

STUDI META ANALISIS CEDERA PADA PEMAIN BOLA BASKET

Siswantoyo^{1*}, Japhet Ndayisenga², Kukuh Hardopo Putro¹

¹Faculty of Sports Sciences, Yogyakarta State University, Indonesia

²Institute of Physical Education and Sports, University of Burundi, Burundi

*E-mail: siswantoyo@uny.ac.id

Abstrak

Tujuan dari *literature review* ini adalah untuk mengidentifikasi semua cedera *musculoskeletal* dan sendi, penyebab umum dan perawatannya untuk menjadi perhatian bagi pelatih bola basket, untuk merawat siswa dan atlet mereka sesuai dengan trauma yang dialami, tetapi juga peringatan untuk pelatih dari berbagai cabang olahraga lain yang banyak menggunakan sendi lutut dan ankle, dan untuk menunjukkan kepada para peneliti sudut pandang yang belum diteliti. Studi meta analisis dengan *literature review* dari 50 artikel yang diterbitkan di jurnal internasional yang berbeda terkait dengan ilmu olahraga dari Q4 ke atas dengan pengambilan sampel secara acak. Data dianalisis menurut epidemiologi cedera olahraga pada bola basket. Hasil Total, 50 artikel dipilih. Sebanyak 1.8275 cedera yang diamati, sebagian besar terjadi pada tungkai bawah 718 (3,92%) cedera lutut, 12030 (93,18%) cedera pergelangan kaki (ankle) dan 1.094, (5,96%) cedera lainnya. Anak-anak, remaja (atlet), dan lansia lebih sering mengalami cedera kepala dibandingkan dengan usia lainnya.

Kata Kunci: *meta analisis, cedera, bola basket*

META ANALYSE STUDY OF THE COMMON INJURIES OF BASKETBALL PLAYERS

Abstracts

The aims of this literature review was to identify all musculoskeletal and joints injuries, their common causes, and their treatments in order to pay attention to the basketball teachers, to take care for their students and athletes according to the trauma, but also a warning for the coach trainers of the different disciplines that require a lot of knee and ankle joints, and to show to the researchers the angles which are not yet solicit by the research. Meta analyse study with literature review of 50 articles published in different international journal related to sport science from Q4 and above by random sampling. Data were analysed according to the general epidemiology of sports injuries in basketball. Results In total, 50 articles were selected. A total of 18275 injuries were observed, most of them occurred in the lower limbs 718 (3,92%) Knee injuries, 12030 (93,18%) ankle injuries and 1094, (5,96%) others injuries. Children, adolescents (athlete), and elders received head injuries more often compared with the other age.

Keywords: *meta analyse, common injuries, basketball*

INTRODUCTION

Basketball is a contact sport with complex movements that include jumps, turns and changes in direction, which cause frequent musculoskeletal and joints injuries in all regions of the body. Basketball created in the USA more than a century ago by James Naismith Wang, H.-K., Chen, C.-H., Shiang, T.-Y., Jan, M.-H., & Lin, K.-H. (2006). basketball has become one of the most

popular sports after football in the world, particularly in the USA Andreoli, C. V., Chiaramonti, B. C., Buriel, E., Pochini, A. de C., Ejnisman, B., & Cohen, M. (2018). In Brazil, basketball is one of the four most popular sports according to the Ministry of Sports Wang, H.-K., Chen, C.-H., Shiang, T.-Y., Jan, M.-H., & Lin, K.-H. (2006).

Despite all the benefits resulting from

participation in sports—such as improved body composition, cardiorespiratory function, increased strength, improved self-esteem/psychosocial well-being, weight control, and less abuse of alcohol and drugs, among others Taylor, J. B., Ford, K. R., Nguyen, A.-D., Terry, L. N., & Hegedus, E. J. (2015). Participating in a sport with so much physical demand, such as basketball, where the athlete performs repetitive jumps during games and training, abrupt changes in direction, running and deceleration De Oliveira Silva, A., Dutra, M., De Moraes, W. M., Funghetto, S., Lopes de Farias, D., Fernandes dos Santos, P. H., ... Prestes, J. (2018). may result in a greater risk of injury. This leads to an increase in health expenses and visits to doctors and hospitals, reduction in court time, and increased risk of new injuries Van der Wees, P. J., Lenssen, A. F., Hendriks, E. J. M., Stomp, D. J., Dekker, J., & de Bie, R. A. (2006).

Several studies have already been published describing injuries in basketball. Some focus on professional athletes McKay, G. D. (2001). others focus on college students Bahr, R., Lian, Ø., & Bahr, I. A. (2007). or high school students Lian, Ø. B., Engebretsen, L., & Bahr, R. (2005), and others on adult athletes Hendry, G. J., Fenocchi, L., Woodburn, J., & Steultjens, M. (2018). Some studies focus only on a specific region of the body or a specific diagnosis, such as concussion Sadler, S., Spink, M., Cassidy, S., & Chuter, V. (2018). Shoulder or ankle injury Choi, J.-H., & Kim, N.-J. (2015). Ankle and knee trauma were relevant as the most common musculoskeletal and joints injuries, yet a contemporary review and meta-analysis of prospective epidemiological general studies investigating on the common injuries of basketball players according to the different region of the human body: musculoskeletal and joints does not exist. The aim of this study was to collect all the injuries which often appear to the basketball player during the training and the competition. The understanding of basketball injury epidemiology is an important first step in the development of targeted, evidence-based interventions to provide recommendations for injury prevention. The objective of this study was to perform an integrative review of the epidemiology of musculoskeletal and joint injuries in basketball.

METHOD

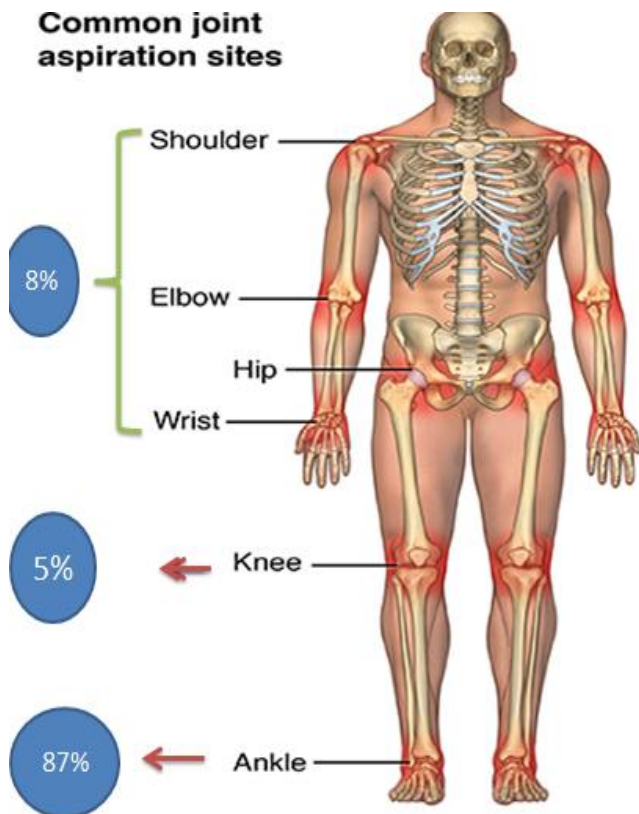
An electronic Literature review search was performed in the following databases: literature review of 50 articles published in different international journal related to sport science. The source of any article was by random sampling with criteria published in international journal indexed from Q4, and the limitation of the sample was article published from 1997 up to 2018. A study Metaanalyses was done to identify all injuries musculoskeletal and joints of the human body, to specify the causes, and their treatments. We analysed articles by age to find out and show how research on traumatology of muscles and joints has evolved, to facilitate readings, and researchers to see angles that are not yet solicited by research. This literature review was to identify all musculoskeletal and joints injuries, their common causes, and their treatments in order to pay attention to the basketball teachers, to take care for their students and athletes according to the trauma, but also a warning for the coach trainers of the different disciplines that require a lot of knee and ankle joints, and to show to the researchers the angles which are not yet solicit by the research.

RESULT AND DISCUSSION

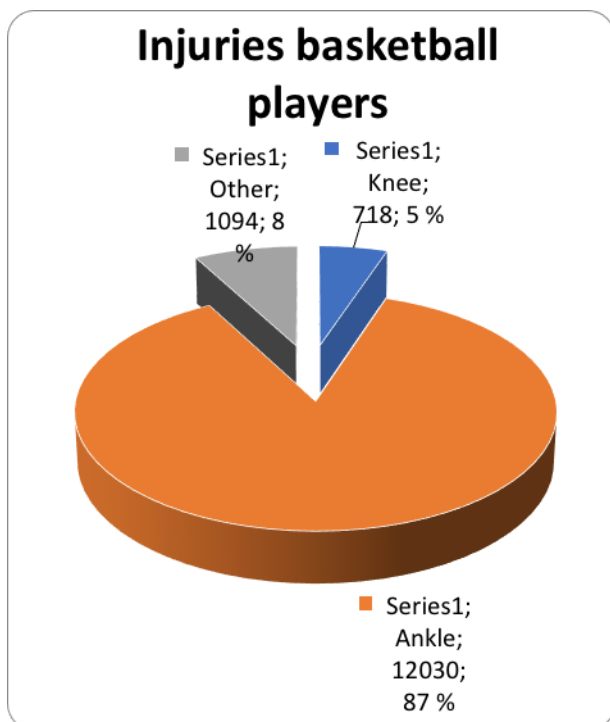
Result

The presentation and interpretation of the results of our research was based on the (1) location (2) types, (3) causes, (4) treatments of traumas of basketball Player, in total, 50 articles were selected, of which 11 were eligible for the integrative review. A total of 18275 injuries were observed, most of which occurred in the lower limbs 718 (5%) Knee with 12030 (87%) ankle injuries and 1094, (8%) others injuries. Children, adolescents, and elders received head injuries more often compared with the other age and skill categories. In the adult category, there was an increased prevalence of injuries in the trunk and spine. In the upper limbs, hands, fingers and wrists were affected more frequently than the shoulders, arms and forearms. In the masters' category, there was an increase in the incidence of thigh injuries.

Location of the common injuries on the different region of the human body



Picture 1. Common joint aspiration sites



Picture 2. Injuries basketball players

The lower limbs were the most affected, with the ankle and knee joints having the highest prevalence of injuries regardless of gender and category. Further randomised studies, increased surveillance and epidemiological data collection are necessary to improve knowledge in sports, this result will help basketball teacher, and coach trainer of the different games to improve knowledgeable about gravity of injuries which often appear on their athlete, and they could take care for the health of their athletes or students during the course of physical education.

The types of trauma of basketball player
 Witvrouw, E., Vanden Borre, K., Willems, T. M., Huysmans, J., Broos, E., & De Clercq, D. (2006). Gerber, J. P., Williams, G. N., Scoville, C. R., Arciero, R. A., & Taylor, D. C. (1998). Ogilvie-Harris, D. J., Gilbert, M. K., & Chorney, K. (1997). Fadale, P. D., & Hulstyn, M. J. (1997). Bavdek, R., Zdolšek, A., Strojnik, V., & Dolenc, A. (2018).

Table 1. The types of trauma of basketball player

No	Types of Trauma	No	Types of Trauma
1	AC Joint Injury	42	Neck Arm Pain
2	Achilles Tendon Rupture	43	Neck Headache
3	Achilles Tendonitis / Tendinitis	44	Neck Sprain
4	ACL Injury	45	Olecranon Bursitis
5	Adductor Tendinopathy	46	Osgood Schlatter's
6	Anterior Ankle Impingement	47	Osteitis Pubis
7	Avascular Necrosis of the Femoral Head	48	Overuse Injuries
8	Back Muscle Pain	49	Patella Tendonitis (Tendinopathy)
9	Bicep Tendonitis	50	Patellofemoral Pain Syndrome
10	Bulging Disc	51	PCL Injury
11	Bursitis Knee	52	Peroneal Tendonitis
12	Bursitis Shoulder	53	Pes Anserinus Bursitis & Tendinitis

No	Types of Trauma	No	Types of Trauma
13	Calf Muscle Tear	54	Pes Planus - Flat Feet
14	Chondromalacia Patella	55	Pinched Nerve
15	Compartment Syndrome	56	Piriformis Syndrome
16	Corked Thigh	57	Plantar Fasciitis
17	Cramps	58	Plica Syndrome
18	Degenerative Disc Disease	59	Poor Hip Core Posterior Ankle Impingement
19	Dislocated Shoulder	60	Posterolateral Corner Injury
20	DOMS - Delayed Onset Muscle Soreness	61	Retrocalcaneal Bursitis
21	Facet Joint Pain	62	Rotator Cuff Calcific Tendinitis
22	Fat Pad Syndrome	63	Rotator Cuff Syndrome
23	Femoroacetabular Impingement (FAI)	64	Rotator Cuff Tear
24	Gluteal Tendinopathy	65	Sacroiliac Joint Pain
25	Greater Trochanteric Pain Syndrome	66	Sciatica
26	Groin Strain	67	Severs Disease
27	Hamstring Strain	68	Shin Splints
28	Heel Spur	69	Shoulder Impingement
29	High Ankle Sprain	70	Shoulder Tendonitis
30	Hip Arthritis (Osteoarthritis)	71	Sinding Larsen Johansson Syndrome
31	Hip Labral Tear	72	Spondylolisthesis
32	Hip Pointer	73	Sprained Ankle
33	ITB Syndrome	74	Stress Fracture
34	Knee Arthritis	75	Stress Fracture Feet
35	Knee Ligament Injuries	76	Tarsal Tunnel Syndrome
36	Lateral Collateral Ligament	77	Temporomandibular Joint Pain (TMJ)
37	Medial Collateral Ligament Sprain	78	Thigh Strain

No	Types of Trauma	No	Types of Trauma
38	Meniscus Tear	79	Thumb Sprain
39	Metatarsalgia	80	Tibialis Posterior Tendinopathy
40	Morton's Neuroma	81	Trochanteric Bursitis
41	Muscle Strain	82	Wry Neck

After this identification we found that the knee and ankle pain were the most pain which often arrive to everybody whether your player or not, but for the players the prevalence was very highest more than others because them their knee and ankle are usefully. The most common incidents that cause knee and ankle injury and pain include falls, sports injuries, or increased activity which demands the over usefully of the knee and ankle joint. Adults particularly those older more than 60 are most likely to experience knee and ankle pain. Basketball is the fourth leading cause of injury in both unorganized settings and organized community team sports. Injuries to basketball players are usually minor, mostly sprain and strains. The ankle and knee are the most common sites of injury, followed by the lower back, hand, and wrist

The common causes of injuries of the basketball players

Basketball Injury is caused by sudden changes in direction that put the ligaments and menisci of the knee at risk for injury. A traumatic blow to the knee can injure the medial collateral ligament (MCL) or the anterior cruciate ligament (ACL). Finger injuries can occur due to contact with the ball. The ankle and knee are the most common sites of injury, followed by the lower back, hand, and wrist. The nature of the game allows the several injuries because of the amount of jump movement solicited by the ankle, and knee, but also the bad condition of the playground, and the bad training are the main causes of the injuries (Sulowska, I., Oleksy, Ł., Mika, A., Bylina, D., & Sołtan, J., 2016).

Treatment

One of the most common remedies for minor knee pain is rest, ice, compression, and elevation, or RICE Try the following RICE methods:

Avoid the activity that causes you pain, Use crutches to keep weight off your knee, Ice the area three or four times per day for 20 minutes at a

time, Wrap your knee using an elastic compression bandage, place pillows underneath your knee to elevate it to the same level or higher than the level of your heart. You may also take non-steroidal anti-inflammatory drugs such as ibuprofen (Advil) to alleviate swelling. If symptoms persist after three days despite this treatment or if your pain worsens, talk to your doctor. Some treatment methods for more serious knee injuries include: Steroid injection. This injection is used to treat serine bursitis. Physical therapy. Therapy often involves stretching, exercises, and ultrasound therapy. Assistive device. Wearing a knee brace during athletic or everyday activities can help. Discover the best knee braces for people with OA. Surgery. Arthroscopic surgery of the knee is most commonly used after a meniscus tear. According to a 2008 study from the University of Minnesota's department of orthopaedic surgery, helpful exercises include:

- Straight leg lifts, leg presses, mini squats, stationary or recumbent biking, swimming, Walking or running on an elliptical machine, leg extensions, P.R.I.C.E.

Protect: The injured area should be protected with a splint, brace or crutches.

Rest: The player should rest the injured area.

Ice: Cool the area with a cool pack or ice bag to prevent swelling and pain, How do you prevent knee injuries in basketball?

(Balsdon, M. E. R., & Dombroski, C. E., 2018; Kim, T. H., Yoon, J. S., & Lee, J. H., 2013).

Injury Prevention Tips

1. Wear gym shoes that fit snugly, are non-skid and have high tops.
2. Use a mouth guard, ankle braces and safety glasses.
3. Warm up and stretch before each session.
4. Use proper technique and follow the rules.
5. Do not wear jewelry.
6. Play on a clean, dry, safe surface
7. In addition, you should always begin and end exercising of any kind with stretching all the muscles involved especially the quadriceps, hamstrings and others muscles before the playing.

Discussion

This study prospectively observed 18275 injuries located on the different region of the human body. Anterior knee pain (AKP) is one of

the most frequent reasons for adolescents and young adults to seek consultation for knee, and ankle conditions Sanchis-Alfonso, V., McConnell, J., Monllau, J. C., & Fulkerson, J. P. (2016). For this study the observation made showed 12030 or 87% of the patients were suffering from ankle because is the most solicit with the load of the body and training. The severity of the injury was significantly associated with the body region injured, with more serious injuries incurred to the lower limb than other body regions McKay, G. D., Goldie, P. A., Payne, W. R., Oakes, B. W., & Watson, L. F. (2001). However, the rate of knee injury observed in basketball players in our study was 718, or 5% of several injuries in this study, the lack of improving neuromuscular control of hamstrings muscles might have implications for increasing anterior cruciate ligament injuries Wilderman, D. R., Ross, S. E., & Padua, D. A. (2009). It could be speculated that the lower rate was due to factors such as training methods, quality of footwear, and ankle taping/bracing. Despite the decrease in incidence of ankle injuries, the rate and severity of injury documented here highlights the need to reduce the incidence further. Nevertheless the limb up also was attacked with the injuries from inadequate training, the lack of performance, a total of 1094 or 8% of the injuries surveyed was detected, Basketball is a contact sport with complex movements that include jumps, turns and changes in direction, which cause frequent musculoskeletal injuries in all regions of the body Andreoli, C. V., Chiaramonti, B. C., Buriel, E., Pochini, A. de C., Ejnisman, B., & Cohen, M. (2018). In fact this study is very important to help the basketball teachers, and the coach trainers to improve knowledge about all the game which demand the use of human joints.

CONCLUSION AND SUGGESTIONS

Conclusion

This study observed a large number of players in their natural environment using a prospective observer based cross sectional method of injury surveillance. However, a relatively amount number of ankle injuries, knee and other was documented. This study focused on acute ankle injuries, knee, shoulder, wrist, finger and other which appear during the games, training, during the different activities which solicit more

the joints of human body. The findings would be generalisable to similar players like volleyball players, rugby players, football players, handball players, marathon, sprinters, semi-marathon, flowers, final this research will help everyone whether his beginner or confirmed to improve the attention about the sport injuries and their treatment.

Suggestions

The following safety precautions are recommended to help prevent help basketball injury:

1. Warm up thoroughly prior to playing a game or training.
2. Ensure you have excellent core control, proprioception, speed, strength, endurance, agility and plyometric skills.
3. Wear supportive basketball shoes with skid-resistant soles.
4. Use good technique.
5. Clean of courts before play - check for slippery spots or debris.
6. Wear the right gear.
7. Strengthen muscles.
8. Increase flexibility.
9. Use the proper technique.
10. Take breaks.
11. Play safe.
12. Do not play through pain.

REFERENCE

- Taylor, J. B., Ford, K. R., Nguyen, A.-D., Terry, L. N., & Hegedus, E. J. (2015). Prevention of Lower Extremity Injuries in Basketball. *Sports Health: A Multidisciplinary Approach*, 7(5), 392–398. doi:10.1177/1941738115593441
- Andreoli, C. V., Chiaramonti, B. C., Buriel, E., Pochini, A. de C., Ejnisman, B., & Cohen, M. (2018). Epidemiology of sports injuries in basketball: integrative systematic review. *BMJ Open Sport & Exercise Medicine*, 4(1), e000468. doi:10.1136/bmjsem-2018-000468
- McKay, G. D., Goldie, P. A., Payne, W. R., Oakes, B. W., & Watson, L. F. (2001). A prospective study of injuries in basketball: A total profile and comparison by gender and standard of competition. *Journal of Science and Medicine in Sport*, 4(2), 196–211. doi:10.1016/s1440-2440(01)80030-x
- Sanchis-Alfonso, V., McConnell, J., Monllau, J. C., & Fulkerson, J. P. (2016). Diagnosis and treatment of anterior knee pain. *Journal of ISAKOS: Joint Disorders & Orthopaedic Sports Medicine*, 1(3), 161–173. doi:10.1136/jisakos-2015-000033
- De Oliveira Silva, A., Dutra, M., De Moraes, W. M., Funghetto, S., Lopes de Farias, D., Fernandes dos Santos, P. H., ... Prestes, J. (2018). Resistance training-induced gains in muscle strength, body composition, and functional capacity are attenuated in elderly women with sarcopenic obesity. *Clinical Interventions in Aging*, Volume 13, 411–417. doi:10.2147/cia.s156174
- Bahr, R., Lian, Ø., & Bahr, I. A. (2007). A twofold reduction in the incidence of acute ankle sprains in volleyball after the introduction of an injury prevention program: a prospective cohort study. *Scandinavian Journal of Medicine & Science in Sports*, 7(3), 172–177. doi:10.1111/j.1600-0838.1997.tb00135.x
- Van der Wees, P. J., Linsen, A. F., Hendriks, E. J. M., Stomp, D. J., Dekker, J., & de Bie, R. A. (2006). Effectiveness of exercise therapy and manual mobilisation in acute ankle sprain and functional instability: A systematic review. *Australian Journal of Physiotherapy*, 52(1), 27–37. doi:10.1016/s0004-9514(06)70059-9
- Wang, H.-K., Chen, C.-H., Shiang, T.-Y., Jan, M.-H., & Lin, K.-H. (2006). Risk-Factor Analysis of High School Basketball-Player Ankle Injuries: A Prospective Controlled Cohort Study Evaluating Postural Sway, Ankle Strength, and Flexibility. *Archives of Physical Medicine and Rehabilitation*, 87(6), 821–825. doi:10.1016/j.apmr.2006.02.024
- Witvrouw, E., Vanden Borre, K., Willems, T. M.,

- Huysmans, J., Broos, E., & De Clercq, D. (2006). The Significance of Peroneus Tertius Muscle in Ankle Injuries. *The American Journal of Sports Medicine*, 34(7), 1159–1163. doi:10.1177/0363546505286021
- Gerber, J. P., Williams, G. N., Scoville, C. R., Arciero, R. A., & Taylor, D. C. (1998). Persistent Disability Associated with Ankle Sprains: A Prospective Examination of an Athletic Population. *Foot & Ankle International*, 19(10), 653–660. doi:10.1177/107110079801901002
- Ogilvie-Harris, D. J., Gilbert, M. K., & Chorney, K. (1997). Chronic pain following ankle sprains in athletes: The role of arthroscopic surgery. *Arthroscopy: The Journal of Arthroscopic & Related Surgery*, 13(5), 564–574. doi:10.1016/s0749-8063(97)90181-x
- McKay, G. D. (2001). Ankle injuries in basketball: injury rate and risk factors. *British Journal of Sports Medicine*, 35(2), 103–108. doi:10.1136/bjism.35.2.103
- Wilderman, D. R., Ross, S. E., & Padua, D. A. (2009). Thigh Muscle Activity, Knee Motion, and Impact Force During Side-Step Pivoting in Agility-Trained Female Basketball Players. *Journal of Athletic Training*, 44(1), 14–25. doi:10.4085/1062-6050-44.1.14
- Fadale, P. D., & Hulstyn, M. J. (1997). COMMON ATHLETIC KNEE INJURIES. *Clinics in Sports Medicine*, 16(3), 479–499. doi:10.1016/s0278-5919(05)70036-3
- Lian, B., Engebretsen, L., & Bahr, R. (2005). Prevalence of Jumper's Knee among Elite Athletes from Different Sports: A Cross-sectional Study. *The American Journal of Sports Medicine*, 33(4), 561–567. doi:10.1177/0363546504270454
- Choi, J.-H., & Kim, N.-J. (2015). The effects of balance training and ankle training on the gait of elderly people who have fallen. *Journal of Physical Therapy Science*, 27(1), 139–142. doi:10.1589/jpts.27.139
- Kim, T. H., Yoon, J. S., & Lee, J. H. (2013). The Effect of Ankle Joint Muscle Strengthening Training and Static Muscle Stretching Training on Stroke Patients' C.O.P Sway Amplitude. *Journal of Physical Therapy Science*, 25(12), 1613–1616. doi:10.1589/jpts.25.1613
- Sulowska, I., Oleksy, Ł., Mika, A., Bylina, D., & Sołtan, J. (2016). The Influence of Plantar Short Foot Muscle Exercises on Foot Posture and Fundamental Movement Patterns in Long-Distance Runners, a Non-Randomized, Non-Blinded Clinical Trial. *PLOS ONE*, 11(6), e0157917. doi:10.1371/journal.pone.0157917
- Balsdon, M. E. R., & Dombroski, C. E. (2018). Reliability of a multi-segment foot model in a neutral cushioning shoe during treadmill walking. *Journal of Foot and Ankle Research*, 11(1). doi:10.1186/s13047-018-0301-2
- Sadler, S., Spink, M., Cassidy, S., & Chuter, V. (2018). Prefabricated foot orthoses compared to a placebo intervention for the treatment of chronic nonspecific low back pain: a study protocol for a randomised controlled trial. *Journal of Foot and Ankle Research*, 11(1). doi:10.1186/s13047-018-0299-5
- Bavdek, R., Zdolšek, A., Strojnik, V., & Dolenc, A. (2018). Peroneal muscle activity during different types of walking. *Journal of Foot and Ankle Research*, 11(1). doi:10.1186/s13047-018-0291-0
- Hendry, G. J., Fenocchi, L., Woodburn, J., & Steultjens, M. (2018). Foot pain and foot health in an educated population of adults: results from the Glasgow Caledonian University Alumni Foot Health Survey. *Journal of Foot and Ankle Research*, 11(1). doi:10.1186/s13047-018-0290-1
- Chanavirut, R., Udompanich, N., Udom, P.,

- Yonglitthipagon, P., Donpunha, W., Nakmareong, S., & Yamauchi, J. (2017). The effects of strengthening exercises for wrist flexors and extensors on muscle strength and counter-stroke performance in amateur table tennis players. *Journal of Bodywork and Movement Therapies*, 21(4), 1033–1036. doi:10.1016/j.jbmt.2017.02.002
- Int j physiother 2015; 2(3)page | 4871ujwal bhattacharya2r. Sreekar kumar. Activation of vastus medialis obliques at different knee angles in closed kinetic chain and open kinetic chain position in subjects with patello femoral pain syndrome. Doi: 10.15621/ijphy/2015/v2i3/67020
- M.Harshitha1K. Senthil kumar2K.Madhavi3 ,(2014) effects of kinesiotaping along with quadriceps strengthening exercises on pain, joint range of motion and functional activities of knee in subjects with patellofemoral osteoarthritis. *international journal of physiotherapy*. DOI : 10.15621/ijphy/2014/v1i3/53467
- Oberoi Mugdha, Jani Kotecha Dhara, Yardi Sujata.(2015) .Assessment And Comparision Of Cervical Joint Position Sense In Subjects With Chronic Neck Pain Vs Normals. *International Journal of Physiotherapy*. DOI : 10.15621/ijphy/2015/v2i3/67018
- A. Suresh Babu Reddy, N. Sai Kumar, Einstein Jerome.(2015).Effects of Core Stabilization Program and Conventional Exercises in the Management of Patients with Chronic Mecffanical Low Back Pain.*International Journal of Physiotherapy*. DOI: 10.15621/ijphy/2015/v2i2/65256
- Chintan patel, N. Sai kumar, K. Vinod Babu, D. Asha.(2015).Effect of Hip Mobilization with Exercises for Subjects with Chronic Non Specific Low Back Pain Associated with Hip Impairment. *International Journal of Physiotherapy*.DOI: 10.15621/ijphy/2015/v2i1/60052
- Hultman, K., Fältström, A., & Öberg, U. (2010). The effect of early physiotherapy after an acute ankle sprain. *Advances in Physiotherapy*, 12(2), 65–73. doi:10.3109/14038190903174262
- Triki, M., Koubaa, A., Masmoudi, L., Fellmann, N., & Tabka, Z. (2015). Prevalence and risk factors of low back pain among undergraduate students of a sports and physical education institute in Tunisia. *Libyan Journal of Medicine*, 10(1), 26802. doi:10.3402/ljm.v10.26802
- Janssen, K. W., van der Zwaard, B. C., Finch, C. F., van Mechelen, W., & Verhagen, E. A. L. M. (2016). Interventions preventing ankle sprains; previous injury and high-risk sport participation as predictors of compliance. *Journal of Science and Medicine in Sport*, 19(6), 465–469. doi:10.1016/j.jsams.2015.06.005
- Yentes, J. M., Kurz, M. J., & Stergiou, N. (2014). Lower extremity injury in female basketball players is related to a large difference in peak eversion torque between barefoot and shod conditions. *Journal of Sport and Health Science*, 3(3), 227–232. doi:10.1016/j.jshs.2012.11.00