Youth Sport Injuries and Sport Specialization

David R. Bell, PhD, ATC

Do you remember playing sports as a child? Many of us have fond memories of our youth sport experiences. Perhaps it even shaped our career path to become sports medicine professionals. I hate to pine for the good old days, but youth sports are changing—possibly for the worse.

The youth sport experience of today is very different from when I was young. The days of the three-sport athlete are fading and being replaced by the pay-for-play athletic experience, which is much more closely associated with the rapidly growing business of youth sports. This seismic shift in the youth sport landscape has been happening for a while. . .right under our noses.

Club sport participation is increasingly common, with up to 50% of children participating in both school and club teams. However, club sports are more expensive, with parents spending approximately $200 per child on school-based sports compared to $1,500 per child on club sports annually. Club and high school teams were once cooperative, with clubs serving as feeders to high school participation. However, in some states, clubs are now encouraging exclusive year-round participation and many children are electing not to play for their high school. Sports should be accessible to everyone, not just those willing and able to pay for access. This shift from publicly accessible school sports to exclusive club sports is a concerning trend and the children are caught in the middle because most of them want to have fun.

I am pleased to bring you this special issue on the important topic of youth sport injuries. My work focuses on injury prevention and sport specialization as a risk factor for overuse musculoskeletal injuries. This is a stimulating area of research that interests many people, including medical professionals, coaches, and parents. Many parents enjoyed their sporting experiences as children. However, their childhood experience is in direct opposition to their experience as a parent of children participating in youth sports today. It makes for exciting and passionate conversation about research that resonates with these stakeholders.

Many children and parents often ask me if my research will “destroy” sports by negatively affecting sports participation. On the contrary, I hope that the result will be just the opposite! I want as many children as possible to have access to safe sports that are fun. Sports are one of the primary experiences through which children participate in physical activity. Therefore, our research aims to combat exclusion from sport par-
participation and improve sport safety for diverse and long-lasting sporting experiences.

Before we get into the content of this issue, I would like to thank the authors and reviewers for their contributions. Without their commitment, this issue would not have been possible. I would also like to thank Dr. Tom Kaminski, the editor of the journal, for the opportunity to serve as a guest editor and Dr. Stephen Thomas, my co-editor, for all of his help.

One of the major themes in this special issue is understanding the risks and motivations behind sport specialization. This includes a collaborative effort by the Pediatric Research in Sports Medicine (PRiSM) Sport Specialization Research Interest Group. PRiSM is a relatively new interprofessional society that focuses on sports medicine in the pediatric population. PRiSM is founded on collaborative sports medicine and welcomes all practitioners interested in pediatric sports medicine. PRiSM also offers research interest groups for members around various topics.

Bell et al. is an example of a research interest group project that has come to fruition. This article examines the relationship between sport specialization characteristics and knee injury risk. They observed that highly specialized athletes are more likely to have a history of an overuse knee injury in the previous 12 months compared to low specialization athletes. This research is important because there is still limited empirical evidence linking specialization and injury risk. We desperately need more high quality research in this area. I hope, at a minimum, this peaks your interest in PRiSM and you consider seeking more information.

Another theme in this special issue is physical literacy. Physical literacy is the motivation, competence, knowledge, and understanding to take value and take responsibility for engagement in physical activities for life.3 Foundations for physical literacy are in physical education classes, which, unfortunately, are being removed from school curricula due to cuts to public education funding. Additionally, students are encouraged to participate in the pay-to-play models in youth sports, which limits participation not based on skill or motivation, but by putting up economic barriers for families. Because of these factors, large numbers of children will not have access to sport due to cost and time.

Miller et al. provide an excellent review of the link between physical literacy and its relationship with injury prevention programs. The primary argument is that assessments of physical literacy and injury prevention programs are closely related. They suggest that more emphasis should be placed on process-based evaluations (how a person moves during a task) rather than product-based assessments (distance jumped, time, speed, etc.), which are more popular but have limited value. Given the lack of adherence to injury prevention programs,6,7 this transition will be difficult; however, athletic trainers are on the frontlines of prevention and should continue to strive for proper implementation of these programs.

Finally, I would like to call for high quality research in this area. Sport specialization is affecting a much larger proportion of children than previously thought, resulting in many unanswered questions. Some larger questions we hope to address with your help and the help of other experts in the field include the following. How is this affecting our society, both positively and negatively? Is awareness of general recommendations based on hours/week or months/year increasing? What is the best way to disseminate these evidence-based recommendations to parents and coaches? What are the best ways to curb burnout/dropout in youth sports?

I hope you find something of interest in this special issue related to youth sport injuries and sport specialization.

REFERENCES