



International Journal of Physical Education, Sports and Health

P-ISSN: 2394-1685
E-ISSN: 2394-1693
Impact Factor (ISRA): 5.38
IJPESH 2016; 3(4): 04-06
© 2016 IJPESH
www.kheljournal.com
Received: 02-05-2016
Accepted: 03-06-2016

Mohammed Anfal N
PhD Scholar, Karpagam
University, Coimbatore, Tamil
Nadu, India.

Dr. Dhinu MR
Assistant Director and Head,
Department of Physical
Education, Sree Sankaracharya
University, Kalady, Ernakulam,
Kerala, India.

Assessing common epidemiology among university male boxers

Mohammed Anfal N and Dr. Dhinu MR

Abstract

The purpose of the study was to assess the common sports injuries among intercollegiate level male boxers. A total of sixty (N=60) inter collegiate level male boxers in different colleges from the Calicut University were selected as subjects and their age ranged from 17 to 22 years. The subjects had represented the college at least once in intercollegiate level competitions. The present study was based on common injuries to the players and their causes, reasons, method of treatment to injuries, other related aspects and personal profile. The data were collected through questionnaire and followed by personal interviews of the players. The percentage analysis was employed to analyze the incidence of common injuries. The following conclusions were drawn based on the results of the study. The majority of injuries occurred to the boxers were on upper extremities, head and faces. Subjects repeatedly got injuries at the same part and injuries occurred during both practice and competition sessions. Injuries affected the performance capacities of the players both physically and psychologically. Boxing requires a variety of physical attributes and specific playing skills. Participants should be trained to meet the physical, physiological and psychological requirements to cope with demands of play and reduce the risk of injury. It is recommended that the physical education teachers the coaches and the players should be given proper education and training with respect to the need for conditioning programs during practice sessions and the use of correct techniques during competitive boxing to avoid injuries.

Keywords: Injury incidence, Athletic activities, College level, Combat, Treatment

1. Introduction

Boxing was an Olympic sport, but its abolition continues to be the subject of debate. It is classified as a dangerous sporting activity, with the serious neurological complications of head injuries especially. In particular, injuries from boxing in children and adolescents have attracted great attention. Several deaths from craniocerebral trauma have been reported. In these cases, a laceration of the vertebral artery, in addition to intracranial injuries, has also been suspected as the cause of death. Furthermore, the long term consequences such as neurodegenerative diseases. In addition to intracranial injuries, superficial facial lacerations, eye injuries, damage to teeth, nose injuries, cervical spinal column injuries and even a bilateral mandibular fracture. Injuries to the upper limbs in particular (e. g. hand, scapula fracture, rupture of the sub-scapular tendon).

In general, research in this field is hampered by the lack of high-quality epidemiological studies of injuries in boxing, and the predominance of retrospective surveys and case studies. Among the existing literature, only 2 prospective studies with a 5- and 12-month follow-up deal with injuries in boxing. Three studies on this subject have determined an injury rate per 1000 hrs of participation. But it is essential for the physicians in charge of boxers to have knowledge about the injuries to be expected and their frequency, thus highlighting the need for high-quality studies. The aim of the study was to assess as accurately as possible the actual injury rate in boxing. Knowledge of the injury patterns should allow medical staff and ringside physicians to better prevent and treat injuries.

Sports are usually governed by a set of rules or customs. Physical events such as scoring goals or crossing a line first often define the result of a sport. However, the degree of skill and performance in some sports such as diving and figure skating is judged according to some well-defined criteria. This is in contrast with other judged activities such as beauty pageants and body building, where skills does not have to be shown and the criteria are not as well defined.

Correspondence
Mohammed Anfal N
PhD Scholar, Karpagam
University, Coimbatore, Tamil
Nadu, India.

Adults are less likely to suffer sports injuries than the children, whose vulnerability is heightened by immature reflexes, inability to recognize and evaluate risks and underdeveloped coordination. Each year, about 3.2 million children between the ages of five and 14 are injured while participating in athletic activities, and account for 40% of all sports injuries. As many as 20% of children who play sports get hurt, and about 25% of their injuries are classified as serious. More than 775,000 boys and girls under the age of 14 are treated in hospital emergency rooms for sports-related injuries. Injury rates are the highest for athletes who participate in contact sports, but the most serious injuries are associated with individual activities. Between one-half and two-thirds of childhood sports injuries occur during practice, or in the course of unorganized athletic activity. Boxing is a contact sport, and contact sports can lead to impact injuries. Researchers support the contention that improving the boxing techniques results in less frequent boxing injuries. However, boxing injuries can occur to the various body parts. The objective of this study was to assess the common sports injuries among the intercollegiate level male boxers. The present study was based on common injuries to the players. Data was collected regarding the causes, reasons, methods of treatment to injuries, and other related aspects and personal profiles.

2. Methodology

2.1 Participants: A total of sixty (N=60) inter collegiate level male boxers

In different colleges from the Calicut University were selected, with their age ranging from 17 to 22 years. These athletes had participated at the college intercollegiate level competitions with a minimum of one such competition to their credit.

2.2 Instrument: Questionnaire and interview method was applied for the collection of data. The present study was based on common injuries to the players and their causes, reasons, methods of treatment to injuries, other related aspects and their personal profile.

2.3 Data Collection: The data was collected through questionnaire and personal interviews of the players. The data was collected by administering the questionnaire by the investigator himself. To ensure maximum co-operation of the subjects, the scholar had a meeting with the subjects in their respective colleges in the presence of their coaches. The purpose of the study and the questionnaire was clearly explained to them in order to avoid ambiguity among the subjects regarding the effort which they had to put in for the successful completion of the investigation.

3. Results and Discussions

The descriptive statistics and percentage analysis was employed to analyze the incidence of common injuries.

Table 1: Physical and body composition parameters of the Boxers

Variable	N	Mean	Std. Dev.	Min.	Max.	Range
Age	60	19.43	1.80	17	22	05
Weight	60	68.10	7.93	54	85	31
Height	60	164.25	6.53	155	176	21
B.M.I.	60	25.38	3.67	18.49	33.29	14.80

Table 2: Injured During competition

Sl. No	Injured	Frequency	Percentage
1	Yes	49	81.67
2	No	11	18.33

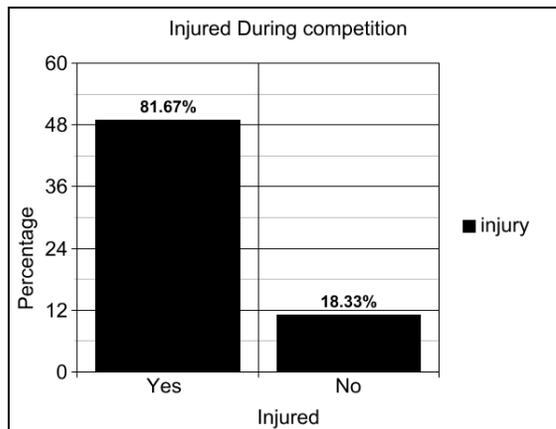


Table 3: Area of getting injured

Sl. No	Extremity	Frequency	Percentage
1	Upper	56	86.67
2	Lower	04	13.33

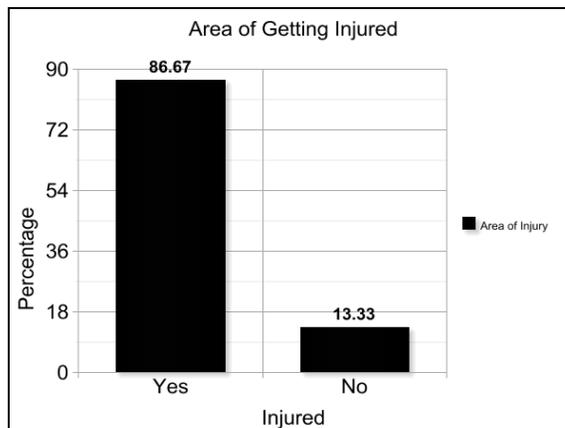


Table 4: Injuries in Upper extremity

Sl. No	Location	Frequency	Percentage
1	Head/Face	43	71.67
2	Shoulder	10	16.67
3	Elbow	05	08.33
4	Any Other Part	02	03.33

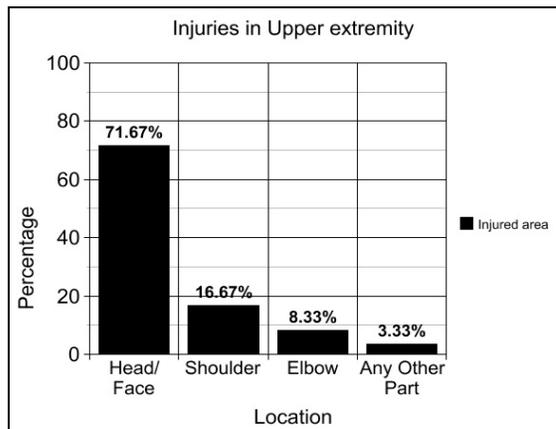
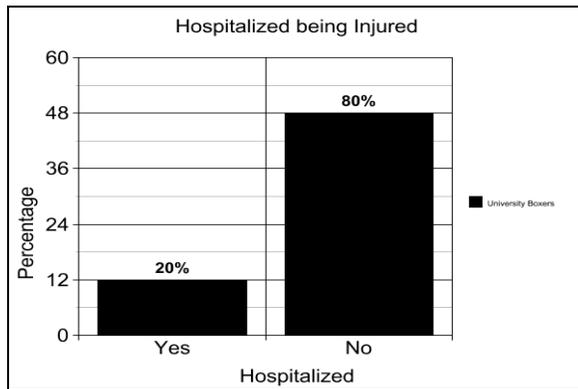


Table 5: Hospitalized being Injured

SI. No	Hospitalized	Frequency	Percentage
1	Yes	12	20
2	No	48	80



4. Conclusion

Based on the findings of the study, the scholar's own understanding and the available literature, the following conclusions were drawn. The majority of injuries occurred to boxers were at upper extremity and they were directly related to their heads and faces. Subjects repeatedly got injuries at the same part and injuries occurred during both practice and competition sessions. Injuries affected the performance capacity of a player both physically and psychologically. On the basis of the results, the following suggestions are made.

Boxing requires a variety of physical attributes (like speed, power, flexibility, strength and balance) and specific playing skills. Hence participants need to be trained and prepared to meet at least a minimum set of physical, physiological and psychological requirements to cope with demands of play and reduce the risk of injury. It is recommended that physical education teachers, coaches and the players should be given proper education and training with respect to the need for conditioning programs including proper warming up procedure before practice sessions and using correct techniques during competitive boxing to avoid injuries.

5. References

1. Ajmer Singh, Jagdish Bains, Jagtar Sing Gill, Rachhpal Singh Brar. Essentials of Physical Education, Kalyani Publishers, 2008.
2. Barry Johnson C, Jack Nelson K. Practical measurement for evaluation in physical education, New Delhi: Surjeet Publications, 1982, 215.
3. Clarke Harrison H, David Clarke H. Advance Statistics with application to Physical Education, Englewood Cliffs: New Jersey, Prentice Hall, 1972, 108.
4. Kayode I Oke. Department of Physiotherapy, University of Benin Teaching Hospital, Benin City. Nigeria, Global Advanced Research Journal of Medicine and Medical Sciences (ISSN: 2315-5159). 2012; 1(7):198-202. <http://garj.org/garjmms/index.htm>, 2012 Global Advanced Research Journal.
5. Bledsoe GH, Li G, Levy F. Injury Risk in Professional Boxing. Southern Med J. 2005; 98(10):994-998.
6. Bianco M, Sanna N, Bucari S, Fabiano C, Palmieri V, Zeppilli P. Female boxing in Italy: 2002–2007 report. Br J Sports Med. 2011; 45:563-570.
7. Emerich K, Nadolska-Gazda E. Dental trauma, prevention and knowl-edge concerning dental first-aid among Polish amateur boxers. J Sci Med Sport. 2013;

16:297-301.

8. Enzenauer RW, Montrey JS, Enzenauer RJ, Mauldin WM. Boxing-related injuries in the US Army, 1980 through 1985. JAMA. 1989; 261:1463-1466.
9. Fernandes R. Principles and practices of treating facial cuts during boxing matches. J Wound Care. 2009; 18:333-334.
10. Forstl H, Haass C, Hemmer B, Meyer B, Halle M. Boxing-acute complications and late sequelae: from concussion to dementia. Dtsch Arztebl Int. 2010; 107:835-839.
11. Graham MR, Myers T, Evans P, Davies B, Cooper SM, Bhattacharya K, *et al*. Direct hits to the head during amateur boxing is associated with a rise in serum biomarkers for brain injury. Int J Immunopathol Pharmacol. 2011; 24:119-125.
12. Harriss DJ, Atkinson G. Ethical standards in sport and exercise science research: 2014 update. Int J Sports Med. 2013; 34:1025-1028.