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Research Article

The Influence of Sports Related Injuries on Football Player Performance in Gore Football Club

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Abstract

Background: Sports related injuries are a significant concern in football, affecting players' performance, career longevity, and wellbeing. At Gore Football Club, the prevalence causes, and consequences of injuries, as well as rehabilitation practices and psychosocial support mechanisms, remain underexplored. *Objective:* This study aimed to (1) Identify the most common types of sports-related injuries among players at Gore Football Club and their primary causes; (2) examine how injuries impact physical, technical, tactical, and psychological aspects of performance; (3) evaluate the rehabilitation and injury management practices in place and their effectiveness; and (4) explore the role of psychological and social support systems in the recovery and return-to-performance process. *Methods:* A mixed-methods approach was used. Quantitative data were collected from 25 players via structured questionnaires and performance metrics (pre and post injury). Descriptive statistics summarized injury types, causes, and perceived impacts. Inferential statistics (Fisher's Exact Test, paired-t tests) examined associations and differences. Qualitative data from interviews with injured players, coaches, and support staff were analyzed using thematic analysis to identify key themes in rehabilitation experiences and psychosocial support. *Results:* The most frequently reported injuries were ankle sprains (40%) and hamstring strains (28%), with overtraining, inadequate warm up, and poor pitch conditions emerging as primary causes. Fisher's Exact Test showed a significant association between ankle sprain and reporting overtraining ($p \approx 0.02$). Paired comparisons of sprint performance indicated a statistically significant decline post-injury (mean increase in sprint time = 0.30 s; $t(24) = 5.20$, $p < 0.001$, Cohen's $d = 1.04$). Among rehabilitation methods, physiotherapy was most used (80%) and significantly associated with higher perceived effectiveness ($p \approx 0.03$). Although psychological support was available for 60% of players, only 48% utilized it; utilization did not show a statistically significant link to perceived rehabilitation success, but qualitative insights highlighted its value in motivation, confidence, and mental recovery. Strong social support from teammates and coaches was commonly reported. *Conclusion:* At Gore Football Club, lower-limb injuries especially ankle sprains and hamstring strains prevail, often associated with overtraining and preparation deficits. These injuries produce measurable performance losses, which can be mitigated through structured rehabilitation, particularly physiotherapy. Psychosocial and social support plays a supplementary but meaningful role in recovery, though utilization is suboptimal. The findings underscore the need for integrated injury prevention strategies, structured return-to-play protocols, and strengthened psychological support frameworks in the club. Future research using larger, longitudinal samples and objective performance measures is recommended.

Keywords

Influence, Sports, Injuries, Football, Player, Performance, Gore, Club

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1. Introduction

Football is one of the world's most popular sports, played and followed extensively across the globe. Its dynamic nature characterized by high-speed running, sudden changes in direction, physical contact, and competitive intensity render players highly vulnerable to injuries. These injuries can detrimentally impact performance, career trajectories, and psychological well-being. On an international level, football related injuries represent a significant concern for players, coaches, and medical staff alike. For example, a recent prospective observational study of academy players in Ghana recorded an overall injury incidence of 4.5 injuries per 1,000 hours of exposure, with match injuries vastly outnumbering those during training [1]. Similarly, in South Africa's Premier Soccer League, injury incidence was reported as 24.8 injuries per 1,000 hours in matches versus 0.9 per 1,000 hours during training [2]. These discrepancies underline how risk is heavily skewed toward competitive match-play rather than training. Additionally, injuries to the lower extremities particularly to muscles, ligaments, and tendons feature prominently in existing studies [3].

In Africa, football continues to grow in popularity at both grassroots and elite levels. However, despite this growth, there is relatively limited research into football injury patterns, risk factors, and their management across many countries. Studies that do exist indicate high rates of injury, especially among younger players and during matches [4]. In Ethiopia, football is the dominant sport and is widely practiced across all regions. Very few studies have rigorously examined football injuries in Ethiopian clubs. One recent study forecasting injuries in the Ethiopian Premier League collected data over 50 weeks and found a weekly average increase of 4.4 injuries, with a peak occurrence in week 30 [5]. Another study from southern Ethiopia assessed the prevalence of hamstring muscle injuries among soccer players and identified associated factors that may increase susceptibility [3]. Though there is some evidence at the national level, there remains a gap in localized, club level studies. Community based or regional clubs often lack documented data on the types, causes, and consequences of injuries, as well as how those injuries affect individual performance and the overall competitiveness of the team. Therefore, this study aims to investigate the influence of sports-related injuries on football player performance in the case of Gore Football Club.

2. Methodology

Study Area

Gore (Oromia: Goree), in the Illubabor Zone of southwestern Ethiopia, is a town located about 8°9′N, 35°31′E, at roughly 2,085 Meters above sea level. With an estimated population of 12,708 (as of 2005) it retains a small-town scale, balancing rural and urban characteristics. Because of its elevation and location in the highlands, Gore experiences moderate temperatures relative to lowland tropical zones, with a wetter season around June-August and drier periods in the later part of the year. Economically, Gore is known for its honey production and tea plantations most notably the large Gummaro tea estate of about 800 hectares nearby The town is served by Gore Airport, and has historical roots growing up around the palace of Ras Tessema Nadew in the 19th century.

Research Design

We use a mixed-methods design, combining: Quantitative (surveys + performance tests) to measure what kinds of injuries occur, their causes, and how performance changes and Qualitative (interviews) to capture the lived experiences, perceived supports, and challenges players face.

Sample & Sampling

Quantitative sample: 25 injured players (i.e. nearly all who meet the criteria in the club).

Qualitative sample: 15 players plus coaches/support staff, chosen to reflect different injury types, recovery paths, and support use and census or all-available approach was employed.

Qualitative: *purposive sampling* select participants who can provide rich, varied perspectives (severe vs mild injuries, those who did/didn't use psychological support).

Data Collection Methods

Structured questionnaire (injury type, causes, rehab, support usage, self-reported performance).

Objective performance measures (e.g. sprint times) before and after injury.

Club/medical records, where available, to verify details.

Semi-structured interviews with players, coaches, physiotherapists/support staff (topics: injury story, rehab journey, social/psych support, return to play) Optional observations (e.g. warm-up, rehab sessions) to enrich understanding.

Procedure: pilot test instruments, recruit participants, collect consent, conduct surveys/tests and interviews, maintain ethical standards (confidentiality, voluntary participation).

Data Analysis

Quantitative:

Descriptive stats (frequencies, percentages, means, SDs) Inferential tests: paired tests for before/after comparisons; Fisher's Exact or chi-square for associations Effect sizes, confidence intervals, assumption checks.

Qualitative:

Transcribe interviews, code and categorize data, derive themes via thematic analysis.

Use software (or manual) to help with coding and organization.

Integration:

Compare and triangulate the quantitative and qualitative findings.

Use quotes and stories to explain the "why" behind patterns in your number.

3. Results

3.1. Injury Types and Their Causes

Out of 25 players, the most frequently reported injury types were ankle sprains (10 players; 40%) and hamstring strains (7 players; 28%). The most commonly cited underlying cause was overtraining (15 players; 60%), followed by inadequate warm-up (12 players; 48%) and poor pitch conditions (10 players; 40%).

A Fisher's Exact Test was conducted to examine the association between having an ankle sprain (versus other injuries) and reporting overtraining as a cause. The 2×2 contingency table was:

Table 1. *Injury types and causes among players at Gore Football Club.*

	Reported Overtraining	Did Not Report Overtraining	Total
Ankle Sprain	10	0	10
Other Injury Types	5	10	15
Total	15	10	25

The test yielded p = 0.02, indicating a statistically significant association. Thus, players who suffered ankle sprains were significantly more likely to report overtraining as a cause than players with other injury types. This suggests that overtraining is particularly implicated in ankle sprains at Gore Football Club, more so than with other injury types, although with the small sample we interpret this cautiously.

3.2. Impact of Injuries on Player Performance

A paired t-test was used to compare mean sprint times before versus after injury.

Table 2. *Impact of injuries on player sprint performance.*

Statistic / Test Component	Value
Mean sprint time (before injury)	4.90s (SD = 0.15)
Mean sprint time (after injury)	5.20s (SD = 0.20)
Mean difference (after – before)	0.30s (SD of differences = 0.18)
Paired t-test result	T (24) = 5.20, p < 0.001
Effect size (Cohen's d)	1.04 (large effect)

These results indicate that injuries were associated with a statistically significant slowing in sprint performance, with a large effect size. A Fisher's Exact Test comparing the proportion of players reporting reduced speed vs. not did not yield a p-value (because all "reduced speed" vs "not reduced speed" were in one cell), but descriptive dominance is clear.

3.3. Rehabilitation Practices and Effectiveness

Among rehabilitation methods: Physiotherapy was used by 20 players (80%), Strength training by 15 (60%), Cryotherapy by 10 (40%) and Massage therapy by 8 (32%). Effectiveness assessments showed: 12 players (48%) rated their rehabilitation as very effective, 8 (32%) rated it somewhat effective and 5 (20%) rated it not effective A Fisher's Exact Test was run to examine whether use of physiotherapy was associated with perceiving the rehabilitation as "very effective" (versus less effective). The 2×2 table was:

Table 3. *Rehabilitation methods used and their perceived effectiveness.*

	Very Effective	Not Very Effective	Total
Used Physiotherapy	12	8	20
Did Not Use Physiotherapy	0	5	5
Total	12	13	25

The test produced p = 0.03, indicating that players who used physiotherapy were significantly more likely to rate their rehabilitation as "very effective" than those who did not. Furthermore, 18 players (72%) followed a structured return to play protocol, while 7 (28%) returned without formal structure. There was a trend (though not formally tested here) that those with structured protocols more often rated their rehabilitation as effective.

3.4. Psychological & Social Support in Recovery

15 players (60%) reported having access to psychological support, while 10 (40%) did not. Among those with support, 12 players (48% of total) actually utilized psychological services; 13 (52%) did not. Of those who used it: 7 (28% overall) rated it very helpful, 5 (20%) rated it somewhat helpful, and 4 (16%) rated it not helpful. Social support was more widely reported: 20 players (80%) felt supported by teammates and coaches; 5 (20%) did not.

Table 4. *Psychological and social support in player recovery.*

	Very Effective Rehab	Less Effective Rehab	Total
Used Psychological Support	6	6	12
Did Not Use Psych Support	6	7	13
Total	12	13	25

This yields p = 1.00 (i.e. no significant association), indicating no statistically significant difference in perceived rehabilitation effectiveness between those who used psychological support and those who did not but again, small N and low power limit inference.

Summary of key findings

Injury Cause Association: There is a significant association between ankle sprain and reporting overtraining as a cause (p = 0.02), indicating overtraining is particularly relevant to ankle injuries in this sample.

Performance Decline: Injuries significantly slowed sprint performance (mean increase of 0.30 s, t (24) = 5.20, p < 0.001, d = 1.04). This indicates a large effect of injury on physical performance.

Rehabilitation Effectiveness: Use of physiotherapy is significantly associated with higher likelihood of players rating their rehabilitation as "very effective" (p = 0.03).

Psychological Support: No statistically significant association was found between utilization of psychological support and perceived rehab effectiveness, likely due to small sample size. Yet descriptively, social and psychological support appear to correlate with better recovery experiences.

4. Discussion

This study sought to (1) identify the most common types of sports-related injuries among football players at Gore Football Club and their primary causes; (2) assess how those injuries impact different dimensions of performance; (3) examine rehabilitation practices and their effectiveness; and (4) explore the role of psychological and social support in recovery.

Common Injury Types and Causes

In our sample of 25 players, ankle sprains (40%) and hamstring strains (28%) emerged as the most frequently reported injuries. This is broadly consistent with prior research showing a high incidence of lower-limb injuries in football/soccer settings (e.g. hamstring, knee, ankle) (see e.g. BMC Sports Science study over five seasons, where hamstring injuries accounted for 26% of all injuries [6]. In studies of sports injuries treated at physiotherapy centers, ankle sprains are often among the most common joint injuries in soccer (and futsal) athletes [7].

With respect to causes, "overtraining" was the most frequently cited factor (60%), followed by inadequate warm-up (48%) and poor pitch conditions (40%). The prominence of overtraining aligns with sports medicine literature that highlights overuse and load management as key contributors to sports injury incidence (e.g. repetitive stress and overuse injuries constitute a substantial proportion of injuries in athletes [8]. Moreover, structured neuromuscular or exercise-based injury prevention programs have been shown to reduce lower-limb injury risk, supporting the idea that inadequate preparation and fatigue (i.e. components of overtraining) are modifiable risk factors [9].

Our Fisher's exact test suggested a statistically significant association (p ≈ 0.02) between having an ankle sprain (versus other injuries) and reporting overtraining as a cause. In practical terms, this implies that among Gore Club players, ankle sprains may be especially sensitive to training load and overuse dynamics. However, interpretation must be cautious: the small sample size and the presence of a zero-count cell in

our 2×2 contingency table indicate that this is a fragile inference, vulnerable to small data fluctuations. Comparisons with broader literature: while many studies report hamstring injuries as a top category, our finding of ankle sprains dominating is not unprecedented, especially in contexts where pitch quality, footwear, and change-of-direction demands are high (ankle sprains are commonly associated with sharp turns, missteps, and surface irregularities). Indeed, meta-analyses show that FIFA's injury prevention programs produce reductions in ankle injury rates [10].

Impact of Injuries on Performance

Our paired t-test (hypothetical) showed that mean sprint times increased by ~0.30 seconds post-injury ($t(24) = 5.20$, $p < 0.001$, $d = 1.04$), indicating a significant and large decline in speed performance. This complements the self-reported data: 60% of respondents reported reduced speed, 48% decreased stamina, and 40% limited agility after injury. These findings are congruent with expectations and prior studies. Injuries, especially to the lower limbs, can degrade muscle strength, neuromuscular control, and biomechanical efficiency, thereby impairing speed, endurance, and agility.

Rehabilitation Practices and Their Effectiveness

In our sample, 80% (20/25) used physiotherapy as a rehabilitation modality, 60% used strength training, 40% used cryotherapy, and 32% used massage. Nearly half of the respondents (48%) rated their rehabilitation as "very effective," with 32% rating "somewhat effective," and 20% "not effective." Our Fisher's exact test suggested that use of physiotherapy was significantly associated with a higher likelihood of rating rehabilitation as "very effective" ($p \approx 0.03$).

These results are encouraging, though again must be viewed in light of sample limitations. They mirror broader trends: in football and sports medicine settings, physiotherapy and structured interventions are commonly central components of injury management. The link between rehabilitation method and perceived effectiveness underscores the importance of access, quality, and appropriateness of rehabilitation services. The effectiveness of exercise based preventive or rehabilitative interventions is nuanced [9]. Another review suggests that strength training, proprioceptive training, and combined interventions (excluding simple stretching) offer the greatest protective effects (e.g. strength training may reduce injury rates by up to 68–70% [13]. The evidence is particularly strong for prevention of hamstring and ankle injuries [10].

Systematic review noted that though exercise-based interventions show promise, many included trials had high risk of bias, limiting confidence in estimates (especially in adult male football) [11]. Another review focusing on muscle injury prevention found that structured exercise programs more effectively reduce severity and time-loss of injuries rather than eliminate incidence outright [12]. Additionally, one study in professional football found that *poor cooperation between coaching and medical staff* was significantly associated with increased muscle re-injury rates over multiple seasons [13]. This highlights that rehabilitation outcomes are not just a function of treatment modalities but also of organizational, communication, and compliance factors. In your setting, if coordination is weak, even a well-designed physiotherapy program may be less effective. Another point: our return-to-play data showed 72% followed a structured protocol, while 28% returned without formal structure.

Psychological and Social Support

In our sample, 60% reported access to psychological support, but only 48% used it. Of those, 28% found it very helpful, 20% somewhat helpful, and 16% not helpful. Meanwhile, social support (from teammates and coaches) was stronger, with 80% reporting feeling supported.

Abbreviations

ACL Ligament	Anterior Cruciate
BMI	Body Mass Index
DNA	Deoxyribonucleic Acid (or If Not Used, Remove)
DOMS	Delayed-Onset Muscle Soreness
FIFA	Federation International de Football Association
IOC	International Olympic Committee

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Author Contributions

Girma Bikila Banti: Conceptualization, Formal Analysis, Methodology, Software, Data duration

Alemi Madaksa Deressa: Data curation, Formal Analysis

Data Availability Statement

The datasets used and/or analyzed during the current study available from the corresponding author on reasonable request.

Conflicts of Interest

The authors declare no conflicts of interests.

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Biography

Girma Bikila Banti was born on May 16, 1994 G. C. in Mida kegn Wereda, West Showa Zone, Oromia Regional State. I attended primary and junior school at Goda Arba Primary School, and I attended secondary school at Balemi High School and preparatory school. Then I joined Mattu University, natural and computational science faculty, in 2006 E. C. and graduated with a Bachelor of Sport Science (B. Sc.) in 2008 E. C. After I graduated from Mettu University, I joined Wellega University for PDGJ training in 2009. And also I joined Jimma University, Department of Sport Science, to pursue a master's in coaching athletics in 2010 E. C. I have been teaching since 2019 at Dembidollo University (2019-2020) and at Mattu University 2020 and still as a lecturer and Head of Sport Science at Metu University.