

5.7 LIMITATIONS OF THE STUDY

- Injuries were self-reported and therefore the accurate information is not possible (lack of diagnosis).
- Recall over nine months may lead to reliability compromise.
- Delayed commencement of the training, which affected the researcher's expected sample size (183 players instead of 211 players). It was very difficult to find all players at the training playground, and the researcher's time was very limited.
- The basketball players' questionnaire did not assess the playing hours and exposure times; hence, this limited the present study when calculating prevalence and incidence, as these factors are calculated in other studies. It also affected the way in which injuries are defined and expressed in the study.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

In this final chapter, a concise summary of the study is provided. Details of the major issues in the study are given in the conclusion, and thereafter some recommendations are proposed at the end of this chapter.

6.2 SUMMARY

The aim of this study was to investigate the prevalence, mechanisms, nature and management of basketball-related injuries in Rwanda. The study specifically identified prevalence of musculoskeletal-related injuries, the mechanisms and nature of those injuries and types of treatment administered to basketball players.

In general, the findings of this study revealed that injury prevalence and injury rate were high (3.6 injuries per player per season) compared to similar studies, and the most affected body parts were the ankles, fingers and knees. More injuries were sustained during training rather than during competition.

This study revealed that the most reported mechanisms were landing badly, defensive rebounding and contact with another player. The most reported symptoms, which characterized the nature of basketball injuries, were swelling, severe pain and aching.

This study revealed that the type of treatment mostly used by basketball players was self-treatment, followed by medical treatment.

Finally, this study revealed that a great number of basketball players had never visited physiotherapy services, and the common reasons were absence of services and financial problems.

6.3 CONCLUSIONS

The injury prevalence among Rwandan basketball players is high. Treatment and rehabilitation after injury of basketball players was found to be very poor.

Education to raise coaches', players' and managers' awareness of epidemiology and adequate management is needed in order to prevent basketball injuries and to promote players' faster recovery and hence maintain players' performance. Well-planned strategies to prevent common basketball injuries are also urgently required. Lack of preventive strategies will affect the performance and health of basketball players in general by recurrence of injury. Consequently, the level of competition of basketball in Rwanda will also be affected.

Despite the financial problems faced by the Rwandan Basketball Federation, and basketball players in particular, physiotherapists need to organize an adequate promotional programme to raise awareness and encourage the use of physiotherapy services by all concerned parties.

However, this study is the first to investigate the epidemiology and management of basketball-related injuries in Rwanda.

Finally, considering the sample characteristics and sample size of this study, the results of this study can be generalized.

6.4 RECOMMENDATIONS

Based on the findings of this study, the following recommendations are suggested:

1. Further research into risk factors is required before any preventive strategy can be implemented.
2. Future prospective studies that address possible recall bias and consider exposure time are required.
3. The findings of this study on common injuries in basketball, mechanisms, body parts involved and types of treatment used by basketball players need to be made available to coaches, managers and players in the form of seminars or workshops.
4. Promotional education on primary prevention among Rwandan basketball players is required and must include information on protective equipment, hydration, warm-up, stretching, and strengthening and flexibility exercises.
5. Physiotherapists must be volunteers for promoting and demonstrating the role of physiotherapy in management of sports injuries by joining different sporting teams.
6. The Rwandan governing bodies of sports in general (MIJESPOC), the National Olympic Committee and the Rwandan Basketball Federation must encourage the training of qualified coaches and facilitate the implementation of injury prevention strategies to minimize the epidemiology of basketball injuries, as revealed by this study.

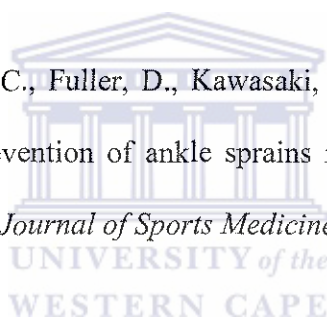
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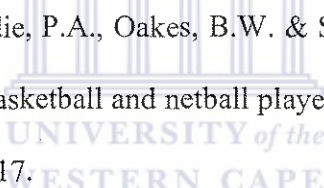
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DEPARTMENT OF PHYSIOTHERAPY

The Minister of youth, sports and culture,
 Republic of Rwanda.

Date: 25/11/04

Sir,

Subject: Request to conduct a research study in Rwanda

I am a postgraduate Rwandan student pursuing a Master's Degree programme in physiotherapy at the University of the Western Cape in South Africa. I am conducting a research project as part of the requirements for a master's Degree in physiotherapy. The title of my research is "EPIDEMIOLOGY AND MANAGEMENT OF BASKETBALL RELATED INJURIES IN RWANDA". The research aims to investigate common basketball injuries. This information could assist in planning prevention programmes.

I hereby kindly request your permission to conduct this study in all 1st Division male and female basketball teams.

It is hoped that the results of this study could help in increasing awareness among basketball players, coaches and managers about adequate management of common injuries and could also promote it. It could serve as database to Ministry of youth, sports and culture, Rwandan Federation of Basketball and National Olympic Committee. I would be very grateful if you could allow me to conduct the study between December 2004 and January 2005.

Ethical approval was obtained from UWC. Participation in this study will be anonymous and voluntary and the information gathered will be confidential.

I am looking forward to your co-operation. Thanking you in anticipation.

Sincerely,

Moussa Hakizimana

Dr Quinette Louw
 Supervisor.



MINISTRY OF YOUTH,
CULTURE AND SPORTS
B.P. 1044 - KIGALI

Tél : 58 3525, 58 3531

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E-mail : : minicult@rwanda1.com

Kigali, 28/12/04

N° 1778/22.40

Mr Moussa HAKIZIMANA
UNIVERSITY of the WESTERN CAPE
Private Bag X17 Belleville 7535 South Africa
Telephone (021) 959-1217 e-Mail: mmarais@uwc.ac.za.
DEPARTMENT OF PHYSIOTHERAPY

Re: Allowing to conduct research study in Rwanda

Sir,

This is to inform you that we received your letter of 25th November 2004 and wish to encourage dealing with the chosen title of your research.

So, we hereby make you know that you are allowed to conduct the research between December 2004 and January 2005.

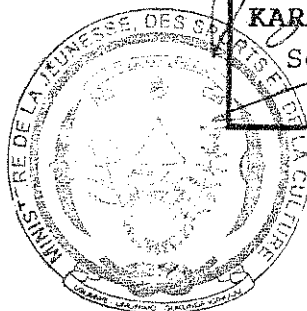
For more information according to your program, please contact the Rwandan Basketball Federation.

**The Minister of Youth,
Culture and Sports
Joseph HABINEZA**

C.c to :

Mr. President of the Rwandan
Basketball Federation

KIGALI



KARABARANGA Jean Pierre
Secrétaire Général
MIJESPOC

APPENDIX C



University of the Western Cape

Private Bag X17 Bellville 7535 South Africa
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DEPARTMENT OF PHYSIOTHERAPY

President of Rwandan Federation of Basketball.
Kigali-Rwanda.
Dated 25/11/2004

Sir,

I am a postgraduate Rwandan student pursuing a Master's Degree programme in physiotherapy at the University of the Western Cape in South Africa. I am expected to conduct a research project relevant to my area of study as part of the requirement for a master's Degree in physiotherapy.

I wish to carry out a study in all basketball teams, male and female. The title of my research thesis is "EPIDEMIOLOGY AND MANAGEMENT OF BASKETBALL RELATED INJURIES IN RWANDA".

I hereby kindly request your permission to conduct this study in basketball teams. All ethical issues will be addressed to the letter including, voluntary participation, confidentiality and anonymity as the information will be collected in form of questionnaire.

The results of this study will serve as database to Rwandan federation of basketball and will increase the awareness of basketball players, coaches and managers about adequate management of common injuries.

Moussa Hakizimana.

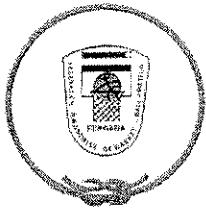
A handwritten signature in black ink, appearing to read 'Moussa Hakizimana'.

APPENDIX D

FEDERATION RWANDAISE DE BASKET BALL

(FERWABA)

Affiliée à la FIBA, FIBA-AFRIQUE et à l'ECSBC



A QUI DE DROIT

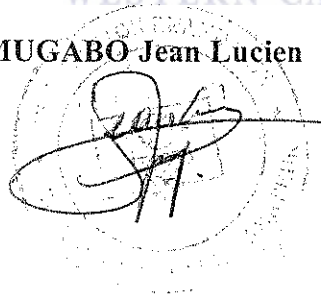
A tous les Clubs de Basket ball, prière faciliter Mr MOUSSA HAKIZIMANA à faire ses recherches pour ses travaux de fin de ses études.

Merci.

Fait à Kigali le 25 Janvier 2005.

SG FERWABA

MUGABO Jean-Lucien



APPENDIX E

QUESTIONNAIRE FOR BASKETBALL PLAYERS

Dear player,

Good day, my name is MOUSSA HAKIZIMANA, I am a Rwandan postgraduate student enrolled in Physiotherapy (Masters programme) at the University of the Western Cape – South Africa. I am conducting a research survey as part of requirements for a Masters Degree in Physiotherapy. The title of my study is” **Epidemiology and management of basketball related injuries in Rwanda**”. The aim of the study is to investigate on prevalence, types, mechanisms, nature and types of treatment used by Rwandan basketball players.

I kindly request for your participation in this study by completing the questionnaire form with your views according to the statements given in the questionnaire.

The participation is voluntary and the information given will be confidential. You are free to withdraw from the study at any time.

Thank you.

Researcher signature:

Date:

Player’s signature:

QUESTIONNAIRE FOR BASKETBALL PLAYERS

INSTRUCTION:

- All questions are strictly confidential
- Please be as truthful as possible
- Please select one or more responses by using a tick (✓).

Questionnaire number: -----

Date: -----

Team name: -----

Age (yrs): -----

Gender: Male

Female

Playing position: -----

SECTION A

1. Did you sustain any injury while playing basketball last season?

Yes

No

2. When did you injure yourself during basketball? (One or more answers are possible)

Training

Competition

3. How many injuries have you sustained over the last season (9 months back)?

Training

Competitive matches

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE INJURIES YOU SUSTAINED THIS SEASON (Due which you missed training or competition).

4. On which of the following body parts and structures did you sustain injury? (One or more answers are possible). State number of times for the complete season.

	Muscle	Ligament	Tendon	Capsule	Bone	Skin	Other
<u>HEAD:</u>							
Skull:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify) -----

	Muscle	Ligament	Tendon	Capsule	Meniscus	Bone	Skin	Other
<u>SPINE/TRUNK:</u>								
Neck:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper back:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower back:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ribs/chest:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Muscle	Ligament	Tendon	Capsule	Bone	Skin	Other
<u>UPPER EXTREMITY</u>							
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Muscle	Ligament	Tendon	Capsule	Meniscus	Bone	Skin	Other
<u>LOWER EXTREMITY</u>								
Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thigh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achilles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B

FOR THE FIRST INJURY:

1. What type of injury have you sustained? (One or more answers are possible)

- | | | | | | |
|-------------|--------------------------|------------|--------------------------|----------------------|--------------------------|
| Strain | <input type="checkbox"/> | Sprain | <input type="checkbox"/> | Contusion | <input type="checkbox"/> |
| Rupture | <input type="checkbox"/> | Haematoma | <input type="checkbox"/> | Effusion | <input type="checkbox"/> |
| Abrasion | <input type="checkbox"/> | Laceration | <input type="checkbox"/> | Subluxation | <input type="checkbox"/> |
| Dislocation | <input type="checkbox"/> | Fracture | <input type="checkbox"/> | Other (specify)..... | |

2. Did you suffer any overuse injury?

- Yes No

3. If Yes, which one(s) of the following?

- | | | | | | | | |
|-------------|--------------------------|-----------------|--------------------------|----------------------|--------------------------|----------|--------------------------|
| Tendinosis | <input type="checkbox"/> | Tendinitis | <input type="checkbox"/> | Paratenonitis | <input type="checkbox"/> | Bursitis | <input type="checkbox"/> |
| Apophysitis | <input type="checkbox"/> | Stress fracture | <input type="checkbox"/> | compartment syndrome | <input type="checkbox"/> | | |

Other (Specify)

4. How did your first injury of this season occur? (One or more answers are possible)

- | | | | | | |
|---------------------------|--------------------------|-----------------|--------------------------|----------------------|--------------------------|
| Landing badly from a jump | <input type="checkbox"/> | Lateral pivot | <input type="checkbox"/> | Catching the ball | <input type="checkbox"/> |
| Bumped into someone | <input type="checkbox"/> | Turning & twist | <input type="checkbox"/> | Defensive rebounding | <input type="checkbox"/> |
| Fell | <input type="checkbox"/> | Contact | <input type="checkbox"/> | Tripped | <input type="checkbox"/> |

No injury, just feel/felt pain while playing basketball

Other (Please specify)

5. Did you experience any of the following symptoms when get first injury? (One or more answers are possible)

- | | | | | | |
|-------------|--------------------------|-------------|--------------------------|-----------|--------------------------|
| Bleeding | <input type="checkbox"/> | Swelling | <input type="checkbox"/> | Bruising | <input type="checkbox"/> |
| Aching | <input type="checkbox"/> | Locking | <input type="checkbox"/> | Stiffness | <input type="checkbox"/> |
| Severe Pain | <input type="checkbox"/> | Giving away | <input type="checkbox"/> | | |

6. Did you receive any treatment for your injury?

Yes

No

7. If Yes, what type of treatment did you receive following first injury? (One or more answers are possible)

Medical

Traditional

Physiotherapy

Self treatment

None

8. If physiotherapy, what kind of treatment did you receive following first injury? (One or more answers are possible).

Ice/cold

Compression

Elevation

Soft tissue stretch

Heat

Massage

Acupuncture

Deep frictions

Strapping

Ultrasound

Splinting

TENS

Interferential

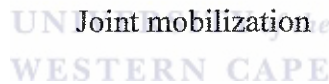
Muscle stimulation

Exercise therapy

Rehabilitation

UN Joint mobilization

Other (specify).....



FOR THE SECOND INJURY:

1. What type of injury have you sustained? (One or more answers are possible)

Strain

Sprain

Contusion

Rupture

Haematoma

Effusion

Abrasion

Laceration

Subluxation

Dislocation

Fracture

Other (specify).....

2. Did you suffer any overuse injury?

Yes

No

3. If Yes, which one(s) of the following?

Tendinosis

Tendinitis

Paratenonitis Bursitis

Apophysitis

Stress fracture

compartment syndrome

Other (Specify)

4. How did your second injury of this season occur? (One or more answers are possible)

Landing badly from a jump

Lateral pivot

Catching the ball

Bumped into someone

Turning & twist

Defensive rebounding

Fell

Contact

Tripped

No injury, just feel/felt pain while playing basketball

Other (Please specify)

5. Did you experience any of the following symptoms when get injury? (One or more answers are possible)

Bleeding

Swelling

Bruising

Aching

Locking

Stiffness

Severe Pain

Giving away

6. Did you receive any treatment for your injury?

Yes

No

7. If Yes, what type of treatment did you receive following second injury? (One or more answers are possible)

Medical

Traditional

Physiotherapy

Self treatment

None

8. If physiotherapy, what kind of treatment did you receive following second injury? (One or more answers are possible).

- | | | | | | |
|---------------------|--------------------------|--------------------|--------------------------|----------------------|--------------------------|
| Ice/cold | <input type="checkbox"/> | Compression | <input type="checkbox"/> | Elevation | <input type="checkbox"/> |
| Soft tissue stretch | <input type="checkbox"/> | Heat | <input type="checkbox"/> | Massage | <input type="checkbox"/> |
| Acupuncture | <input type="checkbox"/> | Deep frictions | <input type="checkbox"/> | Strapping | <input type="checkbox"/> |
| Ultrasound | <input type="checkbox"/> | Splinting | <input type="checkbox"/> | TENS | <input type="checkbox"/> |
| Interferential | <input type="checkbox"/> | Muscle stimulation | <input type="checkbox"/> | Exercise therapy | <input type="checkbox"/> |
| Rehabilitation | <input type="checkbox"/> | Joint mobilization | <input type="checkbox"/> | Other (specify)..... | |

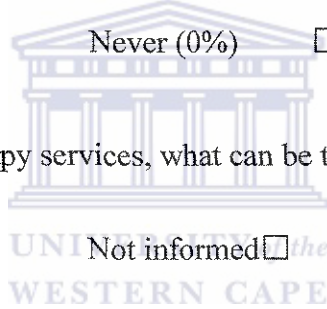
SECTION C

1. Did you get facilities to access physiotherapy services when required?

- | | | | | | |
|-----------------|--------------------------|------------------|--------------------------|-------------|--------------------------|
| Always (100%) | <input type="checkbox"/> | Very often (75%) | <input type="checkbox"/> | Often (50%) | <input type="checkbox"/> |
| Sometimes (25%) | <input type="checkbox"/> | Never (0%) | <input type="checkbox"/> | | |

2. If no access to Physiotherapy services, what can be the reason?

- | | | | | | |
|-------------------|--------------------------|--------------|--------------------------|---------------------|--------------------------|
| Financial problem | <input type="checkbox"/> | Not informed | <input type="checkbox"/> | Absence of services | <input type="checkbox"/> |
| Ignorance | <input type="checkbox"/> | | | | |



APPENDIX F

QUESTIONNAIRE POUR LES BASKETEURS

Cher basketeur,

Bonjour, je répond au nom de HAKIZIMANA Moussa, étudiant Rwandais inscrit au programme de maîtrise en physiothérapie à l'université de Western Cape en Afrique du Sud. Je fait cette recherche comme l'une des conditions d'obtenir un Diplôme de maîtrise en Physiothérapie. Le titre de ma recherche est" EPIDEMIOLOGIE ET TRAITEMENT DE TRAUMATISMES SPORTIFS RELATIVE AU BASKETBALL AU RWANDA". L'objectif de cette recherche est d'examiner la prevalence, les mecanismes, la nature de ces traumatismes et comment ces traumatismes sont traités au Rwanda.

Cependant, je vous prie de participer dans cette recherche en répondant aux questions, selon les ascertations données dans le questionnaire. Votre participation est volontaire et les informations fournies seront traitées confidentiellement. Vous êtes libre de vous retirer n'importe quand au cours de la recherche.

Merci.

Signature du chercheur:

Date:..../...../.....

Signature du basketeur:

APPENDIX F

QUESTIONNAIRE POUR LES BASKETEURS

Cher basketeur,

Bonjour, je répond au nom de HAKIZIMANA Moussa, étudiant Rwandais inscrit au programme de maîtrise en physiothérapie à l'université de Western Cape en Afrique du Sud. Je fait cette recherche comme l'une des conditions d'obtenir un Diplôme de maîtrise en Physiothérapie. Le titre de ma recherche est "EPIDEMIOLOGIE ET TRAITEMENT DE TRAUMATISMES SPORTIFS RELATIVE AU BASKETBALL AU RWANDA". L'objectif de cette recherche est d'examiner la prevalence, les mecanismes, la nature de ces traumatismes et comment ces traumatismes sont traités au Rwanda.

Cependant, je vous prie de participer dans cette recherche en répondant aux questions, selon les ascertations données dans le questionnaire. Votre participation est volontaire et les informations fournies seront traitées confidentiellement. Vous êtes libre de vous retirer n'importe quand au cours de la recherche.

Merci.

Signature du chercheur:

Date:..../...../.....

Signature du basketeur:

QUESTIONNAIRE POUR LES BASKETEURS.

INSTRUCTIONS :

- Toutes les questions sont strictement confidentielles.
- S'il vous plaît, soyez aussi sincère que possible.
- S'il vous plaît, choisissez une ou plusieurs réponses en marquant un « V ».

Numéro du questionnaire : -----

Date : -----

Nom de l'équipe : -----

Age (années) : -----

Gender : Male

Femelle

Position dans l'équipe : -----

SECTION A

1. Avez-vous eu un traumatisme en jouant au basketball la saison dernière ?

Oui Non

2. Quand avez-vous eu ce traumatisme ? (Une ou plusieurs réponses sont possibles).

Entraînement compétition/match

3. De combien de traumatismes avez-vous souffert pendant la saison passée (9 mois passé).

Entraînement Compétition/match

Répondez aux questions suivantes concernant les traumatismes dont vous avez souffert au cours de la saison dernière. Selon lesquels vous étiez absent pendant les Entraînement ou compétition.

4. Sur quelles structures et parties du corps suivantes avez-vous souffert de traumatisme (Une ou plusieurs réponses sont possibles).

Mentionnez le nombre de traumatismes pour la saison complète.

	Muscle	Tendon	Capsule	Os	Peau	Autres
<u>Tête :</u>						
Crâne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yeux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Autres -----

	Muscle	Tendon	Capsule	Os	Peau	Autres
<u>Colonne/Tronc :</u>						
Cou	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tronc sup.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tronc inf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Côtes/poitrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Muscle	Tendon	Capsule	Os	Peau	Autres
<u>Membre sup. :</u>						
Epaule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avant-bras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poignet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doigts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<u>Membre inf.:</u>	Muscle	Tendon	Meniscus	Capsule	Os	Peau
Bassin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuisse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genou	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jambe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheville	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. d'Achille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B.

POUR LE PREMIER TRAUMATISME

1. De quel type de traumatisme avez-vous souffert ? (Une ou plusieurs réponses sont possibles).

Elongation Contusion Haematome Déchirure partielle Déchirure totale

Epanchement Abrasion Lacération Entorse Luxation

Fracture Autres (spécifier) -----

2. Avez-vous souffert de traumatisme résultant d'une hypersollicitation?

Oui Non

3. Si oui, lequel(s) des traumatismes suivants ?

Tendinosis tendinite paratenonite Bursite

Apophysite Fracture de trace syndrome de compartement

Autres (spécifier) -----

4. Comment votre premier traumatisme de la saison est-il survenu ? (Une ou plusieurs réponses sont possibles).

Mauvais atterrissage après un saut pivot latéral Rebond défensif

Saisie de la balle Chute Se cogner contre quelqu'un

Contact Tourner et twister Trébucher

Pas de traumatisme, mais sensation de douleur en jouant le basketball

Autre (spécifier) -----

5. Avez-vous présenté l'un des symptômes suivants quand le 1^{er} traumatisme est survenu ? (Une ou plusieurs réponses sont possibles).

Saignement Gonflement Ecchymose Douleur

Locking/blockage Raideur Douleur severe Relâchement

6. Avez-vous reçu un traitement pour votre traumatisme?

Oui Non

7. Si oui, quel type de traitement avez-vous reçu pour ce 1^{er} traumatisme ? (Une ou plusieurs réponses sont possibles).

Médical Traditionnel Physiothérapie

Auto-traitement Aucun

8. Si physiothérapie, quel type de traitement avez-vous reçu pour le 1^{er} traumatisme ? (Une ou plusieurs réponses sont possibles).

Froid/glaçon Compression Elevation Chaleur

Massage Acupuncture Frictions profondes Straping

Ultrasons Attelle TENS Stimulation musculaire

Exercices Réhabilitation Mobilisation Courant interférentiel

Autre (spécifier) -----

POUR LE SECOND TRAUMATISME

1. De quel type de traumatisme avez-vous souffert ? (Une ou plusieurs réponses sont possibles).

Elongation Contusion Haematome Déchirure partielle Déchirure totale

Epanchement Abrasion Lacération Entorse Luxation

Fracture Autres (spécifier) -----

2. Avez-vous souffert de traumatisme résultant d'une hypersollicitation?

Oui Non

3. Si oui, lequel(s) de traumatismes suivants ?

Tendinosis tendinite paratenonite Bursite

Apophysite Fracture de trace syndrome de compartement

Autres (spécifier) -----

4. Comment votre second traumatisme de la saison est-il survenu ? (Une ou plusieurs réponses sont possibles).

Mauvais atterrissage après un saut pivot latéral Rebond défensif

Saisie de la balle Chute Se cogner contre quelqu'un

Contact Tourner et twister Trébucher ???

Pas de traumatisme, mais sensation de douleur en jouant le basketball

Autres (spécifier) -----

5. Avez-vous présenté l'un des symptômes suivants quand le second traumatisme est survenu ? (Une ou plusieurs réponses sont possibles).

Saignement Gonflement Ecchymose Douleur

Locking/blockage Raideur Douleur severe Relâchement

6. Avez-vous reçu un traitement pour votre second traumatisme?

Oui Non

7. Si oui, quel type de traitement avez-vous reçu pour ce second traumatisme ?
(Une ou plusieurs réponses sont possibles).

Médical Traditionnel Physiothérapie
Auto-traitement Aucun

8. Si physiothérapie, quel type de traitement avez-vous reçu pour le second traumatisme ?
(Une ou plusieurs réponses sont possibles).

Froid/glaçon Compression Elévation Chaleur
Massage Acupuncture Frictions profondes Strapping Ultrasons
Attelle TENS Stimulation musculaire Exercices
Réhabilitation Mobilisation Courant interférentiel

Autre (spécifier) -----



SECTION C :

1. Avez-vous des facilités/moyens d'accéder aux services de physiothérapie quand c'est nécessaire ?

Toujours plus souvent Souvent Quelques fois
Jamais

2. Si vous n'avez pas la possibilité d'accéder aux services de physiothérapie, quelle en est la raison ?

Problème financier Manque d'information Absence de services
Ignorance

APPENDIX G

URUTONDE RW' IBIBAZO BIGENEWE ABAKINNYI BA BASKETI

Mukinnyi,

Mugire umunsi mwiza.

Nitwa Hakizimana Moussa, nkaba ndi umunyeshuri w'umunyarwanda mu cyiciro cya gatatu muri Kaminuza ya Western Cape mu gihugu cy' Afrika y'Epfo mu ishami rya Physiotherapy. Nkaba ndi gukora ubushakashatsi ku byerekeye "Epidemiyoloji n' ubuvuzi bw'ibikomere biterwa no gukina basketi mu Rwanda. Ubu bushakashatsi bugamije kwerekana umubare w'abakinnyi bakomereka, igitera uko gukomereka, uburyo bakomerekamo n' ukuntu ibyo bikomere bivurwa mu Rwanda.

Nkaba nabasabaga kwitabira ubu bushakashatsi musubiza uru rutonde rw'ibibazo bikurikira. Kugira uruhare muri ubu bushakashatsi ni ubushake bwanyu si itegeko kandi nkaba nabizeza ko ibisubizo muzatanga bizafatwa nk'ibanga. Mushobora kudakomeza kugira uruhare muri ubu bushakashatsi igihe cyose mubishakiye.

Murakoze.

Umukono w'umushakashatsi

Italiki...../.../.....

Umukono w'umukinnyi

URUTONDE RW'IBIBAZO BIGENEWE ABAKINNYI BA BASKETI

AMABWIRIZA:

- Ibibazo byose ni ibanga.
- Musabwe gukoresha ukuri bishoboka.
- Musabwe guhitamo igisubizo kimwe cyangwa byinshi mukoresheje akamenyetso"V".

Nimero y' urutonde rw'ibibazo:

Izina ry'ikipe:

Imyaka y'umukinnyi:

Igitsina: Gabo

Gore

Umwanya akinaho (mu ikipe):

IGICE CYA MBERE (A)

1. Wigeze ugira igikomere urimo ukina basketi mu irushanwa rishize?

Yego

Oya

2. icyo gikomere wakigize ryari? (Igisubizo kimwe cyangwa byinshi birashoboka)

Mu myitozo

Mu mikino

3. Wagize ibikomere bingaha mu irushanwa rishize (amezi icyenda ashize)?

Mumyitozo :

Mu mikino :

SUBIZA IBIBAZO BIKURIKIRA BIJYANYE N'IBIKOMERE WAGIZE MURI SHAMPIYONA ISHIZE, BYATUMYE USIBA MU MYITOZO CYANGWA UBURA MU MIKINO.

4. Ni ku bihe bice by'umubiri bikurikira wagizeho ibikomere? (Igisubizo kimwe cyangwa byinshi birashoboka). Tanga umubare w'ibikomere wagize mu irushanwa ryose.

UMUTWE:

	Imikaya	tendon	capsule	igufa	uruhu	ibindi
Igihanga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mu buranga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amaso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ibindi (Sobanura)						

UMUGONGO/IGIHIMBA:

	Imikaya	tendon	capsule	igufa	uruhu	ibindi
Ijosi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Igihimba cyo hejuru	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Igihimba cyo hepfo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imbavu/igituza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMABOKO:

	Imikaya	tendon	capsule	igufa	uruhu	ibindi
Urutugu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inkokora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avant-bras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ubujana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ikigaza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
intoki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMAGURU:

	Imikaya	tendon	capsule	meniscus	igufa	uruhu	ibindi
Bassin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amayunguyungu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ikibero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umurundi+Imbwana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Akabumbankore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tendon d' Achille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ikirenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IGICE CYA KABIRI (B)

IGIKOMERE CYA MBERE

1. Ni ibuhe bwoko bw'igikomere wagize? (Igisubizo kimwe cyangwa byinshi birashoboka)

Elongation contusion Haematome déchirure partielle

Dechirure totale Amazi mu ngingo Abrasion laceration

Mpfunira Luxation Imvune

Ibindi (Sobanura)

2. Wigeze ugira igikomere gitewe n'imyitozo myinshi?

Yego

Oya

3. Niba ari yego, ni ikihe muri ibi bikurikira?

Tendinosis Tendinite Paratenonite Bursite

Apophysite Fracture de trace Syndrome de compartement

Ibindi (Sobanura).....

4. Ni gute igikomere cya mbere cyabayeho? (Igisubizo kimwe cyangwa byinshi birashoboka)

Kumanuka nabi wasimbutse pivot lateral Rebond defensive

gukacira umupira Kugwa Guhutazwa n'undi mukinnyi

kugongana guhindukira Gutsikira

Nta gikomere, ariko kumva ububabare urimo ukina basketi

Ibindi (Sobanura)

5. Wigeze ugira kimwe mu bimenyetso bikurikira igihe wakomerekaga bwa mbere? (Igisubizo kimwe cyangwa byinshi birashoboka)

Kuva amaraso Kubyimbirwa bruising Ububabare

Locking/blockage Raideur Ububabare bukabiye

Kurekura kw'ururingo

6. Haba hari ubuvuzi mwahawe kubera icyo gikomere cya mbere?

Yego

Oya

7. Niba ari yego, ni ubuhe bwoko bw'ubuvuzi mwabonye kuri icyo gikomere cya mbere? (Igisubizo kimwe cyangwa byinshi birashoboka)

Bwa Kiganga Bwa Gihanga Ubugororangingo

Kwivura Ntabwo

8. Niba ari ubugororangingo, ni ubuhe bwoko bw'ubugororangingo mwahawe ku gikomere cya mbere? (Igisubizo kimwe cyangwa byinshi birashoboka)

Ubukonje Gukanda Elevation Ubushyuhe Massage

Acupuncture Frictions profondes Straping Ultrasons

Attelle TENS Stimulation musculaire Imyitozo

Rehabilitation Mobolization Courant interferentielle

Ibindi (Sobanura)

IGIKOMERE CYA KABIRI

1. Ni ibuhe bwoko bw'igikomere wagize? (Igisubizo kimwe cyangwa byinshi birashoboka)

Elongation contusion Haematome déchirure partielle Déchirure totale

Amazi mu ngingo Abrasion laceration Mpfunira Luxation

Imvune Ibindi (Sobanura)

2. Wigeze ugira igikomere gitewe n'imyitozo myinshi?

Yego

Oya

3. Niba ari yego, ni ikihe muri ibi bikurikira?

Tendinosis Tendinite Paratenonite Bursite Apophysite

Fracture de trace Syndrome de compartement

Ibindi (Sobanura).....

4. Ni gute igikomere cya kabiri cyabayeho? (Igisubizo kimwe cyangwa byinshi birashoboka)

Kumanuka nabi wasimbutse pivot lateral Rebond defensive

gukacira umupira Kugwa Guhutazwa n'undi mukinnyi kugongana

guhindukira Gutsikira

Nta gikomere, ariko kumva ububabare urimo ukina basketi

Ibindi (Sobanura)

5. Wigeze ugira kimwe mu bimenyetso bikurikira igihe wakomerekaga bwa kabiri? (Igisubizo kimwe cyangwa byinshi birashoboka)

Kuva amaraso Kubyimbirwa bruising Ububabare

Locking/blockage Raideur Ububabare bukabije

Kurekura kw'urugingo

6. Haba hari ubuvuzi mwahawe kubera icyo gikomere cya kabiri?

Yego

Oya

7. Niba ari yego, ni ubuhe bwoko bw'ubuvuzi mwabonye kuri icyo gikomere cya kabiri?
(Igisubizo kimwe cyangwa byinshi birashoboka)

Bwa muganga Bwa Gihanga Ubugororangingo

Kwivura Ntabwo

8. Niba ari ubugororangingo, ni ubuhe bwoko bw'ubugororangingo mwahawe ku gikomere cya kabiri? (Igisubizo kimwe cyangwa byinshi birashoboka)

Ubukonje Gukanda Elevation Ubushyuhe Massage

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Ibindi (Sobanura)

IGICE CYA GATATU (C)

1. Mwaba mubona uburyo mwivuriza mu bugororangingo iyo byabaye ngombwa?

Buri gihe Inshuro nyinshi Mu rugero Rimwe na rimwe

Nta na rimwe

2. Niba se ubwo buryo bwo kwivuriza mu bugororangingo mutabubona byaba biterwa ni iki? (Igisubizo kimwe cyangwa byinshi birashoboka)

Ikibazo cy'amikoro Kutabibwirwa

Nta servisi ihari Kutabimenya