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4
5 **Title: The impact of short periods of match congestion on injury risk and patterns in an elite**
6 **football club**

7
8 **Authors:** Christopher Carling^{1,2}, Alan McCall^{2,3}, Franck Le Gall², Gregory Dupont^{2,4}

9
10 **Institution:**

11 ¹Institute of Coaching and Performance, University of Central Lancashire, UK

12 ²LOSC Lille Métropole Football Club, Research and Development Department, Camphin-en-Pévèle,
13 France

14 ³Research Department for Sports and Exercise Science, Napier University, Edinburgh, UK

15 ⁴Univ Lille Nord de France, 59000 Lille, France - UDSL, EA 4488

16
17 **Corresponding author:**

18 Christopher Carling

19 Correspondence: Institute of Coaching and Performance, University of Central Lancashire, Preston,
20 UK.

21 Phone: 00.33.6.0392 1863

22 Fax: 00.33.1.4891 0793

23 Email: chris.carling@free.fr

24
25
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31

1 **Title: The impact of short periods of match congestion on injury risk and patterns in an elite**
2 **football club**

3
4 **Running head:** Injury in elite football

5
6 **Abstract**

7 Background: The effect of fixture congestion on injury rates and patterns has received scarce attention in
8 elite football and existing investigations have not accounted for player rotation or examined the temporal
9 distribution and potential cause of injuries.

10 Aim: To prospectively investigate the epidemiology of injury during short periods of fixture congestion
11 in a professional football club.

12 Methods: Over a 6-season period, exposure time and injury data were compared in the same players (n=25
13 [14 individuals]) when participating in two frequently occurring short congested fixture cycles in
14 comparison to match-play outside these cycles. 1) two successive matches separated by an interval
15 totalling ≤ 3 days calculated immediately from the end of play in match 1 to the beginning of play in match
16 2; 2) three successive matches separated by ≤ 4 -day intervals commencing the day immediately after each
17 match.

18 Results: In 2-match congestion cycles, incidence rate ratios (IRR) showed there was a higher risk of injury
19 in the final 15-minutes of play in the second match in comparison to match-play outside the cycles (IRR:
20 3.1 [95% CI 1.1 to 9.3], $p=0.0400$). A greater risk of injury overall (IRR: 2.0 [95% CI 1.1 to 3.8],
21 $p=0.0345$) and in the 1st-half of play (2.6 [1.1 to 6.5], $p=0.0386$), and risk of ankle sprains (10.4 [95%
22 CI 1.9 to 57.9], $p=0.0068$) and non-contact injuries due to a 'change in direction' (IRR: 7.8 [1.3 to 46.8],
23 $p=0.0243$) was observed in the final match of 3-match congestion cycles in comparison to match-play
24 outside the cycles.

25 Conclusion: Injury rates and patterns were affected in the same elite football players when competing in
26 short congested fixture cycles in comparison to match-play outside the cycles.

27
28 Key terms: injuries, soccer, fixture congestion, fatigue

1 **Introduction**

2 In contemporary elite football, clubs can compete in a large number of matches across the season many
3 of which are played within a tight time frame. Match congestion is regarded as a threat to team
4 performance and player health.¹ Yet surprisingly, only a limited number of studies have examined the
5 effects of match congestion on injury risk and have reported contrasting findings. In two investigations
6 examining the impact of short congested cycles that frequently occur across the season, injury risk in
7 match-play was comparable in consecutive matches separated by a short interval (≤ 3 -days) versus those
8 following a longer interval (≥ 4 -days).^{2,3} In contrast, a five-fold increase in injury incidence was observed
9 when players participated in two successive matches played within a 4-day period compared to matches
10 separated by 6-day intervals.⁴ Regarding the risk over longer periods of match congestion, one study⁵
11 reported a significant increase in injury incidence while another⁶ did not. However, the majority of
12 previous studies share a limitation in that data were collected and analysed at 'team' level and did not
13 account for player rotation. Therefore the true risk of injury in the same players when exposed to periods
14 of match congestion in comparison to match-play outside congested periods is generally unknown.

15 Limited information is available on injury type and location over short match congestion cycles
16 in elite football. One investigation in 27 elite European football teams reported similar muscle injury rates
17 in matches (all competition formats) with ≤ 3 -days recovery versus matches with ≥ 4 -days recovery.² In
18 contrast, a significant increase in sustaining a muscle injury was observed in league matches separated
19 by a short interval (≤ 4 -days) compared to longer intervals (≥ 6 -days). Again, the potential effects of player
20 rotation were unaccounted for by the authors. In addition, previous epidemiological research has shown
21 that injury rates generally and the frequency of ankle sprains and muscle strains increase during the latter
22 stages of match-play.⁷⁻⁹ However, no information exists on the potential effects of fixture congestion on
23 the temporal distribution of injuries. Similarly, no data are available on the causes of injuries incurred
24 over congested periods of play.

25 The aim of this study was to investigate injury rates and patterns during short periods of fixture
26 congestion in top-level players belonging to a professional football club.

27 **Methods**

28 This prospective observational study investigated injuries sustained in match-play over a 6-season period
29 in a cohort of male professional football players belonging to the first-team squad of a French Ligue 1
30 Club (2009-15). While all data arose as a condition of employment in which players were routinely
31 monitored over the course of the competitive season¹⁰, approval for the study from the present club was
32 obtained. To ensure confidentiality, all data were anonymised before analysis.

33 Over the six seasons, the club played in European Competition on five occasions: 3 UEFA
34 Champions League and 2 UEFA Europa League participations. Individual exposure time to all official
35 club competitions and national team play (including tournament qualification and friendly matches) was
36 recorded for each player belonging to the first-team squad by the club's sports scientist.
37

1 To examine the risk of injury during fixture congestion, exposure time and injury data were
2 collected over two commonly occurring short congested club and national team match cycles and
3 compared to matches outside these cycles: 1) 2-match congestion cycles: two successive matches
4 separated by a time interval totalling ≤ 3 days (≤ 72 hrs) calculated immediately from the end of play in
5 match 1 to the beginning of play in match 2 (e.g., match 1 played on Thursday at 21H and match 2 on
6 Sunday at 17H); 2) 3-match congestion cycle: three matches played successively with each separated by
7 a ≤ 4 -day period commencing the day immediately after each match (e.g., match 1 played on Sunday at
8 17H, match 2 on Thursday at 21H and match 3 on Sunday at 21H). These short congestion cycles were
9 selected due to their frequent occurrence across the season^{11,12} while the time intervals between matches
10 are associated with a greater injury risk^{2,4} and incomplete physiological and physical recovery¹³. Match-
11 play inclusion criteria⁴ required players to have participated in: 1) ≥ 75 -minutes play in matches played
12 outside the above periods of fixture congestion; 2) ≥ 75 -minutes play in the first match in the 2-match
13 congestion cycles and any participation time in the second match; 3) ≥ 75 -minutes play in the first and
14 second games in the 3-match congestion cycle and any participation time in match 3. Participation in both
15 congested cycles on a minimum of three occasions across the competitive season was deemed necessary
16 for inclusion. This stringent inclusion criteria subsequently provided repeated measures in a cumulated
17 total of 25 (14 individual players) out of a possible 150 cumulated players (35 individual players) who
18 participated over the 6-season span.

19 The injuries sustained in match-play were prospectively diagnosed and documented by the same
20 sports physician over the entire study period. Injuries incurred during national duties were also diagnosed
21 (after consultation with respective national team medical staff where necessary) and documented on the
22 player's return to the club. The definitions of injury used were based on those recommended by
23 International Football Injury Consensus Groups.^{14,15} Injury: time-loss injury resulting from playing
24 football and leading to a player being unable to fully participate in future training or match play
25 independent of whether a training session actually took place on the day following injury or the player
26 was selected to play in the next match. The layoff time of the injury was determined according to the
27 number of days the player was absent from and unable to take full part in training or competition. Injury
28 type and location and whether the injury was recurrent were also documented by the physician. A
29 recurrent injury was described as an injury of the same type and at the same site as an index injury and
30 that occurred within 2 months after a player's return to full participation from the index injury.
31 Information on the time and cause of injuries sustained in competition was firstly collected via direct
32 questioning of the player by the club physician. If further confirmation was required, the club physician
33 and sports scientist visualised the match video recording. If there was cause for doubt on the time and/or
34 cause of injuries and consensus between player, physician and sports scientist was not achieved, then
35 these variables were classified as 'unknown'.

36 Standard statistical procedures were used to calculate frequencies, means and standard deviations.
37 The incidence of injury (number of injuries per 1000 hours exposure to play) was calculated for the final

1 match in both congested cycles and for match-play outside these cycles. Injury incidences and incidence
2 rate ratios (IRR) for comparisons are reported and presented with 95% Confidence Intervals (95%CI).
3 IRR were also tested for significance using Z statistics.² The mean layoff time for injuries across the two
4 congested match cycles was compared to matches outside these cycles using a paired t-test. A p-value of
5 <0.05 was considered statistically significant.

6 7 **Results** 8

9 Over the 6-season study span, 2- and 3-match congestion cycles occurred on 10.8 ± 5.5 and 9.7 ± 3.9
10 occasions per season. On average per season, the players participated on 7.4 ± 3.4 and 3.4 ± 1.6 occasions
11 in all matches across 2- and 3-match congestion cycles and on 19.4 ± 6.9 occasions in matches outside
12 these cycles. Total exposure time to the final match in 2- and 3-match congestion cycles and in matches
13 outside these cycles for all players equated to 269.2, 138.9 and 724.0 hours play.

14 A total of 34 injuries were sustained in match-play outside congestion cycles while 19 and 13
15 injuries were incurred in the final matches in 2- and 3-match congestion cycles. In comparison to the
16 incidence values in matches outside the congestion cycles (Figure 1), there was a higher risk of injury
17 albeit non-significant in the final match in the 2-match congestion cycle (47.0 [95%CI 31 to 63] vs. 70.6
18 [95%CI: 39 to 102], IRR: 1.5 [95%CI 0.9 to 2.6], $p=0.1553$) and a significantly greater risk in the final
19 match in the 3-match congestion cycle (47.0 [95%CI 31 to 63] vs. 93.6 [95%CI 43 to 144], IRR: 2.0
20 [95%CI 1.1 to 3.8], $p=0.0345$).

21 The mean layoff time in days for injuries did not differ significantly for those sustained in match-
22 play outside the cycles injury compared to the final matches in the 2- and 3-match congestion cycles
23 (6.9 ± 2.9 vs. 6.2 ± 3 , $p=0.523$ and vs. 4.3 ± 3.0 days, $p=0.145$). In match-play outside the cycles compared
24 to that in the final matches in the 2-match congestion cycle, the incidence of reinjury was higher, albeit
25 non significantly (5.5 [95%CI 0 to 11] vs. 3.7 [95%CI -4 to 11], IRR=0.7 [95%CI 0.1 to 6.0], $p=0.6390$).
26 No recurrences of injury occurred in the final matches in the 3-match congestion cycle.

27 A higher albeit non significant trend was observed for the risk of muscle strains, particularly to
28 the hamstring region, in the final matches in the 2- and 3-match congestion cycles compared to that
29 observed in match-play outside the congested cycles (Table 1). In comparison to the incidence of joint
30 sprains incurred in match-play outside congestion cycles (Figure 1), again there was a non-significant
31 trend for a higher risk of these injuries in the final match in the 2-match congestion cycle (14.9 [95%CI
32 0 to 29] vs. 4.1 [95%CI 0 to 9], IRR: 3.6 [95%CI 0.8 to 16.2], $p=0.0947$) while a significantly greater risk
33 was observed in the final match in the 3-match congestion cycle (28.8 [95%CI 1 to 57] vs. 4.1 [95%CI 0
34 to 9], IRR: 7.0 [95%CI 1.5 to 31.4], $p=0.0112$). The risk of sprains to the ankle region was significantly
35 higher ([28.8 [95%CI 1 to 57.0] vs. 2.8 [95%CI -1 to 7], IRR: 10.4 [95%CI 1.9 to 57.9], $p=0.0068$) in the
36 final match in the 2-match congestion cycle compared to match-play outside the cycles.

1 Despite a non-significant difference, there was a higher risk of contact injury during match-play
2 outside the cycles compared to for the final match in the 2- and 3-match congestion cycles: 22.1 (95%CI
3 11 to 33) vs. 26.0 (95%CI 7 to 45) vs. 43.2 (95%CI 9 to 78), IRR: 1.2 [95%CI 0.5 to 2.9], p=0.7209 and
4 IRR: 2.0 [95%CI 0.8 to 5.0], p=0.1617. Regarding non-contact injuries overall, a non-significant trend
5 towards an increased risk in the final match in the 2- and 3-match congestion cycles was also observed
6 compared to match-play outside cycles (Table 2). The risk of incurring a non-contact injury when the
7 player performed a 'change in direction' when running was significantly higher (21.6 [-3 to 46] vs. 2.8
8 [95%CI -1 to 7], IRR: 7.8 [95%CI 1.3, 46.8], p=0.0243) in the final match in 3-match congestion cycles
9 compared to match-play outside congestion cycles while a non-significant but increased risk was
10 observed in 2-match congestion cycles (IRR: 5.4 [95%CI 1.0 to 29.3], p=0.052).

11 The risk of injury occurring in the 1st-half as a whole in the final match in the 3-match congestion
12 cycle was significantly higher compared to match-play outside congestion cycles (Table 3): 50.4 (95%CI
13 13 to 88) vs. 19.4 (95%CI 9 to 29), IRR: 2.6 [95%CI 1.1 to, 6.5), p=0.0386. A substantially higher albeit
14 non significant risk of injury occurring in the first 15-minutes of play was observed in the 1st-half in the
15 final match in the 3-match congestion cycle compared to match-play outside congestion cycles: 14.4
16 (95%CI -6 to 34) vs. 1.4 (95%CI -1 to 4), IRR: 10.4 [95%CI 1.0 to 114.9), p=0.057. A significantly higher
17 risk of injury was observed from 75-minutes play onwards in the final match in the 2-match congestion
18 cycle compared to in matches outside congestion cycles: 26.0 (7 to 45) vs. 8.3 (2 to 15), IRR: 3.1 (95%CI
19 1.1 to 9.3), p=0.0400.

20

21 **Discussion**

22 The aim of the present study was to analyse the impact of match congestion on injury risk and patterns in
23 players belonging to a professional football club. In the same players, main findings revealed that there
24 was a significantly greater risk of sustaining an injury in the final 15-minutes of play in the second match
25 in a congested cycle of two consecutive matches separated by ≤ 3 days interval in comparison to match-
26 play outside the congested cycle. There was also a significantly greater overall risk of sustaining injury,
27 particularly in the 1st-half of play, incurring an ankle sprain and a non-contact injury due to a 'change in
28 direction' in the third match in a cycle of 3 matches played successively within a ≤ 4 -day period in
29 comparison to match-play outside the congested cycle. In contrast, the risk of re-injury and mean layoff
30 time per injury were not increased in the final match during the congested cycles.

31

32 **Injury rates**

33 In previous studies on the effects of match congestion on injury rates in professional football, a trend for
34 a higher risk of sustaining injury in match-play over short congested periods has generally been reported
35 irrespective of study design. Incidence rate ratio values derived from reported data for short congested
36 periods (≤ 4 days interval between matches versus ≥ 6 days interval) range from a 1.1 (29.0 vs. 26.6,
37 p=0.045)² to a 5.1 (97.7 vs. 19.3, p<0.001)⁴ fold greater risk of sustaining a time-loss injury. However, a

1 common limitation in previous study designs is the failure to account for player rotation⁵ and there is a
2 need for comparisons in the same players when they compete in and outside of congested fixture periods.
3 In the present investigation, incidence rate ratios within the aforementioned range were nevertheless
4 reported with a 1.5 and 2.0-fold greater risk (the latter significantly) in the same players in the final match
5 over the two short congestion cycles compared to match-play outside the cycles. Thus, these findings
6 further confirm that exposure to short periods of fixture congestion increases the risk of injury in elite
7 players. However, in previous studies^{2,3,5,6}, lower values for injury incidences (injuries per 1000 hours
8 exposure time) have generally been reported over congested fixture periods. Here, only data in the same
9 players who were regularly exposed to fixture congestion and had a minimum of 75-minutes participation
10 time were analysed potentially providing a more realistic representation of the injury risk. Indeed,
11 previous research has generally analysed injury data at a team level^{2,3,5,6} and the lower injury incidence
12 values reported during congested fixture periods could be linked to player rotation policies that diluted
13 the real risk of injury (e.g., sporadic exposure over the season, players only competing in 1 out of 2
14 matches in cycles played in a short time frame, <75-minutes exposure time).

15 In relation to the above findings, it is noteworthy that the high risk of injury related to fixture
16 congestion observed in the present cohort occurred despite the systematic injury prevention (Nordic
17 hamstring lowers, joint proprioception exercises and core stability exercises) and recovery interventions
18 (e.g., contrast therapy, compression garments) performed by the players between matches over these
19 congested periods.^{4,6} This finding implies a need for re-examination of match scheduling at elite standards
20 to ensure that players have sufficient recovery time between matches.

21 22 Injury patterns

23 Limited information exists on the type and location of injuries occurring during short periods of match
24 congestion. A significantly higher risk (IRR: 1.3) of sustaining a muscle injury was reported in 27
25 professional European football teams during fixture congestion.² Here, for non-contact injuries as a whole
26 and specifically muscle strains, a trend albeit non-significant towards an increased incidence in the final
27 match in the 2- and 3-match congestion cycles was observed compared to match-play outside the cycles.
28 In addition, while non-significant, there was a substantially greater risk of a strain to the hamstring region
29 in both short congestion cycles (IRR: 2.0 and 2.6). Regarding ankle sprains, there was a 5.4 and 10.4 fold
30 greater risk (the latter significantly) in the final match in the 2- and 3-match congestion cycles. Taken
31 together, these results are noteworthy as they suggest the present players were more susceptible to non-
32 contact injuries such as muscular strains and particularly joint sprain injuries during short periods of
33 fixture congestion suggesting a potential link with the accumulation of fatigue and/or incomplete physical
34 recovery.⁴ Of note is the substantially higher incidence of muscle strain in matches separated by ≤ 3 days
35 interval reported here compared to that observed in 27 elite European football teams (33.3 vs. 11.2).²
36 Again, this discrepancy across studies could be explained by the inclusion here of data solely collected
37 in the same players who were frequently exposed to the fixture congestion cycles.

1 Previous epidemiological research has shown that injury occurrence generally and the risk of
2 sustaining a strain to the hamstring region in particular are both augmented during the latter stages of
3 football match-play at elite standards.^{7,8} However, no information exists on the temporal distribution of
4 injuries incurred during periods of match congestion. Here, a significantly higher incidence of injuries
5 was reported at the end of games (from 75-minutes play onwards) in the final match in the 2-match
6 congestion cycles compared to in match-play outside the cycle. It is noteworthy that the majority (67%)
7 of these injuries were muscle strains of which 75% were to the hamstring region. It has previously been
8 suggested that this time course susceptibility to muscular strain injury in the latter stages of match-play
9 is linked to structural changes in muscle and cumulative mechanical stress inducing altered running
10 kinematics.¹⁶ In addition, there was a significantly higher injury incidence in the first-half of play as a
11 whole in the final match in a 3-match congestion cycles compared to during the same time period in
12 match-play outside the cycle. Out of the injuries sustained, 57% were muscle strains and 28% sprains
13 while 43% were linked to a change in direction when running. When combined with the 8-fold
14 significantly greater risk of incurring a non-contact injury generally due to a 'change in direction' when
15 running identified in the final match in the 3-match congestion cycles, these results tend to support the
16 potential association between accumulated fatigue and impaired sprinting mechanics, muscular strength
17 and joint stability.¹⁷ Future work could attempt to identify potential trends in the temporal distribution
18 and causes of injury in relation to match type and the typical schedules faced by teams (e.g., European
19 competition followed by League match).

21 Practical implications

22 In light of these findings, there are implications for practitioners as regards to player substitution and
23 rotation strategies in an attempt to reduce the time-related risk of injury presently identified over short
24 periods of match congestion. There is also a need for investigations in which players perform consecutive
25 football-specific 90-minute intermittent running protocols that simulate the demands of match-play over
26 'congested' time scales similar to those employed here. This would enable analysis and potential
27 identification of the cumulative effect of successive matches during congested periods on physical and
28 physiological responses to play.

30 Limitations

31 A limitation acknowledged at the outset of this study was that the injury risk and patterns observed might
32 only reflect this present cohort of players from a single elite football club. Similar investigations involving
33 a larger sample of clubs internationally to increase statistical power and narrow the confidence intervals
34 for incidence rate ratios are necessary to verify the present findings. However, despite these limitations,
35 this study has merit in that it investigates injury and match congestion using measures of injury data and
36 exposure time in the same players. A further strength was its stringent inclusion criteria, six-season span

1 and prospective methodology the latter respecting international recommended injury recording systems
2 thereby allowing injury data to be compared with future research findings.

4 **What are the new findings?**

- 5 - This is the first study to show that the risk of injury increases in the same players when regularly
6 competing in congested match cycles
- 7 - The risk of injury is especially high in the final 15-minutes of the final matches in a 2-match
8 congestion cycle and in the 1st-half of the final game in a 3-match congestion cycle.
- 9 - Rates of non-contact injury due to a ‘change in direction’ and ankle sprains are higher in the 3rd match
10 of a congested cycle

12 **How might it impact on clinical practice?**

- 13 - The findings support the importance of monitoring participation rates in players during congested
14 match periods
- 15 - Provides an insight into the need for individualising player rotation and substitution strategies to
16 reduce the injury risk
- 17 - Provides further support for UEFA recommendations that match schedules should be planned to
18 ensure sufficient recovery time between matches

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27
28

1 Figure 1 Incidence of injury in the final match of short congested match cycles compared to during match-play outside the congested cycles.

2

3

4 Injury incidences are presented with 95% Confidence Intervals bars

5 2-match congestion cycle: two successive matches separated by a time interval totalling ≤ 3 days (≤ 72 hrs) calculated immediately from the end of play in match 1 to the beginning of play in match 2

6 3-match congestion cycle: three matches played successively with each separated by a ≤ 4 -day period commencing the day immediately after each match

1 Table 1 Incidence of major injury types and locations in the final match in short congested match cycles compared to during match-play outside the cycles.

2

Incidence of injury type and location	Match outside congested periods	Final match in congested periods of		IRR (95% CI) for match-play outside congestion vs. final match in congested cycles			
		2 matches ≤3 days	3 matches ≤4 days	2 matches ≤3 days	p	3 matches ≤4 days	p
Strains	16.6 (7, 26)	33.3 (12, 55)	36.0 (4, 68)	2.0 (0.8, 4.8)	0.1120	2.2 (0.8, 6.2)	0.1453
Hamstring	11.1 (3, 18)	22.3 (5, 40)	28.8 (1, 57)	2.0 (0.7, 5.8)	0.1944	2.6 (0.8, 8.7)	0.1179
Quadriceps	0.0	0.0	7.2 (-7, 21)				
Groin	1.4 (-1, 4)	3.7 (-4, 11)	0.0	2.7 (0.2, 43.0)	0.4845		
Calf	4.1 (-1, 9)	0.0	0.0				
Other	0.0	7.4 (-3, 18)	0.0				
Sprains	4.1 (0, 9)	14.9 (0, 29)	28.8 (1, 57)	3.6 (0.8, 16.2)	0.0947	7.0 (1.5, 31.4)	0.0112
Ankle	2.8 (-1, 7)	14.9 (0, 29)	28.8 (1, 57)	5.4 (1.0, 29.3)	0.0522	10.4 (1.9, 57.9)	0.0068
Knee	1.4 (-1, 4)						
Contusion	19.4 (9, 29)	14.9 (0, 29)	12.8 (-6, 34)	0.8 (0.3, 2.3)	0.6794	0.7 (0.2, 2.2)	0.6519

3

4 Injury incidence values are presented with 95% Confidence Intervals

5 IRR: Incidence Rate Ratios

1 Table 2 Incidence of non-contact injury and causes in the final match in short congested match cycles compared to during match-play outside cycles.

2

Cause of non-contact injury incidence	Match outside congested periods	Final match in congested periods of		IRR (95% CI) for match-play outside congestion vs. final match in congested cycles			
		2 matches ≤3 days	3 matches ≤4 days	2 matches ≤3 days	p	3 matches ≤4 days	p
Non-contact injury	24.9 (13, 36)	44.6 (19, 70)	50.4 (13, 88)	1.8 (0.9, 3.7)	0.1177	2.0 (0.9, 4.8)	0.1129
Acceleration	5.5 (0, 11)	7.4 (-3, 18)	0.0	1.3 (0.2, 7.3)	0.7330		
Change in direction	2.8 (-1, 7)	14.9 (0, 29)	21.6 (-3, 46)	5.4 (1.0, 29.3)	0.0522	7.8 (1.3, 46.8)	0.0243
Fall	2.8 (-1, 7)	4 (-4, 11)	0.0	1.3 (0.1, 14.8)	0.8094		
Kicking ball	1.4 (-1, 4)	3.7 (-4, 11)	0.0	2.7 (0.2, 43.0)	0.4845		
Landing	1.4 (-1, 4)	0.0	0.0				
Tackle	0.0	3.7 (-6, 8)	7.2 (-6, 21)				
Unknown	11.1 (3, 19)	11.1 (-1, 24)	21.6 (-3, 46)	1.0 (0.3, 3.8)	0.9909	2.0 (0.5, 7.3)	0.3224

3

4 Injury incidence values are presented with 95% Confidence Intervals

5 IRR: Incidence Rate Ratios

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7

1 Table 3 Incidence of injury according to time period in the final match in short congested match cycles compared to during match-play outside cycles.

2

Injury incidence across time periods	Match outside congested periods	Final match in congested periods		IRR (95% CI) for match-play outside congestion vs. final match in congested cycles			
		2 matches ≤3 days	3 matches ≤4 days	2 matches ≤3 days	p	3 matches ≤4 days	p
1st half overall	19.4 (9, 29)	26.0 (7, 45)	50.4 (13, 88)	1.3 (0.3, 5.3)	0.5234	2.6 (1.1, 6.5)	0.0386
0-15mins	1.4 (-1, 4)	4 (-6, 8)	14.4 (-6, 34)	2.7 (0.2, 43.0)	0.4845	10.4 (1.0, 114.9)	0.0557
16-30mins	9.7 (3, 17)	11.1 (-2, 24)	21.6 (-3, 46)	1.2 (0.3, 4.5)	0.8378	2.2 (0.6, 8.6)	0.2443
31mins-Half-time	8.3 (2, 15)	11.1 (-2, 24)	14.4 (-6, 34)	1.3 (0.3, 5.3)	0.6761	1.7 (0.4, 8.6)	0.4989
2nd half overall	19.4 (9, 29)	37.1 (14, 60)	28.8 (1, 57)	1.9 (0.9, 4.3)	0.1153	1.5 (0.5, 4.5)	0.4828
45-60mins	8.3 (2, 15)	3.7 (-6, 8)	7.3 (-7, 21)	0.5 (0.1, 3.7)	0.7150	0.9 (0.1, 7.2)	0.5397
61-75mins	2.8 (-1, 7)	7.4 (-3, 18)	7.3 (-7, 21)	2.7 (0.4, 19.1)	0.3229	2.6 (0.2, 28.2)	0.4343
75mins-end match	8.3 (2, 15)	26.0 (7, 45)	14.4 (-6, 34)	3.1 (1.1, 9.3)	0.0400	1.7 (0.4, 8.6)	0.4989
Unknown	8.3 (2, 15)	7.4 (-3, 18)	14.4 (-6, 34)	0.9 (0.2, 4.4)	0.5536	1.7 (0.4, 8.6)	0.4989

3

4 Injury incidence values are presented with 95% Confidence Intervals

5 IRR: Incidence Rate Ratios