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A Conversation with Donald T. Kirkendall, author of
The Complete Guide to Soccer Fitness and Injury Prevention:
A Handbook for Players, Parents, and Coaches

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Q: What prompted you to write this book? Do you feel that a large number of soccer injuries could have been easily prevented during training?

A: I've been writing about sport science issues in soccer for a number of years and had been asked on numerous occasions when was I going to do a book. A UNC colleague, Les Lang, put me in touch with UNC Press and David Perry, and the process got started.

So many children don't have the opportunity to learn basic motor skills in a physical education class. They move from learning how to run to learning how to play an offside trap. Coaches say they get 10- to 12-year-old players who don't know how to skip (and those who think there is no skipping in soccer aren't paying attention). Soccer can make an impact in developing basic motor skills that are effective at preventing injuries. There are numerous effective injury prevention programs. The sheer volume of players worldwide means injury prevention will have a public health impact.

Q: Soccer is a sport that's growing in popularity across the country. Are injuries more likely for soccer players in comparison to other sports—such as basketball or tennis players?

A: All sports carry some risk of injury. The pattern of injury differs for each sport. Soccer is a contact sport so it tends to be ranked fairly high in some reports that compare team sports. It's a bit of an apples-and-oranges thing to compare team sports like soccer to individual sports like tennis. It is even hard to compare a contact team sport like soccer to a non-contact team sport like volleyball. Sports that tend to get clumped together are lacrosse, team handball, basketball, and hockey (ice and field). Most people see American Football with the highest injury rate, with other contact team sports following.

Q: What is the most common soccer injury, and what are some common severe injuries?

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Why are these injuries common?

A: The main injuries in soccer are contusions (you get kicked), ankle sprains, knee injuries, muscle strains (groin and hamstrings), and head injuries. Ankle sprains usually happen when a defender slides into an attacker and contacts the support leg, leading to unstable support and spraining the ankle. Knee injuries are mostly non-contact injuries that happen during landing and changing direction. Groin injuries usually occur when a player stretches to make a tackle or respond to an opponent's movement. Hamstrings are becoming more common and happen when a player over-strides when sprinting. Head injuries occur when two players approaching from opposing directions collide in an attempt at the ball. Despite what some people think, a concussive head injury just doesn't happen during purposeful heading.

Q: Your book stresses the importance of understanding "the nature of the game" in preventing injury and improving training. What, in your opinion, is the greatest misconception about the nature of soccer?

A: That soccer is a game of non-stop action. The ball is actually in play about two-thirds of the game and each player has many periods of low activity. Another misconception is an on-going debate about possession versus direct play. Few goals come from possessions that string many passes together. Goals come from quickly capitalizing on mistakes. The hard part is recognizing the other team's error and taking advantage of it. A final misconception is that "direct play" is synonymous with "kick-and-run." A team can cover the entire field with three to four passes under complete control and without the randomness of kick-and-run.

Q: You describe soccer as "a game that requires no particular genetic gifts to be successful." Why is this? Are there any aspects of soccer that do depend on the athlete's natural ability?

A: Soccer requires all aspects of the spectrum of physical fitness. A marathoner needs endurance, but has little need for sprint speed or jumping power. A sprinter has little need for endurance. It helps to be tall in basketball. The best soccer players are good in all aspects of fitness, but not great in any one, except maybe agility.

Q: Your book addresses the differences between boys' and girls' soccer games. Generally speaking, what is the greatest difference between the two?

A: Biologic differences mean the women's game is played at a slower pace. As a result, the women's game appears to have a smoother flow to it while the men's game is a series of very high intensity activities. Men appear to "sprint" more whereas women appear to "run" (at a slower pace) more. There is a wider spread of skill in a woman's game. Knowing this, coaches teach their team to exploit their opponent's skill weaknesses; for example, attackers aggressively defend when they lose the ball because the other team's defenders usually have the weakest skill.

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Female goalkeepers also do not command the area in front of their goal or handle long-range shots as well as men. Thus, both coaches teach their team to have players around the goal when the goalkeeper mishandles an air ball.

Q: Are there training considerations specific to females?

A: Training differences between men and women are less biologic and more ‘mental.’ Men like to compete, so their coaches set up competitive situations. Women tend not to compete in training to the same degree, so it’s not unusual to see a women’s team doing what some might consider being traditional track-style interval training over short distances. Because of some problems with specific injuries, women’s teams should be doing any of the current injury prevention programs. Actually, all players should, not just the women. Start young and use these guided warm-up programs. They work.

Q: How can an athlete's choice of foods and fluids help prevent injury? What type of diet would you recommend to a soccer player during season?

A: Fatigue is implicated in injuries as injury rates increase with time in each half of the game. Two major aspects of fatigue in soccer are running out of fuel and dehydration. A well-fueled and hydrated player will be less fatigued later in the match and this should help protect the player from late injuries. The diet a player should focus on is heavily weighted toward carbohydrates that should make up 60 percent or more of the calorie intake.

Q: What is "Active Rest"? Why is this an important phase for soccer players?

A: Once a season is over, preparation for the next season begins. This starts with ‘active rest’: the player stays active, but by doing things other than soccer. Players need some time away from the game to sort of regenerate their batteries and allow them to mentally recover from the stresses of the prior season.

Q: What is the best way to test an athlete's fitness and ability to avoid injury on the field?

A: There are many ways to avoid injury. Two of the best ways are to improve fitness and skill. The players with the fewest injuries are the team’s fittest and most skilled players. Follow any of the current injury prevention warm-up programs, as these are very effective. Eat well, stay hydrated, and get plenty of rest. Another aspect is don’t compete too often. Current research shows the lowest injury rates are with training. American youth compete way too much. Development is the goal and training develops players; matches are where they express their development.

Testing for fitness requires some planning. I favor a test of endurance, repeat sprint ability, agility and power. Nothing magic about any test. Just select tests and stick with them. Constantly

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changing to the next great test makes it hard to become familiar with results for your team.

Q: If you could give one piece of advice to soccer players looking to improve their overall fitness and prevent injury, what would it be?

A: Improve endurance (and skill). It's the aspect of fitness most neglected by most coaches. The greater endurance, the later the player becomes fatigued.

Q: What are the long-term benefits, or consequences, of playing soccer?

A: Sport is a part of our society and offers tremendous social, emotional, and health benefits to players. Soccer is one of the few team sports where one can play long after his or her school days are concluded. I am in my late 50s and still play in a league. But, as stated, all sports have risks. Retired soccer players have higher rates of ankle, knee and hip arthritis from injuries. While there is great concern over long-term effects of concussive head injury, we are confident that purposeful heading is safe. Where heading might be a factor is in the higher rates of restricted neck motion and neck arthritis. Despite these findings in older players, they don't regret playing this great game.

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