Conclusion Training, rehabilitation and pre-hab programmes for female athletes need to be tailored and different approaches to the established male-driven evidence should be considered. Despite abduction and flexion strength being higher in these athletes, muscles involved in these movements may have to be targeted in the training long-term due to their decrease of strength associated with age.

Athlete Health and Prevention

HEAD-TO-HEAD COMPARISON OF INJURIES IN WOMEN’S AND MEN’S ELITE FOOTBALL CLUBS: UEFA ELITE CLUB INJURY STUDIES 2018/19 TO 2022/23

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Introduction Players in women’s elite football teams appear to have a lower risk for sustaining injuries compared to players in men’s elite teams, especially during matches. Between-study comparisons are, however, difficult to interpret because of different designs/definitions. The objective of this study was to investigate potential differences in injury incidence between women’s and men’s elite football players from the same clubs using an identical study methodology.

Materials and Methods This is a club-matched prospective cohort study using data from the UEFA Women Elite Club Injury Study (WECIS) and the UEFA Elite Club Injury Study (ECIS). Thirteen top clubs in Europe with 26 teams and 82 team-seasons that have delivered complete data in both studies for at least one season from 2018/19 to 2022/23 were included. Injury incidence was expressed per 1000 hours and compared using a rate ratio (RR) with 95% confidence interval (CI).

Results 2 941 time-loss injuries were reported, 1 465 injuries in WECIS (842 training, 623 match) and 1 476 injuries in ECIS (666 training, 810 match injuries). There was no difference in match injury incidence between WECIS and ECIS clubs (19.7 vs. 19.4 per 1000 match hours, RR 1.0 95% CI 0.9 to 1.1, p=0.780), but the training injury incidence in WECIS clubs was significantly higher (4.7 vs. 3.7 per 1000 training hours, RR 1.3 95% CI 1.2 to 1.4, p<0.001).

Conclusion WECIS players have a similar risk of match-related injuries as ECIS players, but a higher risk of training-related injuries.

THE HEALTH AND PERFORMANCE PROMOTION IN YOUTH (HAPPY) TRIAL: EFFECT OF AN ONSITE IMPLEMENTATION STRATEGY ON HANDBALL COACHES’ BEHAVIORAL FACTORS

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Introduction Behavioral factors (BFs) are associated with adherence to injury prevention exercise programs (IPEPs). We investigated the effect of adding an onsite implementation strategy to an online-only strategy of an IPEP on handball coaches’ BFs.

Materials and Methods In a one-season randomized controlled trial, 20 youth handball clubs were assigned to an online and onsite strategy (intervention group, IG) including a workshop at season start, utilizing the Health Action Process Approach (HAPA) behavior change model, and health service provider support, or online-only strategy (control group, CG). Coaches’ BF were assessed on a 7-point Likert scale using a web-based HAPA-questionnaire at season start, after workshop (IG only), and midseason. We measured changes in six BFs: intention,