

# Knowledge, attitude, and skills regarding sports medicine among football players and team doctors in the football super league in Malawi

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## ABSTRACT

A study was conducted among football players and team doctors in the football super league in Malawi to determine the level of knowledge, skills and attitude in sports medicine. One hundred football players and thirteen team doctors were involved in the study. Standardised questionnaires were used to collect data in an interview format. Among the players 37% had completed tertiary education and 60% had finished secondary school education. Most players had poor knowledge on prevention of injuries; had poor advice on diet; used illicit drugs or knew of fellow players using illicit drugs and believed in the role of magic in sports. All 13 team

'doctors' worked full-time in paramedical fields: 3 were orthopaedic clinical officers, 2 were physiotherapists and the rest were in various fields, such as dental technician, pharmacy assistant, medical assistant and dermatology technician, where trauma is not part of their basic training. Most team "doctors" were aware of the impact of HIV/AIDS on sports but few had good knowledge of the role of nutrition in sports and the effect of performance enhancing drugs in sports. Most believed in the role of magic in sports. Recommendations are made on the basis of these findings.

## Introduction

Sports injuries can cause considerable morbidity and can at times be fatal. Like many injuries, however, most sports injuries are preventable. To prevent sports injuries sportsmen and sportswomen need to have the necessary knowledge on injury prevention; team doctors need to be well qualified in the field of sports medicine and trauma management; and appropriate training facilities need to be put in place to avoid unnecessary sports injuries. The role of a team doctor in football has been outlined by Crane<sup>1</sup>, and Lynch and Carcasona<sup>2</sup>

In Malawi football is the most popular sport. The football super league is semi professional. A study was conducted with the aims determining the demographic characteristics of football players and team doctors; educational qualifications of football players; professional qualifications of team doctors; and the level of knowledge, skills and attitude in sports medicine among football players and team doctors in the football super league in Malawi. The information collected will assist football clubs, team doctors and players in implementation of measures of injury prevention and treatment.

## Materials and Methods

This was a prospective study conducted between October 2001 and April 2002. The study population was randomly selected super league football players and team doctors for super league teams and reserve teams. Two questionnaires, one for football players and one for team doctors, were used to collect data in an interview format. A total of 100 super league players, 9 super league team doctors and 4 team doctors for reserve sides were involved in the study. Interviewees were given a guarantee that neither they nor their clubs would be identified.

## Results

50% of the players are between 21 – 25 years and 35% are under 20 years. Most players (97%) had secondary education and above. 60% of the players had done secondary education; 22% had done college education and 15% had done university education. 65% of the players were not employed elsewhere and dependent entirely on football as a means of earning a living. All team doctors were male; were working part time; and were

all trained paramedicals in various fields: 3 orthopaedic clinical officers, 2 physiotherapists, 1 dermatology technician, 1 dental therapist, 3 medical assistants, and 3 general clinical officers. Of these only 5 had done management of basic trauma in their training. Only 3 of the team doctors had ever attended a sports medicine course and only 1 had done a sports management course. 7 had done basic first aid courses but none had done cardiopulmonary resuscitation courses.

Knowledge and attitude of football players on various aspects of sports medicine are listed in table 1 and the responses of the team doctors in table 2.

## Discussion

This study found a poor level of knowledge, training and awareness of issues relating to sports medicine. Firstly, all club doctors are appointed on a part time basis and none were medical graduates. Some of the paramedical fields of training had no basic trauma management in their curricula. The 5 who had done management of basic trauma in their training were the 3 orthopaedic clinical officers and the 2 physiotherapists. None of the club doctors had qualifications in sports medicine. Even more worrying is the fact that not all had done basic first aid courses and none had done any cardiopulmonary resuscitation courses. Only 3 of the team doctors had ever attended a sports medicine course and only 1 had done a sports management course. Typically, therefore, the club doctor is a trained paramedical; has a very limited experience of sports medicine; and is employed on a part time basis. Thus in the majority of super league teams, the day to day management of injuries is in the hands of people who have not had adequate basic trauma management. Waddington et al<sup>3</sup> have raised similar concerns regarding the experience, qualifications and appointment of team doctors in the English Premier league.<sup>3</sup> This situation is not in the best long-term interests of neither the club nor the players. Such unqualified team doctors can have their clinical autonomy undermined by club management for instance by being pressured to treat players in a manner that they find unacceptable, or to allow a player to return to play sooner than is advisable. 5 out of 13 team doctors said they are occasionally asked to field an injured player against advice by the technical panel.

All team doctors were aware of the harmful effects of excessive

smoking and alcohol. On the point of illicit drugs and performance enhancing drugs the majority of the team doctors were not aware of the substances banned by world football governing body (FIFA). This is an unfortunate situation as the players can fail a random doping test to the detriment of their football career. Most team doctors stated that they lacked basic resuscitation equipment and splints at the field of play. In a region hit hard by the HIV / AIDS pandemic it was reassuring to find that most team doctors were aware of the risks of HIV transmission in a contact sports like football and that they had access to protective gloves. The majority of team doctors had no adequate knowledge on diet and sports performance although they were aware of the importance of diet in sports. Nearly all team doctors believed magic (juju) could affect the performance and health of footballers. This is a regrettable finding as deficiencies that can be corrected are at times attributed to 'juju' without making efforts to correct them.

The majority of the football players were under 25 and depended entirely on football as their source of income. This has important financial implications in the event of a player's career being prematurely ended due to lack of prevention of injuries or inadequate management of injuries. A sizeable proportion of players admitted to excessive intake of alcohol and use of illicit drugs such as marijuana. Most of the players had poor knowledge on diet and injury prevention in sports; were dissatisfied with the medical care and advice given by their team doctors and felt that the training facilities at their disposal were inadequate.

Following the above research findings, the following recommendations are made:

1. Players should have good incentives and employment contracts as most are young and depend on football for income.
2. Players must be given adequate knowledge on injury prevention and diet and nutrition in sports. This will help them maintain good health so that they can continue to earn a living through football.
3. Players must be discouraged from excessive alcohol consumption and smoking of tobacco and illicit drugs as this will impact negatively on their football career.
4. Football players should be encouraged to form lobby groups or unions through which they can fight for improvement of their working conditions
5. Clubs should make sure that adequate training facilities and good grounds are available.
6. Team doctors and players should be made aware of performance enhancing drugs on FIFA list and the random doping test. This is important, as these football players are involved in international matches and risk being banned from their profession if they were to be found to have taken these drugs. Ignorance of such a list is not an acceptable defense.
7. Clubs should make sure that only those clinicians who have knowledge on trauma management should be employed as team doctors. The National Sports Council and Football Association of Malawi (FAM) should set strict guidelines and standards to clubs for qualifications of team doctors.
8. The orthopaedic training programme at the College of Medicine should work hand in hand with the Malawi National Council of sports and FAM in particular in organizing sport medicine courses for team doctors and in recommending the right choices for team doctors.
9. Team doctors should be encouraged to attend sports administration and sport medicine courses to improve their ability to prevent and manage sports injuries. Possession of a specialist qualification in sports medicine (or the willingness to

undertake a course of study leading to a specialist qualification) should be specified as a desirable attribute of candidates for the post of team doctor.

10. It should be mandatory that all team doctors should attend life saving courses such as cardiopulmonary resuscitation courses.
11. Team doctors should have basic equipment for managing sports injuries in the field of play including splints and neck collars. Resuscitation equipment should be readily available near the field of play.
12. The widespread belief in Jujū amongst football players, team doctors and the management is probably a cultural phenomenon and although it would be difficult to eradicate should be discouraged.

### Acknowledgement

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### References

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**Table 1. Knowledge and attitude of football players on various aspects of sports medicine**

QUESTION	YES %	NO %
Are you a regular and heavy smoker? (> 20 cigarettes /day)	30	70
Are you a regular and heavy drinker of alcohol? (>5 beers / day)	60	40
Are you aware of players who regularly smoke marijuana in your team?	100	
Do you have adequate knowledge of sports injuries and there prevention?	40	60
Do you think your team doctor is well qualified?	50	50
Does your team doctor give you adequate information on sports injuries?	50	50
Do you have adequate information on nutrition and sports?	20	80
Are you satisfied with the treatment you get from your team doctor?	25	75
Are your training facilities safe?	30	70
Do you think magic 'juju' has a role to play in sports?	70	30

**Table 2. Knowledge and attitude of team "doctors" on various aspects of sports medicine**

QUESTIONS (N=13)	YES	NO
Are you aware of high-risk HIV/AIDS situations in sports?	13	0
Do you have access to surgical gloves?	13	0
Are you aware of an HIV positive player in your team?	1	12
Are you comfortable with HIV positive players playing football?	0	13
Do you have first aid kits?	13	0
Do you have access to limb immobilising splints at the field of play?	3	10
Do you have neck immobilising splints at the field of play?	1	12
Do your players have adequate sports wear and protective wear?	13	0
Do you have access to emergency resuscitation equipment at the field of Play?	0	13
Can you manage an unconscious player?	13	0
Do you have full authority regarding medical decisions regarding your players?	8	5
Do you have easy access for referring injured players to hospitals?	13	0
Do you have players who drink alcohol, smoke heavily and use marijuana?	13	0
Do you forbid players from smoking, drinking and using marijuana?	8	5
Are you aware of negative effects of alcohol and smoking on sports?	13	0
Are you aware of the FIFA list of banned substances / drugs?	6	7
Are you aware of the importance of nutrition in sports?	13	0
Do you have adequate knowledge to give advice on sports and nutrition?	4	9
Do you give any special diets or nutrition supplements to your players?	1	12