# Musculoskeletal Disorders among Greek National Gymnastics team

Tsekoura M., Billis E., Tsiringaki A., Dimopoulou T., Fousekis K., Tsepis E.

*Abstract*— Background. Gymnastics, being one of the oldest Olympic sports, is technically difficult and physically highly demanding, requiring long hours of practice in explosive and complex movements. Gymnastics injuries are frequent particularly among advanced level female gymnasts. Today's gymnastic stunts require a high degree of skill in acrobatics, whole body strength and static as well as dynamic balance. The best way to identify possible risk factors and to suggest injury preventive measures is to determine injury rates. Physicians who treat gymnasts must be aware of the most common problems.

Objectives: The aim of the present study was to investigate the prevalence of injury rates among professional elite gymnastic athletes in the Greek National team.

Methods. A sample of 33 Greek elite competitive gymnasts were administered a questionnaire to collect personal and training data as well as information concerning the number, location, and type of musculoskeletal disorders sustained in the previous 12 months. All athletes were gymnastics in the Greek National team. Ethical approval was provided by the ethics committee of the School of Health and Welfare-Technological Educational Institute of Western Greece.

Results. A total of 33 gymnasts (men: 16; women:17) with a median age 20.45 (range 11-40 years) years participated in the present cross-sectional study. 62% of elite reported at least one musculoskeletal injury during the last year. In total, 108 injuries were registered. The most common anatomic areas involved, were the ankles (60.2 %) followed by the shoulders (54.5%) and the wrists (54.5%). There were differences between genders regarding the main areas of pain and discomfort, with the ankles being more prevalent in women compared with men (11 cases vs 9 cases; p = 0.97), while men tended to complain mostly about pain in shoulders (15 vs 3 cases; p=0.8) and wrists (12 vs 6 cases; p=0.17).

Conclusions. Gymnasts are high-performance athletes with high prevalence of injuries and disorders. Further research should investigate in depth the profile of musculoskeletal disorders in Greek elite gymnastics athletes and the effectiveness of focused prevention programmes.

**Tsekoura Maria,** Technological Institute of Western Greece, School of Health and Welfare, Department of Physical Therapy, Aigio, Greece

**Billis Evdokia,** Technological Institute of Western Greece, School of Health and Welfare, Department of Physical Therapy, Aigio, Greece

**Tsiringaki Artemis,** Technological Institute of Western Greece, School of Health and Welfare, Department of Physical Therapy, Aigio, Greece

**Dimopoulou Theoni,** Technological Institute of Western Greece, School of Health and Welfare, Department of Physical Therapy, Aigio, Greece

**Fousekis Konstantinos,** Technological Institute of Western Greece, School of Health and Welfare, Department of Physical Therapy, Aigio, Greece

**Tsepis Elias,** Technological Institute of Western Greece, School of Health and Welfare, Department of Physical Therapy, Aigio, Greece

*Index Terms*— athletes, gymnastics, musculoskeletal disorders, injuries.

### I. INTRODUCTION

Highlight Sports injuries are a side effect of sporting activity [1]. The origins of gymnastics go back to ancient Greek and Egypt, where it was used as a means of discipline and physical conditioning for young men being trained for warfare. Today, it is both a recreational and organized sporting activity. There are six major disciplines: men's artistic gymnastics, women's artistic gymnastics, rhythmic sportive gymnastics, sport aerobics, trampoline sports, and general gymnastics [2]. In the past years gymnastics has become very popular. The increased participation exposes a greater number of athletes to potential injury. In addition to the difficulty of the sport, the increased amount of practice starting at a very early age is a decisive factor for the increased risk of injury [3].

Gymnastic injuries vary among overuse injuries, overstrain or traumatic [2]. Most competitive gymnasts, and especially those who progress to elite levels, usually incur at least one injury through their sports careers [2]. The risk of gymnastic injuries seems to be proportional to the level of the athletes; the higher the level of gymnastics, the more hours are spent in practice, with a greater exposure time [3].

Prospective and retrospective studies in gymnastics injuries (especially for women artistic gymnastics) have have reported injury rates ranging from 0.5 to 5.3 injuries per 1000 hours of exposure (training and competition) [4,5,6]. The anatomic regions particularly affected by injury vary by sex, most likely both due to anatomic and hormonal differences and the diverse events in which male and female gymnasts train and compete. [7,8,9]. As far as Greece is concerned, there is no scientific epidemiological evaluation of injuries in elite gymnasts. The pre-national team was observed for a year on a weekly basis by Kirialanis at al. [10]. The most common anatomical location of injury was the ankle (110 cases, 46%), followed by the knee (63 cases, 26.2%).

The aim of the present study was to investigate the prevalence of injury rates among professional elite general gymnastic athletes in the Greek National team. Secondary, possible differences between genders were investigated. The importance of such information could assist in targeting prevention strategies and hopefully reducing the risk of injury.



## II. METHODS

In this cross-sectional study a questionnaire survey was carried out among the national team of gymnastic athletes in Greece. Responders were eligible for inclusion if they were gymnasts competing for the Greek national team. The study population comprised both male and female athletes.

A total of 50 questionnaires were distributed in the Greek general gymnastic national team. A total of 33 questionnaires were returned (response rate 66%) and were used for data analyses.

The questionnaire was a modified Greek-language version of the Standardized Nordic Questionnaire and had three sets of questions. The first set was about demographics (age, gender, weight, height) and information about their training routine (hours per week, years of training). The second set of questions comprised the Greek validated version of Nordic Medical Questionnaire [11]. The third set of questions was based on personal opinions of the participants about the mechanism of injury (e.g. in landing), the days of absence in training and/or due to musculoskeletal disorders and injuries.

One of the authors delivered questionnaires to training room and was present during the data collection. All the participants were informed about the procedure prior to the completion of the questionnaires and consented to their inclusion in the study. Ethical approval was obtained by the ethics committee of the School of Health and Welfare, Technological Educational Institute of Western Greece. The students' t-test for independent samples was used for inter-gender comparisons with SPSS (version 20).

## **Participants characteristics**

The athletes in the Greek national gymnastics team had a median age 20.45 years. The proportion of female athletes was 51.5% (n=17) while men were 48.5% (n=48.5) (Table 1).

Table 1. Characteristics of Greek gymnastic athletes in National team

		Frequency (N)	Percentage (%)
Sex	Men	16	48.5%
	Women	17	51.5%
Age	11-20	20	60.8%
(years)	21-30	11	33.4%
	31-40	2	6.0%

# The prevalence of musculoskeletal injury

Sixty-two percent (62%) of elite athletes reported at least one musculoskeletal injury during the last year. In total, 108 injuries were registered. Prevalence rates of musculoskeletal disorders were higher in the ankles (60.2%%), wrists (54.5%) and shoulders (54.5%) (Table 2). There were differences

between genders regarding the main areas of pain and discomfort, with the foot/ankle area being more prevalent in women compared with men (64.7% vs 56.2 %; p = 0.97), while men tended to complain mostly about pain in the wrist area (75%).

Table 2	2.	Annual	Preva	lence	rates	of	mus	scul	loskele	tal
disorder	ſS	among	Greek	gymn	astic	athl	etes	in	Natio	nal
team										

	Women	Men	Total	
Body				Р
region	N=17	N=16	N=33	value
	(51.5%)	(48.5%)	(100%)	
Nack	5	5	10	0.02
INCCK	(29.4%)	(31.2%)	(30.3%)	0.92
Shouldor/s	3	15	18	0.80
Shouldel/s	(17.6%)	(93.8%)	(54.5%)	0.80
Flbow	3	4 (25%)	7 (21.2%)	0.07
LIDOW	(17.6%)	4 (23%)	7 (21.270)	0.07
Wrigt/hands	6	12	18	0.17
wrist/nanus	(35.3%)	(75.0%)	(54.5%)	0.17
Thoracic	2	6	8	0.22
area	(11.8)%)	(37.5%)	(24.20%)	0.52
Low back	6	6	12	0.17
area	(35.3%)	(37.5%)	(36.4%)	0.17
Hin/s	4	3	7 (21 2%)	0.38
mp/s	(23.5%)	(18.85%)	7 (21.270)	0.38
Knoo/a	7	8 (50%)	15	0.97
KIICC/S	(41.2%)	0 (30%)	(45.5%)	0.07
Foot/ankla	11	9	20(60,6%)	0.07
FOOL/allkie	(64.7%)	(56.2%)	20(00.0%)	0.97

Table 3. 7days prevalence rates of musculoskeletaldisorders among Greek gymnastic athletes in Nationalteam

	Women	Men	Total	
Body region	N=17 (51.5%)	N=16 (48.5%)	N=33 (100%)	P value
Neck	5 (50%)	2 (14.3%)	7 (29.2%)	0.05
Shoulder/s	1 (10%)	9(64.3%)	10 (45.7.5%)	0.08
Elbow	2 (20%)	4 (28.6%)	6 (25%)	0.63
Wrist/hands	0 (0%)	10 (71.4%)	2 (8.3%)	0.00
Thoracic area	0 (0%)	2 (14.3%)	6 (25%)	0.21
Low back area	3 (30%)	3' (21.4%)	2 (8.3%)	0.63
Hip/s	1 (10%)	1 (7.1%)	6 (25%)	0.8
Knee/s	1 (10%)	5 (35.7%)	2 (8.3%)	0.15
Foot/ankle	3 (30%)	5 (35.7%)	6 (25%)	0.77



Table 4.	Туре о	of muscul	oskeletal	injuries	among	Greek

Type of injury	Total N=33 (100%)		
Bone injuries	2 8.3%		
Muscle injuries	8 33.3%		
Tendon	5 20.8%		
Articulation	3 4.2%		
Ligament /strain	6 25%		

national gymnastic team

The highest weekly prevalence rate of musculoskeletal disorders in Greek elite athletes was the shoulder area (45.7%) followed by the neck (29.2%) (Table 3). Statistically difference regarding disorders between men and women was found in the wrist region (p=0,001).

The majority of the athletes (79.2%) had an injury during training hours while 16.7% had an injury during an official game. 37.5% of the total participants had an injury during floor exercises and 20.8% during exercises in different equipment (parallel bars, uneven bars, balance beam etc).

Injuries led to time-loss from sport for 31 Greek athletes. The number of work days missed ranged from 2 to180. The majority of injuries were in muscles (33.3%), followed by the ligaments (25%) and tendons (20.8%) (Table 4). The majority of the gymnastic athletes (30.3%) did not receive any form of therapy while 29.2 receive physiotherapy for their injury/disorder.

# III. DICUSSION

The aim of the present study was to investigate the prevalence of musculoskeletal injuries and/or disorders among elite gymnastics athletes competing for the Greek national team.

At the highest competitive level, the high volume, intensity, frequency and duration of training (6 days/week, 4-6 hours/day) leads athletes to exhaustion and injuries [12]. In the present study injuries to the ankle joint (60.2 %) were the most frequent followed by the shoulder (54.5%) and wrist (54.5%). The findings were in agreement with those reported from other countries [8,13,14,15] although direct comparisons are difficult because of methodological variations.

The lower extremity is a site of tremendous physical loading in gymnastics. This involves the repetitive jarring impact of vault take offs and landing from a variety of heights and during tumbling activities. The wrist is a frequently injured site. Unlike most other sports, in gymnastics, the upper extremities are used as weight-bearing limbs causing high impact loads to be distributed through the elbow and wrist [8,9]. Participation in gymnastics and other upper extremity weight-bearing sports frequently requires athletes to bear significant loads through their wrists. This requirement makes wrist pain and injury of significant concern to



competitive gymnasts [16]. In a study conducted in prenational gymnastics athletes in Greece, the most common anatomical location of injury was the ankle (110 cases, 46%), followed by the knee (63 cases, 26.2%) [10].

There were differences between genders regarding the main areas of pain and discomfort, with the ankle (64.7%) being more prevalent in women compared with men (p = 0.61), while men complain mostly about pain in wrists (75%; p=0.001). In this study, men suffered more injuries to the hand and wrist when compared with women. This may be, in part, representative of the different events male and female gymnasts participate in Specifically, the high bar is associated with significant hand and wrist injuries in male gymnasts [7,15]. During gymnastic activities, the wrist is exposed to many different types of stresses, including repetitive motion, high impact loading, axial compression, torsional forces, and distraction in varying degrees of ulnar or radial deviation and hyperextension [17]. Almost all investigators studying women's gymnastics reported that most injuries were incurred in the ankle and foot [8,18]. The balance beam, which is an exclusive discipline for female gymnasts, , may subjects those athletes to higher rates of lower extremity injury [15,19].

Gymnasts constantly land from great heights while twisting and rotating, leading to the high rates of both initial and recurrent ankle injuries. Floor exercises was associated with the greatest number of injuries [20]. In the present study 37.5% of the total participants had an injury after landing on the ground. The most prevalent types of injury were muscle injuries and sprains (33.3%), which is in agreement with other studies [8,10,18].

It is not surprising that more injuries occur during competition. This finding may also be explained by the fact that gymnasts are better protected in training practice than in competition because of landing in foam pits, spotting, and softer mats [8].

The primary limitation of the present study was the low number of the participants. However, this is exclusively a sample of elite international gymnasts, which inherently keeps numbers low. Previously reported injury rates, in studies with bigger samples, demonstrate high variability due to variable level of the athletes. The current study is descriptive and it does not investigate the mechanism of those injuries.

# **IV. CONCLUSIONS**

Gymnastics are high-performance athletes with high prevalence of injuries and disorders. The present study found that the most frequently reported area for injuries was the foot/ankle (60.6%).

This, to our knowledge, is the first study exploring the prevalence rates among Greek gymnastic athletes competing in the national team. The current results indicate the need for preventive programs especially focused on training, in order to limit the high prevalence of musculoskeletal disorders in Greek gymnastic athletes and prevent them from becoming chronic or more severe. Further research should investigate in depth the profile, the risk factors and the mechanisms of musculoskeletal disorders in elite gymnastics athletes, guiding the planning of focused prevention programmes.

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#### REFERENCES

- S. Schneider, B. Seither, S. Tönges, and H. Schmitt. Sports injuries: population based representative data on incidence, diagnosis, sequelae, and high risk groups. Br J Sports Med. Vol 40, 2006 pp. 334–339.
- [2] R,M. Daly, S,L. Bass, C,F. Finch. Balancing the risk of injury to gymnasts: how effective are the counter measures? British Journal of Sports Medicine vol 35, 2001, pp. 8-20.
- [3] R. Meeusen, J. Borms. Gymnastic injuries. Sports Med, vol 13, 1992, pp.337-56.
- [4] McAuley, E., Hudash, G., Shields, K., Albright, J., Garrick, J., Requa, R., & R.K. Wallace, R. "Injuries in women's gymnastics. The state of the art", Am J Sports Med, vol. 16, 1998, pp. 124-131.
- [5] Garrick, J., & Requa, R. "Epidemiology of women's gymnastics injuries, Am J Sports Med. vol. 8, 1980, pp. 261-264.
- [6] H. Freddie, A. David, M. Stone. "Sports injuries: Mechanisms, prevention, treatment" Gymnastics, 2nd edition, 1994, Chapter 26, Lippincott, Williams & Wilkins.
- [7] E.M. Bezek, A.E. Vanheest, D.T. Hutchinson .Grip lock injury in male gymnasts.Sports Health. vol 1, 2009, pp. 518-21.
- [8] D.J. Caine and L. Nassar. Gymnastics injuries. In Epidemiology of Pediatric Sports Injuries. vol. 48, 2005, pp. 18-58). Karger Publishers
- [9] D. Caine, B. Cochrane, C. Caine, E. Zemper. An epidemiologic investigation of injuries affecting young competitive female gymnasts. Am J Sports Med. vol 17,1989, pp.811–820.
- [10] P. Kirialanis, P. Malliou, A. Beneka, V. Gourgoulis, A. Giofstidou, G. Godolias . Injuries in artistic gymnastic elite adolescent male and female athletes. J Back Musculoskelet Rehabil. vol 16,2002, pp. 145-51.
- [11] M. Antonopoulou M, C. Ekdahl, M. Sgantzos, N. Antonakis, C. Lionis, —Translation and validation into Greek of the standardised Nordic questionnaire for the musculoskeletal symptomsl, Eur J of Gen Practice. vol 10, 2004, pp.35-36M.
- [12] G. Dallas, E. Zacharogiannis, G. Paradisis. Physiological profile of elite Greek gymnast Journal of Physical Education and Sport ® (JPES). vol 13,2013, pp.27 – 32
- [13] P. Edouard , K. Steffen K, A. Junge , M.Leglise , T.Soligard , L. Engebretsen. Gymnastics injury incidence during the 2008, 2012 and 2016 Olympic Games: analysis of prospectively collected surveillance data from 963 registered gymnasts during Olympic Games. Br J Sports Med. vol 52, 2018, pp.475-481.
- [14] J, W. O'Kane , M, R. Levy, K,E. Pietila, D,J. Caine, M,A. Schiff . Survey of injuries in Seattle area levels 4 to 10 female club gymnasts. Clin J Sport Med. vol 21, 2011, pp.486-92.
- [15] R, W. Westermann, M. Giblin, A. Vaske, K. Grosso, B, R. Wolf. Evaluation of Men's and Women's Gymnastics Injuries: A 10-Year Observational Study. Sports Health. vol, 7, 2015, pp.:161-5.
- [16] A. Chawla, E, R. Wiesler . Nonspecific wrist pain in gymnasts and cheerleaders. Clin Sports Med. vol, 34, 2015 pp.143-9.
- [17] B, G. Webb, L,A. Rettig. Gymnastic wrist injuries. Curr Sports Med Rep. vol, 7, 2008, pp. 289-9.
- [18] G, S. Kolt, R,J. Kirkby. Epidemiology of injury in elite and subelite female gymnasts: a comparison of retrospective and prospective findings. Br J Sports Med. vol, 33,1999, pp. 312-8.
- [19] J, G. Garrick, R,K. Requa. Epidemiology of women's gymnastics injuries.Am J Sports Med. vol, 8, 1980, pp. 261-4.
- [20] S, W. Marshall , T. Covassin R. Dick, L. G, Nassar, J. Agel. Descriptive Epidemiology of Collegiate Women's Gymnastics Injuries: National Collegiate Athletic Association Injury Surveillance System,

1988–1989 Through 2003–2004. J Athl Train. vol 42, 2007, pp. 234–240.

First Author



**Mrs Maria Tsekoura** is clinical and researcher physiotherapist. She is lecturer in the Department of Physical Therapy at the Technological Educational Institute (TEI) of Western Greece. She has completed her master degree in Medical School in University of Athens. She is a PhD(Cand) in University of Patras, Orthopaedic department, Medical School. She has a postgraduate certificate in special education from

university of Athens and Paediatric department. She has participated in postgraduate courses in UK (London) and France (Paris). Her research experience is in the area of physiotherapy in elderly (especially in older adults with osteoporosis, sarcopenia and/or balance problems), in exercise therapy of visually impaired as well as in women health. She has publications in databases, such as Medline, Scopus etc and various presentations in European, Balkan and World conferences. She serves as a member of various scientific and professional bodies, such as the Panhellenic Physical Therapy Association, Hellenic society of Osteoporosis and the International Council for Education of People with Visual Impairment (ICEVI).

#### Second Author



**Dr. Evdokia Billis** is an Assistant Professor in the Department of Physical Therapy at the Technological Educational Institute (TEI) of Western Greece. She has studied Physiotherapy in Pinderfields College of Physiotherapy, affiliated with University of Leeds (1992-1995). She has completed an MSc in Manipulative Therapy in Coventry University (1997-1998), where she was

accredited the manual therapist title. In 2009 she completed a PhD from University of Manchester (2003-2009), on the sub-classification of non-specific low back pain. Her research experience is in the area of musculoskeletal physiotherapy (especially spine & pelvic regions), in obstetric and gyneacological physiotherapy as well as in the cross-cultural adaptation and development of valid and reliable outcome measures in Greece. She has published series of research papers (mainly in the aforementioned fields) in scientific journals (over 25 full publications and 22 short reports in journals published in large databases, such as Medline, Cinahl etc.). She serves as a member of various scientific and professional bodies, such as the Panhellenic Physical Therapy Association member of the World Confederation of Physical Therapy), Chartered Society of Physioterapy (CSP), Musculoskeletal Association of Chartered Physiotherapists (MACP) of UK, Greek Scientific Society of Physiotherapy, Health and Care Professions Council (HCPC) of UK.

#### Last Author



**Dr Elias Tsepis** is an Associate Professor in the Department of Physical Therapy at the Technological Educational Institute (TEI) of Western Greece. He owns a BSc in Physical Education & Sports (University of Athens), he is a certified Physical Therapist (TEI of Athens), he has completed an MSc in Sports Medicine (University of Nottingham) and he has a PhD in Sports Physical Therapy (University of Athens). His research interests are in the area of

biomechanical and functional assessment of musculoskeletal injuries and diseases, sports injury prevention and physical therapy and also in the investigation of PT interventions and therapeutic exercise for musculoskeletal rehabilitation. He has published about 40 full papers in international journals with about 1000 citations and he has numerous international and Greek presentations. He founded and directs the Human

Assessment and Rehabilitation Lab in his department.

