International Journal of Physical Education and Sports Sciences

Vol. VII, Issue No. XIV, January-2015, ISSN 2231-3745

ANALYSIS ON HOCKEY PLAYERS: A STUDY WITH REFERENCE TO PERSONALITY AND INJURY RISK

AN INTERNATIONALLY INDEXED PEER REVIEWED & REFEREED JOURNAL

www.ignited.in

International Journal of Physical Education and Sports Sciences
Vol. VII, Issue No. XIV, January-2015, ISSN 2231-3745

Analysis on Hockey Players: A Study With Reference to Personality and Injury Risk

Jitendra Sharma*

Executive Administrator/Sports and Education in Madreqat FZ, L.L.C. in RAK Investment Authority, Dubai U.A.E.

Abstract – Hockey is an antiquated game thought to be the precursor of all 'stick and ball' games. The current round of hockey is played in 132 nations around the globe and is second just in prevalence to soccer as a group activity. Epidemiological reviews have reliably demonstrated that injury in hockey are various and can be not kidding. Most genuine injury comes about because of being struck by the stick or the ball. Abuse injury to the lower legs and lower back are likewise oftentimes detailed. Players matured in the vicinity of 10 and 19 years represent half of all Victorian healing facility crisis division introductions for hockey wounds. Most injury introducing to healing centers are to the upper appendage (for the most part injury to the hand and lower arm), confront (for the most part struck by stick or ball) and lower appendage (generally lower leg, foot and knee wounds). Injury to the eyes are rare, albeit have a tendency to be serious. The point of this report is to basically audit both formal research writing and casual wellsprings of data with regards to the accessible epidemiological information, which depict preventive procedures and countermeasures to hockey injury. Countermeasures for averting hockey injury with some confirmation to bolster viability include: upholding rules went for forestalling perilous utilization of the hockey stick and thoughtless play of the ball; adjusting rules for youngsters; utilization of defensive gear, (for example, shin protectors, eye wear and mouth guards); master preparing of mentors and authorities; satisfactory sustenance; pre-season molding; pregame extend and warm-up; provoke access to proficient emergency treatment and therapeutic care; and full recovery before coming back to play. Potential countermeasures requiring further examination include: hazard administration arranges; prophylactic taping and supporting of lower legs; changing the stick configuration to make it more secure; the utilization of defensive gloves; stretching out pre-season screening to incorporate non-tip top players; and enhancing injury information accumulation, particularly for non-first class levels of play. An orderly program of epidemiological and biomechanical research is required to explore these and other hazard and preventive components.

Keywords: Field Hockey, Injury Prevention, Safety, Countermeasures, Evaluation.

----------♦----------

1. INTRODUCTION:-

Hockey is an open air diversion played by two contradicting groups of 11 players who utilize sticks bended at the striking end to hit a little, hard ball into their rival's objective. It is some of the time called field hockey to recognize it from the comparable diversion played on ice. The soonest substantial record of hockey is an attracting done 2050 BCE on a tomb at BeniHasan in the Nile Valley in Egypt. One of the six drawings of athletic exercises delineated two figures holding stays with bended finishes. Between the sticks is a round question, potentially a loop or a ball. On the premise of this proof, students of history name hockey as the trailblazer of all stick and ball games. There is likewise prove that the Greeks, Arabs, Persians and Romans each had their own particular adaptations of hockey. Confirmation of a stick diversion played by the Aztec Indians of South America has additionally been found. The name "hockie" was initially recorded in Ireland in 1527 and most likely originates from the French word "hoquet" signifying "shepherds evildoer". Rules have contrasted and playing surfaces have changed, yet the idea of a two-group stick-and-ball game has continued as before. The present day round of hockey advanced in England in the mid-eighteenth century, fundamentally in schools. The soonest clubs played on vast bits of open ground with roughly composed sticks. A London club presented a few noteworthy varieties, including the restriction on utilizing hands or lifting sticks over the shoulder, the substitution of an elastic 3D square by a circular ball and the appropriation of a striking circle. These progressions were joined into the principles of the recently established Hockey Association in London in 1886. Hockey was one of only a handful couple of early games that urged ladies to participate in strenuous movement and to contend energetically in a group athletic circumstance. The ladies' amusement grown rapidly in numerous nations. In

1927, the International Federation of Women's Hockey Associations (IFWHA) was framed. The establishing individuals were Australia, Denmark, England, Ireland, Scotland, South Africa, the United States and Wales. In spite of the fact that hockey was a prominent game in Europe and the Middle East for a considerable length of time, it didn't show up in the Olympic Games until 1908. Britain 'controlled the field' in these early Olympic years, yet India assumed control finish mastery of the game from 1928 to 1960. As of late, Australia has developed as one of the world pioneers in the game.

2. REVIEW OF LITRATURE:

Contenders who persevered through more injuries point by point a slant for engaging circumstances and exhaustion with non-strengthening conditions. This finding is unfaltering with work focus shaky and character pointers of general mischief in both children 8-11, 23 (Hanson *et. al.,* 1992) and adults, 12-15 yet it is clashing with existing work on personality markers and athletic injury.16-19 The finding is theoretically sensible: sensation searching for athletes] may most likely put it all on the line and place themselves in potentially perilous conditions more consistently than contenders who are not slanted to sensation (Wennberg, Tator, 2003) searching for. Earnestness of injury was not associated with sensation-pursuing but instead a positive relationship developed between fair-minded perceptual affectability air trademark and mischief reality. This finding also is speculatively sensible. The property of fair-minded perceptual affectability fuses affectability to honest changes or differences in the earth. Contenders who score high in unstable unbiased perceptual affectability may experience the subjective assessments of misery more immediately and thusly may most likely observe and report the mischief as genuine.

Contenders are hurt for a broad assortment of factors. A couple of threats are common – hockey players who disregard to wear cautious rigging, for example, are at fantastically extended peril for injury (Schick, Meeuwisse, 2003) 24 Other perils relate to individual differentiations: alcohol use,5 rest illustrations, 6 and sexual introduction contrasts 7 all appear to envision athletic damage risk (Peterson *et. al.,* 2001). Comes to fruition due to this survey propose individuals' character and mien, and sensation-pursuing particularly, moreover interfaces with peril among for athletic injury (Satterthwaite *et. al.,* 1999).

3. BODY SITES INJURED:

Hockey players are presented to different injuryamid running, turning, curving and extending, with powerlessness at many body locales. At each site, injurycan incorporate gashes, haematomas, various other delicate tissue wounds, breaks and separations (Schwebel, Plumert, 1999).

It is accounted for that the larger part of injuryannounced for tip top players are to the lower appendage and to the back (Freke and Dalgleish, 1994b, Jamison and Lee, 1989, Freke and Dalgleish, 1994c). This is not predictable with the example of injury, the injuryto the face and upper appendage are all the more generally announced. It gives the idea that the doctor's facility information is weighted to the more serious and conceivably intense end of the injury scale. Therefore, minor wounds, strains and constant injurymight be under-announced. Likewise, a few of the injuryat the tip top level of play are dealt with by the group doctors and physiotherapists (Vollrath *et. al.,* 2003). At last, it is conceivable that the injurysupported at a recreational level of play are diverse to those managed by world class players. For instance, it gives the idea that abuse sort injury(particularly to the lower appendage) are a sympathy toward the world class player, while they may not figure as conspicuously at a recreational level where presentation is not as extraordinary (Cherpitel C. (1993).

4. BRING DOWN APPENDAGE INJURY

Visit bring down appendage injury locales incorporate the lower leg, shin, knee and thigh. Jamison and Lee (1989) report that injuryto the lower appendage are the most usually announced injury among tip top female hockey players playing on grass and manufactured surfaces (Cherpitel C. (1999). It has been recommended that ladies might be inclined to a more noteworthy occurrence of lower appendage joint injurythan men in light of anatomical contrasts (Egger, 1990). At the point when contrasted with men, ladies have a more prominent edge at the knee, a higher rate of lower leg pronation, and more prominent joint versatility (for audit, see (Beck and Wildermuth, 1985) (Mawson *et. al.,* 1988).

The connection between anatomical contrasts and the examples of injury in male and female hockey players requires assist examination (O'Jile *et. al.,* 2004).

Bring down appendage injurycan come about because of extraneous powers (for instance, being hit in the leg by a stick or ball), characteristic strengths (for instance lower leg sprain), and abuse (for instance 'shin supports' or exertional shin pain) (Smith *et. al.,* 1992). Another calculate the etiology of lower appendage injurymight be the playing surface. The normal grass surface retains 10% more vitality on effect than the manufactured turf, adding to a more prominent padding impact and less strain to the lower appendages (Reilly and Borrie, 1992). Playing on harder manufactured surfaces is generally accepted to expand the rate of lower appendage wounds, however this is not upheld by the discoveries from the Jamison and Lee (1989) think about, the just a single to analyze injuryon engineered and grass surfaces.

5. LOWER LEG AND FOOT INJURY

The lower leg is an especially defenseless piece of the human life structures and it has been evaluated that lower leg injuryrepresent up to 19% of all brandishing injury(Giltrow, 1988). It has additionally been accounted for that there is a high repeat rate (or inability to achieve full recuperation of capacity) in up to 64% of all lower leg sprain injury(Peters et al., 1991).

A few reviews report a commonness of lower leg and foot injuryin hockey, extending from 4% to 27% (Lindgren and Maguire, 1985, Rose, 1981, Freke and Dalgleish, 1994a). Rate (1988) reports that the most widely recognized lower leg damage in hockey is to the front segment of the horizontal tendon, for the most part happening when the foot is constrained into inversion (Schwebel *et. al.,* 2007). Victorian doctor's facility ED introductions for hockey damage incorporate 4.5% injuryto the lower leg and 3.1% injuryto the foot. Once more, minor lower leg injury and perpetual lower leg injury might be under-detailed in the information.

A four year think about by Rose (1981) uncovered that lower leg injury represented 27% of all injuryin one group of American female varsity hockey players and foot injury represented another 14% of detailed wounds. Freke and Dalgleish (1994b) found that the lower leg was the most generally injured body site, representing 23% of all injury announced amid one period of play by the Australian national ladies' group. These discoveries demonstrate that lower leg injuryin world class female hockey players are normal.

It gives the idea that lower leg injuryare likewise basic in male players. Lindgren and Maguire (1985) announced no critical contrast in the quantity of lower leg injuryin first class female players (16.7%) contrasted with their male partners (14.3%). The quantity of subjects in this review was little (n=28). Roberts et al. (1995) examined 50 Australian novice hockey players (23 male, 27 female) and detailed that 23% of injuryto male players and 18% of injuryto female players were to the lower leg and foot area. The distinction was not critical and the creators inferred that the quantity of lower leg and foot injuryin male and female beginner hockey players is equivalent (Bouter *et. al.,* 1988).

Jamison and Lee (1989) concentrated 110 female hockey players playing on grass and 95 playing on Astroturf in progressive competitions. They found a lower extent of lower leg and foot injuryon Astroturf contrasted with grass (lower leg: 7.3% on grass versus 3.2% on Astroturf; foot: 10.9% on grass versus 1.1% on Astroturf). Fuller (1990) additionally revealed a generally low extent of lower leg and foot injuryfor play on manufactured turf (5.2% lower leg and 8.9% foot). Jamison and Lee (1989) urged players to report all wounds, which brought about overreporting of minor wounds. The outcome was countless minor injuryand a nearly bring down extent of tolerably extreme wounds, for example, lower leg sprains. Fuller (1990) additionally caught a high number of minor injuryby recording all injurythat required the "treatment, exhortation or dealing with" of the physiotherapist.

6. KNEE INJURY

The knee, similar to the lower leg, is especially helpless against injury in hockey. In investigations of female hockey players playing on fake turf, Fuller (1985) and Jamison and Lee (1989) individually, detailed 24% and 17% of all injurywere to the knee. Freke and Dalgleish (1994b) found that injuryto the knee were normal (14%) among first class female players, while knee torment was accounted for by 30% of players reviewed.

Moderately less knee-related injury displayed to Victorian clinic EDs (2.7%). It is conceivable that knee injury are less regular among group level as opposed to first class players and that ceaseless injury are being dealt with outside of the healing facility ED, for example, by the group doctor or physiotherapist, by the player's GP, at a games medication center or self-treated.

Lindgren and Maguire (1985) concentrated a little gathering of world class players and found that 24.5% of injury to the male squad were knee-related, contrasted with 11.7% in the female squad individuals. The greatest distinction between the two squads was the quantity of knee sprains (12.2% male versus 1.7% female). This diverges from the example announced for lower leg sprains. The quantity of subjects was too little for any factual correlations between the genders to be made.

A few games drug experts trust that manufactured playing surfaces have diminished the playing life of the cutting edge hockey player by expanding the pervasiveness of shin soreness, knee agony and lower backs issues. In any case, the main review to look at injury designs on the two surfaces found that knee injurywere more incessant on characteristic grass than on engineered turf (24.5% versus 17.9%) (Jamison and Lee, 1989).

7. CONCLUSION:

By and large, the confirmation on the frequency, examples and reasons for injury in hockey is for the most part drawn from damage observation and illustrative reviews including little specimens of world class players, normally a club or a group. The accessible proof proposes affect injuryfrom the ball and stick and sprains and strains, transcendently to

the lower leg and lower back, are the most predominant wounds. The auxiliary information demonstrates that "impact" injury and 'struck by' wounds, especially to the hand and face, are visit and can be serious. There are few controlled assessments of countermeasures to games injury, so suggestions in this report are fundamentally speculative. Countermeasures for averting hockey injurywhere there is some supporting confirmation for viability include: punishments authorizing rules went for counteracting perilous utilization of the hockey stick and reckless play of the ball; altered standards for youngsters; utilization of defensive gear, (for example, shin protectors, eye insurance and mouthguards); master preparing of mentors; pre-season molding; pre-diversion extend and warm-up; incite access to proficient emergency treatment and medicinal care; and full restoration before coming back to play.

REFERENCES:

Bouter L.M., Knipschild P.G., Feij J.A., Volovics A. (1988). Sensation seeking and injury risk in downhill skiing. Pers Individ Diff. 9: pp. 667–673.

Cherpitel C. (1993). Alcohol, injury, and risk-taking behavior: Data from a national sample. Alcohol Clin Exp Res.; 17: pp. 762–766. [PubMed]

Cherpitel C. (1999). Substance use, injury, and risk-taking dispositions in the general population. Alcohol Clin Exp Res.; 23: pp. 121–126. [PubMed]

Cherpitel C.J., Meyers A.R., Perrine M.W. (1998). Alcohol consumption, sensation seeking and ski injury: A case-control study. J Stud Alcohol. 59: pp. 216–221. [PubMed]

Hanson S.J., McCullagh P., Tonymon P. (1992). The relationship of personality characteristics, life stress, and coping resources to athletic injury. J Sport Exerc Psychol. 14: pp. 262–272.

Mawson A.R., Jacobs K.W., Winchester Y., Biundo J.J. (1988). Sensation-seeking and traumatic spinal cord injury: Case-control study. Arch Phys Med Rehabil. 69: pp. 1039–1043. [PubMed]

O'Jile J.R., Ryan L.M., Parks-Levy J., Betz B., Gouvier W.D. (2004). Sensation seeking and risk behaviors in young adults with and without a history of head injury. Appl Neuropsychol. 11: pp. 107–112. [PubMed]

Peterson C., Bishop M.P., Fletcher C.W., Kaplan M.R., Yesko E.S., Moon C.H., et al. (2001). Explanatory style as a risk factor for traumatic mishaps. Cogn Ther Res. 25: pp. 633–649.

Plumert J.M., Schwebel D.C. (2001). Social and temperamental influences on children's overestimation of their physical abilities: Links to accidental injuries. J Exp Child Psychol.; 67: pp. 317–337. [PubMed]

Reid V.L., Gleeson M., Williams N., Clancy R. L. (2004). Clinical investigation of athletes with persistent fatigue and/or recurrent infections. Br J Sports Med. 38: pp. 42–45. [PMC free article] [PubMed]

Rothbart M.K., Ahadi S.A., Evans D.E. (2000). Temperament and personality: Origins and outcomes. J Pers Soc Psychol.78: pp. 122–135. [PubMed]

Satterthwaite P., Notron R., Larmar K., Robinson E. (1999). Risk factors for injuries and other health problems sustained in a marathon. Br J Sports Med. 33: pp. 22–26. [PMC free article] [PubMed]

Schick D.M., Meeuwisse W.H. (2003). Injury rates and profiles in female ice hockey players. Am J Sports Med. 31: pp. 47–52. [PubMed]

Schwebel D.C. (2004). Temperamental risk factors for children's unintentional injury: The role of impulsivity and inhibitory control. Pers Individ Diff.; 37: pp. 567–578.

Schwebel D.C., Banaszek M.M., McDaniel M. (2007). Brief report: Behavioral risk factors for youth soccer (football) injury. J Pediatr Psychol. 32: pp. 411–416. [PubMed]

Schwebel D.C., Barton B.K. (2006). Temperament and children's unintentional injuries. In Vollrath M (ed), Handbook of Personality and Health. New York. Wiley: pp. 51–71.

Schwebel D.C., Plumert J.M. (1999). Longitudinal and concurrent relations among temperament, ability estimation, and injury proneness. Child Dev. 70: pp. 700–712. [PubMed]

Schwebel D.C., Stavrinos D., Kongable E.K. (2009). Attentional Control, High Intensity Pleasure, and Risky Pedestrian Behavior in College Students. Manuscript under review, [PubMed]

Smith R.E., Ptacek J.T., Smoll F.L. (1992). Sensation seeking, stress, and adolescent injuries: A test of stress-buffering, risk-taking and coping skills hypotheses. J Pers Soc Psychol. 62: pp. 1016–1024. [PubMed]

Stevenson H., Webster J., Johnson R., Beynnon B. (1988). Gender differences in knee injury epidemiology among competitive alpine ski

racers. Iowa Orthop J. 18: pp. 64–66. [PMC free article] [PubMed]

Stuart M.J. (2002). Smith AM, Malo-Ortiguera SA, Fischer TL, Larson DR. A comparison of facial protection and the incidence of head, neck, and facial injuries in junior A hockey players. Am J Sports Med. 30: pp. 39–44. [PubMed]

Vollrath M., Landolt M.A., Ribi K. (2003). Personality of children with accident-related injuries. Eur J. Pers.; 17: pp. 299–307.

Wennberg R.A., Tator C.H. (2003). National hockey league reported concussions, 1986-87 to 2001-02. Can J Neurol Sci. 30 pp. :206–209. [PubMed]

Zuckerman M., Eysneck S.B., Eysneck H.J. (1978). Sensation seeking in England and America: Cross-cultural, age, and sex comparisons. J Consult Clin Psychol. 46: pp. 139–146. [PubMed]

Corresponding Author

Jitendra Sharma*

Executive Administrator/Sports and Education in Madreqat FZ, L.L.C. in RAK Investment Authority, Dubai U.A.E.

E-Mail – jitendra_sharma27@yahoo.co.in