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Research Article

ANALYSIS OF THE ISSUE OF INJURIES IN ATHLETES CHEERLEADERS

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Abstract:

***The purpose:** To study the level of injury among cheerleaders, the characteristics of injuries, the severity of injuries, specific sports injuries in cheerleading. **Introduction:** cheerleading takes 18th place out of 22 types, 19th place in terms of injuries at competitions and 15th place in terms of injuries in practice. **Materials and methods:** Collection of statistical data during trainings and speeches. Hospital data on cheerleader appeals. Inspection of athletes before the start of training, after training, after performances, after injuries. Analytical data from different countries. **Results and Discussion:** Further research is needed to determine which security measures are most effective. Further studies of cheerleading injuries stratifying cheerleading activity may provide additional insight into the relative safety of specific types of cheerleading.*

***Keywords:** injuries, athletes, cheerleaders.*

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INTRODUCTION:

Cheerleading - a sport that combines elements of show and entertainment sports (dancing, gymnastics, acrobatics).

Cheerleader physical training is similar to the physical training of any other sport. Comparable to gymnastics, a high level of strength, agility, flexibility is required for acrobatic maneuvers, stunts and pyramids [1].

In general, cheerleading is ranked 18th out of 22 sports with a total injury level. Cheerleading takes the 19th place in terms of injuries in competitions 15th place in terms of injuries in practice. Girls have more injuries for boys.

Concussions account for the majority of all training injuries, while sprains are less in percentage terms. Head / face / denture injuries were most common in practice, while knee injuries were less common in practice than indicators. Ankle injuries were the second most commonly injured body area in all types of exposure.

In general, the most common traumatic mechanisms include contact with another person and contact with the playing surface. The most common activities that lead to injuries are tricks, tumbling and pyramids. Injuries from tricks most often occur during falls. Cheerleading is a relatively safe sport in general, but when injuries happen, they can be more serious [2].

MATERIALS AND METHODS:

Materials: Data from foreign literature, data from foreign hospitals, data from a large foreign surveillance system.

Methods: Analysis of statistical data of foreign information sources.

RESULTS AND DISCUSSION:

The level of injuries among the cheerleaders ranks 18th out of 22 sports. More than half of all injuries occur during tricks (53.2%). The most common injuries in girls were concussion (31.6%), sprain (19.9%) and muscle strain (14.6%), and sprain in boys (32.0%) and concussion (16, 0%). The most frequent parts of the body affected both in boys and girls were the head / face (39.0% and 24.0%) and the ankle (11.7% and 16.0%, respectively). Cheerleading takes the 19th place in terms of injuries at competitions (0.85 per 1000 athletic actions) and 15th place in terms of injuries in practice (0.76 per 1000 athletic effects).

Girls (96.8%) represent the majority of injuries, and only 3.2% of injured athletes are boys. Most of the injuries associated with cheerleading, new (90.5%) [3-4].

Concussions account for 33.1% of training injuries, 27.7% of competitive injuries and 20.6% of all training injuries, while sprains accounted for 24.6% of competitive injuries, 22.6% of training injuries and 19.3% of training injuries. A significantly higher proportion of practical injuries have a concussion compared with workplace injuries. Head / face / denture injuries are most frequent in practice (41.0% of all injuries in practice), followed by competitions (30.8%), while knee injuries are less common in practice (6.2%) than indicators (11.8%). or competition (10.8%). Ankle injuries are the second most often injured body area in all types of effects, accounting for 11.4% of training and 16.9% of competitions [5-6].

In general, the most common traumatic mechanisms include contact with another person (40.0%) and contact with the playing surface (36.6%). The most common activities that lead to injuries are tricks (53.2%), somersaults (20.5%) and pyramids (10.8%). Injuries from tricks most often occur during falls (32.0%). Of the injuries sustained during falls, 64.3% were falling into the cradle, while 35.7% were falling to the floor [7].

Of all injuries related to cheerleading, 34.3% lead to a return to training in less than a week, 40.7% in 1-3 weeks, 11.1% in 3 weeks or more and 5.1% with medical disqualification in during the season (97.4%) or retirement (2.6%). The most frequent injuries leading to suspension from workouts for 3 weeks or more: concussion of the brain (35.4%), fractures (30.5%) and sprain (15.9%). Medical disqualification most often results from fractures (29.0%) and dislocations (15.8%). Of all cheerleading injuries, 16.2% resulted in suspension from training for more than 3 weeks, or medical disqualification, which is the second largest indicator among all sports, after gymnastics [8].

CONCLUSIONS:

Further research is needed to determine which security measures are most effective. The differences between these models and the subsequent impact on the level of injury and their character should be an area of future research with more clearly defined effects. Further studies of cheerleading injuries stratifying

cheerleading activity may provide additional insight into the relative safety of specific types of cheerleading.

As this review shows, cheerleading literature is scarce. It is known that injuries of the lower extremities, especially of the ankle joint, are often found during cheerleading and due to touchdown mechanics, surface and maneuver complexity. Although very little literature confirms that an exercise program can prevent injuries, it is worth doing until further causal research is done, which then leads to appropriate prevention strategies.

Cheerleaders have not conducted detailed studies on maxillofacial injuries; there are no statistical data on what particular injuries of maxillofacial areas occur during cheerleading.

Based on the presented literature, it is possible to assume the presence of a traumatic factor, falls, all this indicates possible injuries of the dentition of the cheerleaders, as well as possible violations of the temporomandibular joint and muscle spasms of the maxillofacial area, but to confirm this theory it is necessary to conduct additional studies and collect statistical data.

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