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METHODOLOGY FOR HEALING INJURIES IN VOLLEYBALL

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ABSTRACT

In terms of modern civilization the development of life, health and teaching sciences has resulted in unprecedented growth of sports achievements, with the training load and extent in the majority of sports having obtained marginal dimensions. Much attention has been drawn to programming, development of the training and emulative load and rest rational regimen for the latest years. It is impossible to appreciate the muscle activity influence no metering the following descendant process, that's why organism rehabilitation after physical load can be treated as an integral part of the training process.

Keywords: traumatism, volleyball, the causes of sports injuries, mechanism [mode] of injury.

INTRODUCTION

In the context of modern civilization, the general progress of biological, medical, and pedagogical sciences led to an unprecedented increase in sports achievements. Moreover, the volume and intensity of training loads in most sports have reached their maximum values. In recent years, more and more importance has been attached to programming, developing rational modes of training and competitive loads and rest. Understand the nature of the effects of muscle activity on the body impossible without taking into account the processes passing after it, so the restoration of the body after tense physical activity is considered as an integral part of the training process

Individualization of the training process when using large in volume and intensity of loads requires thorough dosing. Correction of training loads is impossible without systematic monitoring of the degree of restoration of the body of athletes after physical exertion.

It is known that excessive loads that are inappropriate to the capabilities of the body and the preparedness of the athlete lead to the phenomena of overwork and overtraining. On the other hand, the use of "sparing" loads in the preparation does not lead to an increase in the functional state of the body and training. Finally, excessive loads can lead to serious diseases and injuries in athletes

The restoration of the athlete's body after training loads depends on a large number of factors, among which the period of preparation, qualification, gender, state of health and physical development of this subject plays an important role.

The most effective means of restoring the view of a number of scientists after large competitive and training loads is sleep. There are a number of funds that contribute to the acceleration of recovery processes in the body of athletes. However, before applying various means and methods that increase the effectiveness of rest, it is necessary to remember that any tool, contributing to the acceleration of recovery, is in some cases an additional load for the body.

Information in volleyball is relatively rare, when comparing the level of injuries with other team games, such as football, basketball or hockey. Among the team sports at the 2008 Olympics in

Beijing in volleyball was the lowest level of injuries. At the same time, unlike other command sports, volleyball is a contactless sport, i.e. The opponents of the two teams are separated from each other in a net and do not have the right to contact each other. If you take into account this important condition, then volleyball becomes a sufficiently traumatic sport among contactless sports, such as skiing, gymnastics, tennis and others.

There are 4 main injuries that are characteristic of volleyball - the ankle injuries occur most often, follow the finger injuries, injuries of the knee and shoulder.

Consider the main types of injuries in volleyball.

In volleyball, both acute and fatigue injuries caused by constant microtraumatic tissues are equally found [1]. AAGAARD and Jorgensen showed that 97% of the fingers and 86% of the ankle injuries are acute injuries, while 90% of the shoulder injuries and 88% of the knee injuries were fatigue injuries. Moreover, fatigue injuries in 55% of cases occurred in training, and 74% of acute injuries occurred in competitions [4]. In most cases, acute ankle injuries are stretching ligaments of the ankle [2]. Also, in volleyball, burcites and the number of fractures (most often fingers) often occur.

What is the mechanism of injuries in volleyball?

In volleyball, the most tense and active is the game under the net. Therefore, it is not surprising that most of the injuries happen precisely at such moments as attack and block. And it is natural that the largest number of injuries, especially the ankle injuries, occurs in three players under the net - the attackers of the first and second pace (reinforcements and central blocking). When performing the block, fingers and ankle on landing after the block were most often injured. When attacking, the shoulder and knee were most often injured. These trends are also supported by other studies - 54% of injuries on the block, 30% of injuries in attack; 89% of the injuries occurred when playing under the grid (block and attack), while 58% of the ankle injury occurred on the block, and 64% of all other injuries during attack.

It was also found that 68% of all the ankle injuries occurred when landing on the enemy's foot (the rules provides for situations when it is possible to cross the central line under the net), 19% of the ankles' injuries occurred due to the landing of the teammate in a double or triple block.

Consider the main injuries in volleyball and the causes of their occurrence.

Shoulder injuries. When performing a "extinguishing" movement in volleyball, the goal is to direct the ball to the opponent's site with maximum strength. The speed of the ball after the blow depends on the magnitude of the applied force and the duration of the contact between the ball and the brush. To attach maximum strength, the brush must move at maximum speed. With a good technique of impact, the speed of the brush is mainly ensured by the muscles of the hip joints and flexors of the body. The use of hip flexors and the body minimizes the load on the muscles of the shoulder and arms and allows you to control the movements of the brush before contact with the ball. The insufficient involvement of the muscles of the hip joint and body is usually compensated by the excessive movement of the shoulder, including the intensive activity of the shoulder muscles. This probably leads to an excessive load on the shoulder muscles and other structures, which can lead to damage to the rotational cuff.

The movements of the hand over the head, for example, when performing a "extinguishing" strike in volleyball, are carried out due to movement in three joints: shoulder, acromically clavicle and sternum-circuit. When the movement in the last two joints, a hyper-spinning of the

shoulder joint should occur in order to achieve the desired position of the hand above the head. At the same time, the structure supporting the shoulder joint is most likely to press an acromial process and ligaments, which leads to damage to the rotational cuff and the occurrence of a “infringement syndrome”.

The execution of the supply and “quenching” impact in volleyball includes all the phases of throwing - raising, acceleration and accompaniment. Oka et al. (1976) found that there are two types of raising movements. In one case, the shoulder rises first as a result of the bending movement forward, in the second - it is held below the acromion and is taken back to horizontal flexion until lifting. Since the first option is much more like a symptom of “infringement”, it is advisable to use the second option for performing volleyball. A blow with a hand on the ball during the supply and attack, apparently, causes a sharp eccentric overload of the rotational cuff.

Finger injuries in volleyball occur very often. Perhaps not a single volleyball player will meet who did not face this problem. For professionals, injuries of fingers are usually found on the block, when a blow falls on a retired finger [4]. For less professional athletes, finger injuries can occur in more trivial situations - when taking or PACE. According to the type of injuries, these are most often microtrauma of the ligaments, which are more often called "sprains of the ligaments." Also in volleyball there are dislocations and fractures of the fingers.

In some studies, the percentage of finger injuries in relation to the total number of injuries is absent or is not of high value. This may be due to the fact that in these studies the injury was characterized by time of non -participation in training, and most athletes continue to play, fixing the damaged finger with a teip or plaster. An injury can occur in any of the joints of the finger. The most unpleasant is an injury to the metacarpal-phalanx joint, since this joint is not so easy to fix, and usually a break in training is needed. An injury can occur due to a hit on a straightened finger, as a result of which there is a displacement of the bones in the metacarpophalangeal joint, and collateral ligaments are damaged. In extreme cases, a dislocation in this joint may occur. Also, such a blow can lead to another serious trauma-damage to the tendon of the fingertips of the fingers, which is sometimes called the "hammer-shaped finger".

Knee injuries are included in the four of the most common injuries among volleyball players. Among the injuries of the knee in volleyball, both acute and fatigue injuries occur. Strength injuries are much more common than acute [4]. The most common fatigue trauma to the knee in volleyball is considered to be a tendonus of the patella - an injury is better known under the name "Knee of Jump." Among acute injuries, a rupture of the anterior cruciate ligament is most often found.

Ankle injuries are most common in volleyball. According to some reports, up to half of all injuries in volleyball falls on the injuries of an ankle. The most common mechanism of the ankle injury is to land on the foot of another player, most often on the enemy’s foot. At the same time, in beach volleyball, an ankle injury is less common. This is probably due to the smaller number of players on the site and a feature of the biomechanical properties of sand. Most of the ankle injuries are acute damage, namely sprains of the ligaments.

The main risk factor in the ankle injuries is the previous stretching of the ligament of the ankle. According to BAHR in 79% of cases, an ankle injury was repeated, and only in 5% of cases the

injury occurred for the first time. It was determined that during the first 6-12 months after the injury, the risk of repeated injury increases 6-10 times [3]. Another factor in an ankle injury is fatigue, which negatively affects the function of muscle spindles by activating pain receptors and the release of by -products of inflammatory processes that reduce the bioelectric activity of muscle spindles.

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