Poškodbe košarkaric prve slovenske lige

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Uvod: Košarka primarno ne velja za kontaktni šport, kljub temu pa gre za zelo hitro in agresivno igro, pri kateri je stiku in poškodbam težko ubežati. Košarka je eden izmed športov z največ poškodbami, ki so med najbolj različnimi in resnimi (Zelisko et al., 1982). Prav stik je glavni krivec za številne poškodbe. **Metode**: Izvedli smo anketno raziskavo, v katero je bilo vključenih 108 igralk, ki so bile v sezoni 2011/2012 članice slovenskih košarkarskih klubov. Anketa, s katero smo naredili pregled poškodb košarkaric, je vsebovala 114 vprašanj. **Rezultati**: Od 64 igralk, ki so vrnile anketo, je bilo vsaj enkrat poškodovanih kar 75 % igralk. Največ poškodb so predstavljale poškodbe spodnjih udov, od tega 44,7 % poškodbe gležnja, 14,5 % pa poškodbe kolena. Najpogostejša tipa poškodbe sta zvin (42,7 %) in nateg (30,7 %). Največ poškodb se je pripetilo na treningu košarke (61,3 %). Dve tretjini poškodovanih igralk je poiskalo strokovno pomoč, največkrat fizioterapevta ali splošnega zdravnika. V skoraj polovici vseh poškodb (45,9 %) poškodba ni bila diagnosticirana z nobeno diagnostično metodo. Pri poškodbah, ki so bile diagnosticirane, sta bili najpogostejši metodi rentgensko slikanje (52 %) in magnetna resonanca (30 %). Po poškodbi je približno dve tretjini igralk uporabljalo preventivno opremo, od tega so največkrat uporabile lepilni trak (46,6 %) ter opornico in elastični lepilni trak (23,3 %). Najpogostejši vzrok poškodb je zunanji dejavnik (žoga, soigralka, nasprotna igralka). Za poškodbo gležnja je najpogostejši vzrok zunanji dejavnik, za poškodbo kolena pa utrujenost. V približno tretjini primerov se je poškodba ponovila, ne glede na uporabo preventivne opreme po poškodbi. Bolečine, povezane s treniranjem košarke, je imelo 79,7 % vseh igralk. **Zaključek**: Z raziskavo smo ugotovili, da je v ženski košarki veliko poškodb. Vse informacije, ki smo jih pridobili, so lahko v pomoč zdravstvenim delavcem, košarkarskim in kondicijskim trenerjem ter drugim funkcionarjem, ki delujejo v ženski košarki, prav tako pa vsem preostalim zdravstvenim strokovnjakom, ki se srečajo s košarkaricami v fazi rehabilitacije. Nepravilna rehabilitacija za športnika pomeni daljšo odsotnost z igrišč, slabšo pripravljenost in večjo možnost ponovitve poškodb, česar pa si ne želi ne igralec in ne drugi, ki se z njim ukvarjajo. V Sloveniji je premalo raziskav o ženski košarki, saj je podatkov o poškodbah, načinu rehabilitacije in drugih stvareh zelo malo oziroma jih skoraj ni. Z empiričnimi podatki bi lahko še bolj utemeljeno ozaveščali delavce v košarki, da bi preventivi pred poškodbami namenjali več pozornosti in tako zmanjšali število poškodb.

Ključne besede: športne poškodbe, košarka, poškodbe košarkaric.

Injuries of female basketball players in slovenian premier league

Introduction: Basketball is not primarily considered to be a contact sport, however, it involves very fast and aggressive play, where it is difficult to avoid contact and injuries. Basketball is one of the sports with the highest incidence of injuries of various types and also most serious ones (Zelisko et al., 1982), with contact being the main culprit. **Methods**: A survey about injuries with 114 questions was conducted among 108 female players who were members of Slovenian basketball clubs in 2011/12. **Results**: Of 64 players who responded, 75 % were injured at least once. Most of the injuries were lower-extremity injuries, namely 44.7 % were ankle, and 14.5 % were knee injuries. The most common types of injury are distortions/sprains (42.7 %) and distensions (30.7 %). Most of the injuries occurred at the basketball training (61.3 %). Two thirds of the injured players sought professional help, mainly a physiotherapist or a general practitioner. In nearly one half of the cases (45.9 %), the injury was not diagnosed with any of the diagnostic methods. In the remaining cases the methods most commonly used were x-ray (52 %) and magnetic resonance imaging – MRI (30 %). After the injury, nearly two thirds of players used preventive equipment, mostly adhesive bandage (46,6 %), braces, and kinesio tape – adhesive elastic bandage (23,3 %). Injuries are most commonly caused by external factors (ball, team players, counterparts). Ankle injuries are mainly caused by external factors, while knee injuries are caused by fatigue. In approximately one third of cases, there was a recurrence of injury regardless of the usage of preventive equipment in the period following the first injury. 79.7 % of players suffered pains connected with basketball training. **Conclusion**: The results of the research indicate that there is a high incidence of injuries in female basketball. Information gathered with survey can help healthcare professionals, basketball and fitness coaches, and other officials involved in female basketball, as well as all the healthcare professionals who come in contact with players in the process of their rehabilitation. Inadequate rehabilitation implies longer absence of a player from the court, worse preparation, and bigger chances for a recurrence of an injury, which is something that neither a player nor her support team wants. There is a lack of research on female basketball in Slovenia, and the consequent lack of data on injuries, types of rehabilitation and other related aspects of female basketball. Empirical data would enable us to raise the awareness among actors involved in basketball, focus on prevention, and thereby reduce the number of injuries.

Key words: sport injuries, basketball, injuries of female basketball.

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