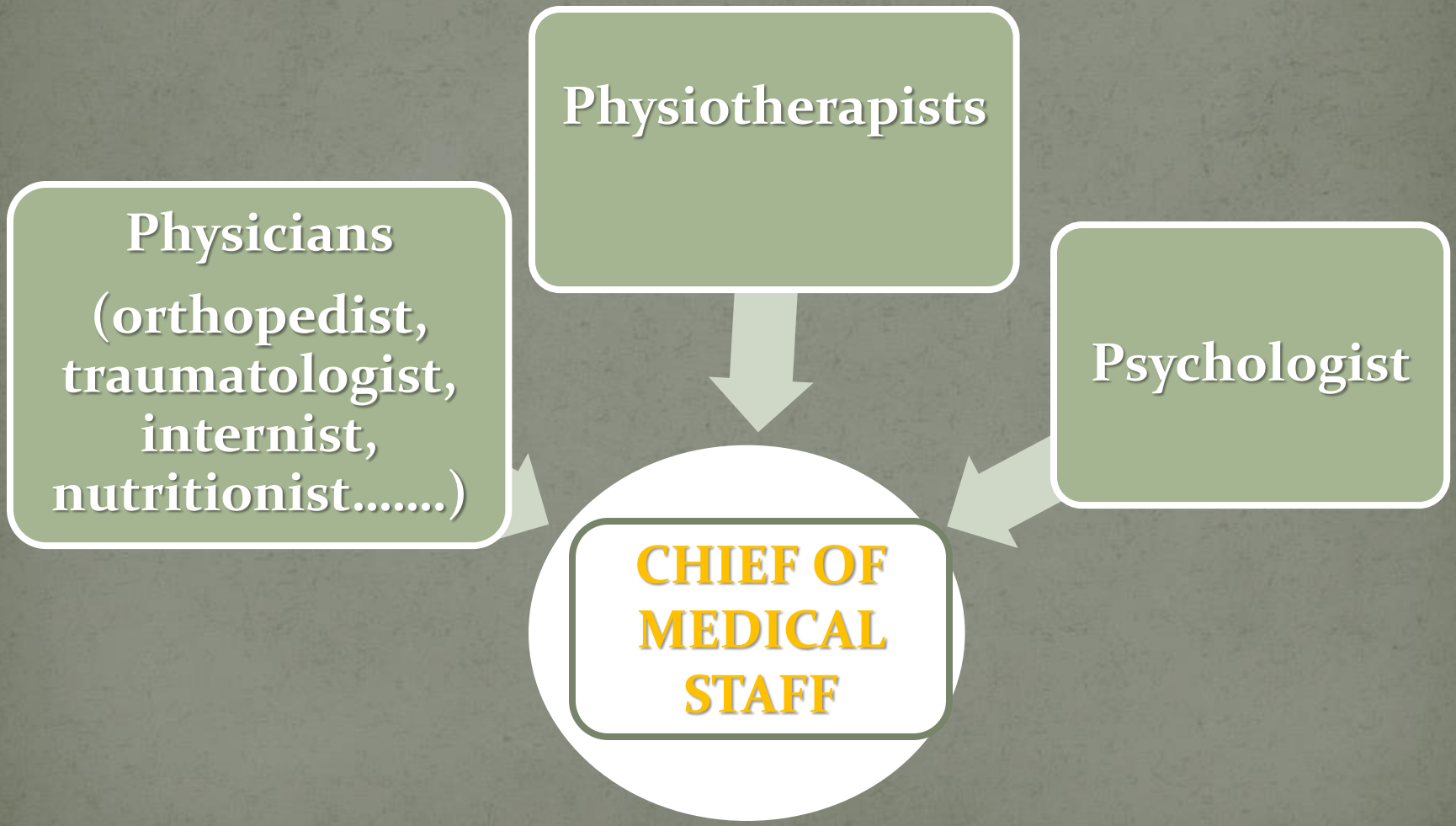
- PREVENTION AND TREATMENT OF INJURIES AND ILNE
- ADEQ
- PR
- EV EFFECTS O
- EM
- NUT
- ANTIDO
- PHYSIOTHERAP RINESYTHERAPY

EUROPEAN CURICULUM OF SPECIALISATION OF SPORT MEDICINE

EDUCATION


SPORT MANAGER
Participation in planning of annual health care budget
OWNER
MEDICAL MANAGER
COACH STAFF
Every day member of coach staff with constant monitoring of health care
MEDICAL STAFF

MAIN MEDICAL RESPONSIBILITY




Football player
Succesfull health care
coach
SPECIALIST OF SPORTS MEDICINE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