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# Athletes' Knowledge of Injury and Management A Survey of Ngawi FC Liga 4 Football Team

**Ardhian Dwi Setiawan[1], Andy Widhya Bayu Utomo[2], Anwas Mashuri[3]**

Pendidikan Jasmani Kesehatan dan Rekreasi, STKIP Modern Ngawi, Jl. Ir. Soekarno Ring Road Barat No.09, Ngronggi, Grudo, Kec. Ngawi, Kabupaten Ngawi, Jawa Timur 63214

## Abstrak

This study aims to describe and understand Ngawi FC athletes' level of knowledge regarding injury and its management in the context of Liga 4 football. Utilizing a qualitative approach with a phenomenological method, the study involved eight athletes with previous injury experiences. Data were collected through in-depth interviews, non-participant observation, and documentation, and analyzed using the Miles, Huberman, and Saldaña model. The results revealed that athletes' knowledge is limited, primarily based on personal experience and lacks systematic education. Not all athletes understood the RICE principle and often relied on intuition and traditional treatments. These findings underscore the need for integrating injury education programs into amateur athlete development, first aid training for coaches, and basic medical facilities at the club level. Sports health education is expected to become an integral component in the structure of athlete development at the regional level.

***Kata kunci**: Sports Injury, Injury Education, Football, RICE, Injury Management*

Correspondence author: Ardhian Dwi Setiawan, STKIP Modern Ngawi, Jawa Timur, Indonesia.
Email: ardhiansetiawan@email.com

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## INTRODUCTION

Football is a team sport that demands complex coordination of physical abilities, technical skills, and tactical strategies among all players. In practice, the risk of injury is inevitable during both training sessions and matches. Injuries can impact physical performance, mental state, and consistency, especially at competition levels that lack proper medical structures. In amateur levels such as Liga 4, injury cases are often undocumented, resulting in arbitrary and non-medical handling. For instance, in Ngawi FC, there have been cases where athletes with minor injuries did not receive proper treatment due to limited facilities. This condition serves as the background for this research exploring athletes' knowledge about injuries and their management.

Injuries affect not only physical health but also reduce a team's overall competitiveness. In amateur competitions, initial injury management is often handled by coaches or fellow players without medical training. A study by Owoeye (2020) indicates that early and proper

intervention can prevent long-term complications. However, due to competitive pressure, athletes often continue to play despite injuries, exacerbating the risk of re-injury and prolonging recovery, which ultimately affects long-term performance.

Most amateur clubs in Indonesia, including Ngawi FC, lack adequate athlete health support systems such as physiotherapists, certified fitness trainers, or educational modules on injury management. Clubs prioritize competitive strategies and technical training over preventive medical readiness. Harmianto and Nurman (2024) state that preventive aspects in athlete development significantly contribute to maintaining performance and career sustainability. Knowledge gained solely through experience or observation is insufficient to ensure standardized injury management practices.

Sports health literacy remains a neglected issue in amateur sports, especially in rural areas. Lack of first aid training, absence of RICE principle socialization, and low awareness of the importance of rehabilitation demonstrate weak educational interventions. Ardinata (2024) suggests that practical and contextual education is more effective than one-way seminars. Therefore, systematic educational interventions must be tailored to the characteristics and capacities of amateur clubs, including strengthening coaches' capacity as first-line responders.

Based on the above explanation, this study focuses on analyzing Ngawi FC athletes' knowledge regarding injuries and their management. The research explores how individual experiences shape their understanding and how the club environment influences their responses. The goal is to formulate educational strategies based on actual needs to support a safe, healthy, and sustainable local sports development system. It also aims to bridge the gap between sports health theory and real-world practice.

## METHOD

This research uses a qualitative approach with a phenomenological design aimed at deeply exploring athletes' subjective experiences of injury while playing for Ngawi FC. This method is appropriate to understand how athletes form meaning from interactions with their physical and social environments, as suggested by Creswell (2013).

Eight active athletes were selected using purposive sampling with criteria: (1) registered with Ngawi FC for at least one competitive season, (2) had moderate to severe injuries in the past two years, and (3) willing to participate in interviews and observation. Data were collected through semi-structured interviews (30–45 minutes each), non-participant observation during training sessions, and informal documentation from clubs or athletes' personal records.

Data were analyzed using the Miles, Huberman, and Saldaña model: data reduction, data presentation, and conclusion drawing/verification. Validity was ensured through triangulation of techniques and sources, including athlete interviews, training observations, and coach confirmations. Member checking was conducted with all participants to validate the interpretation. A reflective journal was used to record potential researcher bias.

The main goal was not only to describe findings but to interpret the relationship between injury experience, athlete literacy levels, and the social context of the club. This understanding forms the foundation for practical educational recommendations.

## RESULTS AND DISCUSSION

### Result

This study identified four main themes based on their urgency and relevance to injury prevention efforts at the amateur club level.

**Table 1.** *Frequency of medical term understanding among eight participants*

| No | Respondent Code | Understanding RICE | Have You Ever Participated in Injury Training? | Have you ever had a massage? | Return to Play Before Recovering |
|---|---|---|---|---|---|
| 1 | P1 | No | No | Yes | Yes |
| 2 | P2 | No | No | Yes | Yes |
| 3 | P3 | No | No | Yes | No |
| 4 | P4 | No | No | Yes | Yes |
| 5 | P5 | No | No | No | Yes |
| 6 | P | No | No | Yes | Yes |
| 7 | P7 | No | No | Yes | No |
| 8 | P8 | No | No | Yes | Yes |

**Source: Results of interviews and field observations (2025)**

The study is limited in participant number and scope (one club only), and data verification was difficult due to the absence of official medical records. However, the study reveals the need for structured and practical injury education models and suggests further research including coaches, management, and athlete families. A quantitative approach could also help assess understanding statistically.

Most athletes lack understanding of medical injury classifications like strain, sprain, or tendinitis. Their knowledge is based on personal experience and peer advice rather than formal training. None of the participants were familiar with the RICE principle, a widely recommended basic injury management protocol (Fanchini et al., 2020).

Injury treatment is often handled using traditional methods like massage or herbal rubs, even in severe muscle pain or bruising. Many athletes return to play before full recovery due to social pressure or fear of losing their position, increasing re-injury risk (Alentorn-Geli, 2020).

The club has no standardized health protocols, no medical personnel or physiotherapists, and no first-aid training for coaches or athletes. Basic facilities such as cold compresses or elastic bandages are unavailable. Some athletes consider self-rest as the only recovery option (Crossley, 2020).

Athletes often feel ashamed to report injuries due to stigmas of weakness. There is no psychological support or mental recovery approach from the club. This aligns with Chaari (2022), who notes that injuries involve not only physical but also mental endurance in competitive environments.

## CONCLUSION

The findings show that Ngawi FC athletes' knowledge of injury and management remains limited and lacks a structured medical basis. Most athletes are unfamiliar with basic principles like RICE and have never received formal injury management training. Their knowledge is largely intuitive and based on personal or informal experience, resulting in non-scientific and non-standardized treatment that delays recovery, increases re-injury risk, and negatively impacts long-term performance. The club lacks supporting policies, medical personnel, or standard operating procedures for injury management. In this context, the club and coach play strategic roles as first responders. This confirms the study's aim to depict athletes' injury literacy and provide contextual recommendations for amateur clubs. Limitations include a small sample size and limited area coverage. There is also no official documentation of athlete injuries, but the findings offer an authentic view of how athletes perceive and respond to injury on the field.

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