

A Retrospective Cohort Analysis of the Injury Profile of Internationally Competitive Surfers.

By

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***Dissertation submitted in partial compliance with the
requirements for the Master's Degree in Technology:
Chiropractic at Durban University of Technology.***

I, Taryn Lyn Murgatroyd, do declare that this dissertation is
representative of my own work in both conception and execution.

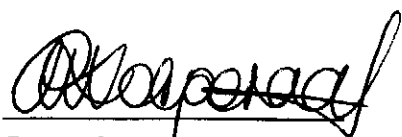


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DEDICATION

To my mom - my best friend and biggest supporter! Along this journey, we've laughed, we've cried, we've raged and now we celebrate. You are the reason I am here today. For your endless encouragement, love and support, I dedicate this research to you.

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It's been a long, long road, with many winding turns. So I would like to thank the following people for helping me make it to the end. Without your help, it wouldn't have been possible.

- To all the DUT staff that have helped me along the way. Your knowledge and wisdom has been invaluable. A special mention to Pat and Linda, our clinic moms. You only want the best for us, and have always done everything in your power to see us succeed.
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- To the best friend a girl could ask for. Jo Catlin, you've been with me every step of the way. Early hours, late nights, we've done it all. Let the good times continue to roll...
- To my Dad, Ian, Kate and Craig Murgatroyd, your love and support knows no boundaries. I am what I am because of you. Words can never describe my gratitude for everything you have provided me with.
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Abstract

Introduction:

Modern surfing dates as far back as the 1960's when the first amateur and professional surfing competitions were held (1). Since these humble beginnings, surfing has enjoyed a sustained growth over the last half a century, principally through increased commercialization of surfing apparel and an increased positive association with the lifestyle of surfers.

Objectives:

The aim of this study was to determine a retrospective cohort analysis of the injury profile of internationally competitive surfers and provide information on chronic, repetitive strain injuries suffered by them.

Therefore, for the purpose of this study, the following information was gathered in order to create an injury profile:

- Demographics of internationally competitive surfers competing in the Mr. Price Pro, Durban, South Africa,
- Prevalence of surfing injuries,
- Treatment received for injuries.

Methods:

This study was a retrospective, quantitative, epidemiological study (9), on the Chiropractic Student Sports Association's (CSSA) questionnaire in order to produce a retrospective cohort analysis of the injury profile of internationally.

On entry into the Chiropractic treatment facility, the surfer is requested to complete their portion of the CSSA questionnaire. Thereafter the senior intern then takes a brief case history, elaborating on the information provided by the surfer, followed by a standard clinical assessment related to the anatomical region or list of differential diagnoses based on the history.

The study was limited to any surfer, male or female, who was competing on the World Championship Tour or the World Qualifying Series and registered to compete in the Mr. Price Pro.

Results:

Chronic injuries made up for 52.7% of surfing injuries, with the spine and surrounding musculature being the most commonly affected regions. Factors associated with injury were the repetitive nature of certain aspects of surfing and the age of the surfer.

The findings in this study concurred with previous literature with the respect to sustaining of an injury related to surfing. However, many of the findings in this study differed to that of previous literature with respect to the common site of injury. The spine was the most common site of injury, as opposed to lower extremities as had been previously reported. The factors associated with injury also differed somewhat from previous literature. Therefore, this warrants further investigation with due consideration to the recommendations from this study.

Keywords: surfing; injuries; quantitative profile

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Definitions

Anterior:

The front surface of the body.

ASP:

The Association of Surfing Professionals (ASP) is the leading governing body of professional surfing. They are responsible for organizing a competitive calendar, filled with contests around the world, that competitive surfers may enter, (Mendez-Villanueva, et al. 2006).

Cervical:

Relating to the neck.

Confidentiality:

Confidentiality is defined as meaning that one is not able to associate individual people with specific questionnaire responses (Salant and Dillman, 1994).

Competitive surfer:

For the purpose of this study will be defined as any professional surfer on the World Qualifying Series or on the World Championship Tour, and competing in the Mr. Price Pro Surfing Competition.

Curvilinear:

Consisting of curved lines.

Dry needling:

The use of an acupuncture type needle that is inserted into a muscle in order to treat myofascial trigger points (areas of hyperirritability in a muscle) effectively (Rachlin, 1994).

Duck dive:

Pushing the board underwater, nose first, and diving through an oncoming wave instead of riding it, (<http://en.wikipedia.org/wiki/surfing>, 2008).

Extension:

Indicates straightening or increasing the angle between the bones or parts of the body (Moore and Dalley, 1999).

Flexion:

Indicates bending or decreasing the angle between the bones or parts of the body (Moore and Dalley, 1999).

.

Goofy surfer:

A colloquial term used by surfers to describe a technique in surfing when the left foot is on the back of the board whilst riding a wave, the surfer is left foot dominant, (<http://en.wikipedia.org/wiki/surfing>, 2008).

Intern:

A student that is currently attending the Durban University of Technology and enrolled as a Master's Student in the Chiropractic Programme.

Internal rotation:

Also known as medial rotation. It brings the anterior surface of a limb closer to the median plane (Moore and Dalley, 1999).

Manipulation:

Chiropractic Manipulation is a small-amplitude, high-velocity movement at the end of a subject's available range of motion in a joint, in order to restore mobility of that segment.

Mr. Price Pro:

An annual WQS surfing event held in Durban. Previously known as the Gunston 500, (www.mrpricepro.com).

Myofascial:

Relating to the fascia surrounding and separating muscle tissue (Stedman's medical dictionary, 2005)

Natural surfer:

A colloquial term used by surfers to describe a technique in surfing when the right foot is on the back of the board whilst riding a wave, the surfer is right foot dominant, (<http://en.wikipedia.org/wiki/surfing>, 2008).

Plantarflexion:

This action turns the foot or toes towards the under surface of the foot (Moore and Dalley, 1999)

Proprioceptive Neuromuscular Facilitation (PNF) Stretch

The mode of stretching whereby the muscle is stretched by taking it to the end of its range of motion, the prestretched muscle is then isometrically contracted against immovable resistance and then stretched again to a new point of limitation (Heyward, 1997).

Posterior:

The back surface of the body.

Pronated:

Movement of the forearm and hand around the longitudinal axis of the radius so that the palm of the hand faces anteriorly.

Static stretch:

When a muscle is stretched with the joint at its end of range of motion, and torque is added to the muscle to stretch it further (Heyward, 1997).

Surfing:

The sport of riding on the crest or along the tunnel of a wave, especially while standing or lying on a surfboard.

Abbreviations

CF	-	Cervical facet
Conf	-	Confusion
CSSA	-	Chiropractic Student Sports Association
df	-	Degrees of Freedom
Jnt	-	Joint
Lacer	-	Laceration
LF	-	Lumbar facet
MS	-	Muscle strain
Myo	-	Myofascial
N	-	Sample Size
PFPS	-	Patellofemoral Pain Syndrome
<i>p</i> value	-	Probability value (if <0.05 then significant)
TF	-	Thoracic facet
WCT	-	World Championship Tour
WQS	-	World Qualifying Series

Chapter 1


Introduction to the study


1.1 Introduction

This chapter introduces the study before presenting the aims and objectives, which include the hypotheses. Lastly the limitations are discussed before a short conclusion summarizes this chapter.

1.1.1 Background of surfing

Surfing is defined as the sport of riding on the crest or along the tunnel of a wave, especially while standing or lying on a surfboard, (<http://www.thefreedictionary.com/surfing>, 2007). Based on the requirements to achieve these activities Meir *et al.* (1991) categorizes the sport's activity patterns into arm paddling, the ducking under of broken waves, a stationary phase whilst selecting an appropriate wave, riding of the wave (which usually includes a variety of manoeuvres) and exiting of the wave (which either entails being dumped by, or jumping off, the wave).

When considering each of these categories Fyfe (2006) states that certain phases of  surfing are physically demanding, repetitious (the paddling element as well as the riding of the wave) and is often a hazardous sport, especially for those who like to push the boundaries.

This is of particular significance  in the modern era of surfing, where the standards are higher, and there is more public exposure and increased competitiveness amongst the surfers. This pushes those at the top to attempt more radical maneuvers and tackle bigger waves, thus leading to an increased likelihood of injuries. In addition, greater speed and sharper turns have been

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made possible by advances in surfboard technology, thus further contributing to surfing injuries (Fyfe, 2006). These assumptions are underpinned by Zoltan *et al.* (2005) who indicated that sprains, strains, dislocations, fractures and lacerations were found to be the most common surfing injuries. The same research showed that more advanced surfers, who often surf larger waves and in more extreme conditions, were found to have more injuries than less experienced or amateur surfers. This concurs with research conducted by Nathanson (2007) who showed that impact with the surfers own board as well as that of his competitors, are the most common mechanisms of injury. Other noted causes of injury are contact with the ocean floor, the surfer's own body motion and the hydraulic force of a wave.

Notwithstanding the seeming increase in popularity of the sport and the concomitant afflictions (Zoltan *et al.*, 2005; Nathanson, 2007), little is known about surfing injuries. In this context, Williams (1980) defines an injury as the result of the application to the body, or part of the body, to forces which exceed the body's ability to adjust to them. These forces may be applied instantaneously (acute/traumatic) or over a considerable period (repetitive strain).

According to Lachmann and Jenner (1994) the cause of acute traumatic injuries is usually complex; involving impact, twisting, friction, shearing or stretching forces, or a combination of both, which inflicts damage to a part of the body. A review of the literature reveals studies on acute/traumatic surfing injuries (Zoltan *et al.*, 2005; Nathanson, 2007). An example of an acute injury is illustrated in research conducted by Nathanson (2007) who shows that impact with a surfboard (both the surfer's own board as well as that of other competitors), is one of the most common causes of injury.

Conversely overuse injuries result from cumulative microtrauma leading to excessive tissue injury. They occur when the body is unable to absorb forces generated by repeated cyclic loading (i.e. the paddling motion of surfers or

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freestyle action of swimmers) of mobile segments or links in the kinematic chain (Renstrom, 1993). Examples of chronic repetitive strain type injuries are the arm paddling phase of surfing which involves a repetitive, freestyle action of the arms (similar to that of swimmers (Shamus and Shamus, 2001)) and the maneuvers performed whilst riding the wave, which involve many repeated actions. It is important then to note, that there is very little information on chronic, repetitive strain type injuries, which involve a force being applied to the body over a considerable period of time, (Williams, 1980; Zoltan *et al.*, 2005; Nathanson, 2007). As it is possible to assume that as in swimmer's shoulder, which is a combination of rotator cuff rupture and Impingement Syndrome (of the subacromial bursa) due to the continuous use of the shoulder joint and muscles (McMaster and Troup, 1993; Hershman, 1995), surfers will suffer from similar conditions.

Therefore this research has focused on the types of chronic, repetitive strain type injuries surfers are most prone to suffer, with the aim of this study having been to determine a retrospective cohort analysis of the injury profile of internationally competitive surfers.

1.1.2 Aim of the study

The aim of this study was to determine a retrospective cohort analysis of the injury profile of internationally competitive surfers.

1.2 Objectives and Hypotheses

The first objective was a profile of internationally competitive surfers attending the Mr. Price Pro in Durban, KwaZulu-Natal, South Africa with respect to the data obtained from a previously validated sports questionnaire. Data collection was with respect to the following factors:

- Demographics of internationally competitive surfers,
- The surfers' diagnostic history,
- The surfers' treatment history and
- The cohort tracking of surfers over 10 years.

Hypothesis One: The surfers profile would be dissimilar to the literature.

The second objective was to implement cohort tracking when a participant had attended the treatment facility at the Mr. Price Pro for a number of years. This included tracking the diagnostic and treatment history of the participant, any correlations between the two and the regression/progression of the injury.

Hypothesis Two: Injuries were not of a repetitive nature.

1.3 Rationale behind the study

Current literature on surfing injuries focuses on acute/traumatic injuries (Zoltan *et al.*, 2005). Surfing does however include repetitive loading of the body during the paddling phase, as well as during the stance phase (Meir *et al.*, 1991). The rationale of this research was to focus and provide information on chronic, repetitive strain injuries suffered in internationally competitive surfers.

By analyzing the above mentioned data, health care professionals (e.g. chiropractors, biokineticists, physiotherapists and athletic trainers) would be able to diagnose and treat chronic, repetitive strain type surfing injuries more effectively (Renstrom, 1993). In addition to this, understanding the etiological factors of the injuries as well as the mechanism of injury (Renstrom, 1993), the profile will also lend insight into what appropriate rehabilitation and training techniques need to be recommended to the injured surfer in their recovery phase, in order to rehabilitate the surfer and prevent further injury.

1.4 Limitations

When conducting a study of this nature, it required surfers that were willing to take part in the research, by giving their consent for the recording of their data for research purposes. To enable this, the surfer had to understand the purpose of the research and the researcher had to answer any questions with truthfulness and honesty.

One should also take into account when considering the accuracy of information on injuries reported by the surfer in that 'memory decay' (Mouton, 1996) may provide slightly inaccurate results that are unintentional on the part of the surfer. Therefore this research relied on trained chiropractic students for the capturing of the surfers' diagnoses and treatment protocols, thus improving the accuracy of

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the results. However, it must be considered that the data recorded in this study, was based on clinical diagnoses that were determined in part by trainee chiropractors under the guidance of clinical supervisors; therefore the diagnoses may be limited in their scope, but their relevance in terms of the presenting signs and symptoms are not questioned as it is not ethical practice for trainees or their clinical supervisors to treat patients for conditions that are not present (Allied Health Professions Act 63 of 1982).

1.5 Conclusion

Very few studies regarding the chronic, repetitive strain type injuries surfers are most prone to suffer, have been done. There has also never been a cohort analysis of the same surfers' injuries over a period of 9 years. Therefore the aim of this study was to determine a retrospective cohort analysis of the injury profile of internationally competitive surfers competing in the Mr. Price Pro in Durban, KwaZulu-Natal, South Africa; in order to determine the chronic, repetitive strain type injuries, surfers are most prone to suffer.

In **this chapter** an introduction to competitive surfing and a background to the sport and the reason for the study were provided. In **Chapter Two**, a definition of surfing will be provided, as well as an explanation and breakdown of the relative governing bodies of surfing. Broad categories of surfing injuries, both acute and chronic, will be discussed in greater detail. In **Chapter Three**, the materials and methods used in this study are discussed and explained. **Chapter Four** deals with the results obtained in the study, as well as a discussion of each result. The cohort tracking of surfers that have attended the treatment facility at the Mr. Price Pro for a number of years will also be explained. In **Chapter Five**, conclusions are drawn from this study, and recommendations for future studies are made. In **Chapter Six** the conclusions and recommendations drawn in Chapter Five are summarized.

Chapter 2

Literature Review

2.1 Introduction

This chapter provides a definition of surfing and provides more information on surfing as a sport. Shamus and Shamus (2001) state that understanding the sport in which an athlete participates, contributes greatly to accurate diagnosis and treatment of injuries. Therefore, the biomechanics related to the sport and a discussion on the broad categories of acute and chronic injuries suffered by surfers will also be discussed.

2.2 Definition of surfing

The objective of surfing is to paddle from the beach to a point beyond the inside area of smaller breaking waves where sets of waves will peak and break on an outlying sandbank or reef (Everline, 2007).

Surfing is defined as the sport of riding on the crest or along the tunnel of a wave, especially while standing or lying on a surfboard¹, (<http://www.thefreedictionary.com/surfing>, 2007). Meir *et al.* (1991) goes further to categorize the sport's activity patterns into arm paddling, the ducking under of broken waves, a stationary phase whilst selecting an appropriate wave, riding of

¹Modern surfboards have a rigid foam centre, with an outer covering of fibreglass. They weigh between three and seven kilograms, are less than two metres in length, have a pointed nose, three fins on the under surface of the surfboard and are very manoeuvrable. The leash, which varies in length according to the length of the board, is strapped to the rider's ankle at one end, and the surfer's board at the other (Nathanson *et al.*, 2007).

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the wave (which usually includes a variety of manoeuvres) and exiting of the wave (which either entails being dumped by, or jumping off, the wave).

Originally and historically, surfing was considered the sport of Hawaiian kings, and could be enjoyed by them (Mendez-Villanueva and Bishop, 2005). However modern surfing according to Nathanson (2007) dates back to the first amateur and professional surfing competitions in the 1960's. During this time surfing competitions were held in California, Hawaii and Australia. Since these humble beginnings, surfing has enjoyed a sustained growth over the last half a century, principally through increased commercialization of surfing apparel and an increased positive association with the lifestyle of surfers (Sunshine, 2003; McDonald Taylor *et al.*, 2005; Nathanson, 2007). Currently, it is estimated that there are more than 2.1 million surfers in the United States alone, and approximately 18 million surfers worldwide. As a result of this large following, the Association of Surfing Professionals is lobbying for the inclusion of this event as an Olympic sport (Nathanson *et al.*, 2002; Nathanson, 2007).

In this modern era of surfing, the standards within the surfing arena are higher; there is more public exposure and increased competitiveness amongst the surfers. These factors all have a direct impact on the surfers, especially those that rely on their performances for income through sponsorship. Thus those at the top of the rankings, tend to attempt more radical manoeuvres and tackle bigger waves in order to achieve higher ratings to maintain their ranking and placement. This however increases the likelihood of injuries as the surfer is likely to utilize greater speed, sharper turns and bigger waves in addition to the advantages provided by the advances in surfboard technology in an attempt to reach the perfect score (Fyfe, 2006).

To better understand the surfer's unique environment and therefore also the context of the injuries, it is important to understand the system of rules that govern the sport, therefore the next section deals with this in more detail.

2.3 Surfing as a sport

Surfing contests are held over a one to ten day “holding period”, with organisers attempting to run the heats when weather and wave conditions are the most favourable. When the conditions permit, the surfers are grouped into heats of between two to six men or women. These surfers are then allowed to paddle out into the surf before a heat begins. The heats are between 15 - 30 minutes long, with the surfers attempting to gain points by surfing as many waves as they are able in the given period. This, on average will be three to ten waves but can sometimes be as many as fifteen. This is done to generate two or three scores (usually the top two or three scores of all the waves surfed by one surfer), in order to advance to the next heat. Usually the surfers with the highest combined scores advance to the next stage of the competition (Mendez-Villanueva *et al.*, 2006; Nathanson, 2007).

These scores are generated through judging criteria which state that, “a surfer must perform committed radical manoeuvres in the most critical sections of a wave with style, speed and power to maximize scoring” (Mendez-Villanueva *et al.*, 2006). Generally the most innovative and progressive surfing style (composed of a series of individual manoeuvres) will be taken into account when awarding points for committed surfing sequence. Therefore the surfer who executes the criteria with the highest degree of difficulty, yet showing control of the elements on the better / best waves is rewarded with the higher / highest scores (Mendez-Villanueva *et al.*, 2006). Thus even if the elements (wind, water and conditions are not supportive of the surfing competition all surfers are judged against the same elements. The only changes that may be brought into an event are changes in the heat duration, the number of scoring waves and the times at which the heats are to be held. These decisions are applied by the rules that govern the surfing fraternity as represented by the Association of Surfing Professionals (ASP) and the International Surfing Association. Each of these

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bodies have regional and country based federations /associations which regulate the sport regionally (Mendez-Villanueva *et al.*, 2005).

The ASP is responsible for organizing a competitive calendar for professional surfers around the world. This calendar runs for almost the entire year, with a short break at the end of the year, before starting again in January (Mendez-Villanueva *et al.*, 2005). Therefore the ASP is the regulating surfboard or governing body that oversees all events and ensures appropriate standards. As such they have introduced a two-tiered competition system, which has been operational since 1992.

This system is recognised by the World Championship Tour (WCT) and the World Qualifying Series (WQS). In principle the WCT consists of the top 45 and 17 male and female surfers respectively in the world (<http://www.aspworldtour.com/>, 2007). These surfers compete throughout the season against each other in prime world surfing locations worldwide (Mendez-Villanueva *et al.*, 2005).

The WQS is the feeder system for the WCT. At the end of each competitive season, the last 16 surfers in the WCT automatically lose their place in the WCT, and are replaced in the subsequent season with the top 16 WQS surfers (Mendez-Villanueva *et al.*, 2005). This mechanism achieves two vital elements, it allows for continued competition for surfers to remain in the WCT, as well as stimulates competition in the WQS in order for these surfers to enter the WCT. These two mechanisms therefore allow for a continued high standard of surfing, but also places a high stress load on the surfers who are constantly needing to surf in order to obtain points to improve their rankings or maintain their rankings, as these rankings relate directly to their position in either the WCT / WQS as well as their ability to access sponsorship within these systems. This is particularly vital if the surfer is a professional surfer who relies on sponsorships and winnings to sustain his continued interaction with the sport.

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To maintain this level the surfer has to be both mentally and physically strong. In order to understand the requirements of this sport, the biomechanics will now be discussed before injuries related thereto will be presented.

2.4 Biomechanics of Surfing

Mendez-Villanueva *et al.* (2006) and Meir *et al.* (1991) classify surfers' activities into four distinct categories; these are paddling time, stationary time, wave riding, and miscellaneous or other. These four categories are defined as (Mendez-Villanueva *et al.*, 2005; Mendez-Villanueva *et al.*, 2006):

- Paddling, this is the forward propulsion of the surfboard and surfer, using alternate-arm paddling actions. This category accounts for approximately 51% of the total surfing (in water) activity.
- Stationary time, which is when the surfer sits or lies on his surfboard, with no locomotion activity. This usually occurs when the surfer is awaiting a wave that has the potential to be ridden. This time accounts for approximately 43% of the time spent in the water.
- Wave riding, also known as the time from the surfer's last arm stroke before he rises to stand on the surfboard, to the moment that his feet lose contact with the surfboard (surfer is dumped by a wave) or he effectively finishes riding the wave (surfer exits the wave). Wave riding, although the most critical for the surfer to gain points, accounts for only 4% of the time spent in the water.
- Lastly the miscellaneous portion is defined as that time in which the surfer restores himself to a stationary phase. This may include recovering and getting back on the surfboard (after being dumped by a wave) or lying

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back down on the surfboard after exiting a wave and paddling back out through the surf (ducking under of waves) to attain a position in which he is ready to wait for another potential wave to be ridden. This last phase has been calculated as representing only 2% of the time in the water.

2.4.1 Paddling

In many ways paddling can be likened to the freestyle stroke in swimming. Freestyle is described as an alternating movement of the arms in extension over the head with a bilateral alternating kick (Shamus and Shamus, 2001; Sutherland, 2008).

The arm strokes of paddling can be divided into the hand entry phase, glide phase, catch phase, pull-through and recovery phases.

The kicking portion of paddling can be divided into the downbeat phase and upbeat phase.

2.4.1.1 Arm strokes

2.4.1.1.1 The hand entry phase

This phase begins as the hand enters the water. It starts with the fingertips entering the water first to reduce water drag, and is then followed by the rest of the hand. During the hand entry phase, the forearm is pronated and there is internal rotation of the shoulder (Shamus and Shamus, 2001; Sutherland, 2008). The arm is slightly flexed and the elbow is in a higher position than the hand.

2.4.1.1.2 The glide phase

As the wrist and elbow enters the water the arm reaches forward to full extension. This is the glide phase of the stroke, but is also known as the stretch phase. As the arm reaches forward to full extension, the wrist remains in a neutral position with the palm of the hand facing downwards. The timing of the stretch should correspond with the start of the recovery phase of the opposite arm (Maglischo, 1982; Sutherland, 2008).

2.4.1.1.3 The catch phase

After the glide phase has occurred, the catch phase follows. This is in preparation for the pull-through phase. The catch phase is when the wrist flexes approximately 40 degrees, the hand is rotated outwards and the elbow begins to flex. It is essential that the swimmer has a powerful catch. After the catch the hand speed should increase in a downward and outward motion to begin the pull-through phase of the stroke (Maglischo, 1982; Sutherland, 2008).

2.4.1.1.4 The pull-through phase

According to Maglischo (1982) the pull-through phase can be divided into the downsweep, insweep and upsweep.

In the downsweep the hand moves in a curvilinear path downwards and outwards. The outward motion of the hand occurs naturally as the shoulder rolls into the stroke and follows the downward movement. In order to maintain the downward motion of the hand, the elbow joint is gradually flexed. The speed of the downward sweep of the hand increases throughout the duration of the downsweep. The velocity of the downward motion must exceed the velocity of the backward motion (Maglischo, 1982; Sutherland, 2008) in order to achieve

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optimal propulsion through the water and in order to prepare the hand for the next phase of the stroke.

The palm of the hand faces downwards and is flexed in a cupped position. The hand then moves downward, outward and backward in direction. This causes water to move backwards as it moves under the hand (Maglischo, 1982; Sutherland, 2008).

The downsweep phase has the least propulsion, but is essential, as when it is performed correctly it maximises the effectiveness of the insweep. At the deepest point of the stroke the downsweep rounds-off into the insweep phase of the pull-through. As the hand nears the deepest point of the downsweep, the hand motion is rounded-off, from a downward and outward movement in the downsweep to an inward, upward and backward motion as the hand moves from a position outside the shoulder moving under the body and towards the midline, during the insweep. As the hand approaches the midline of the body the inward, upward and backward motion of the hand sweep is accelerated. The angle of the hand changes from an outward, downward and backward position to an inward, upward and backward position, thus causing the water to push backwards as it passes over the palm, thumb and fingers. When the hand is at the midline under the body or between the midline and the outer border of the body, the insweep is complete (Maglischo, 1982; Sutherland, 2008).

During the upsweep the hand is pushed backwards as the hand movement and pitch change from an inward to an outward position. The upsweep begins as the hand passes under the surfer's head. The hand pushes directly backwards from the chest to the waist. As the hand reaches the hip, the hand motion is accelerated in an outward, upward and backward direction until the hand reaches the thigh. The palm of the hand is rotated inward thus allowing the hand to exit the water with minimal drag. The surfer's elbow is flexed as the hand exits the water. This indicates the start of the recovery phase of the paddling stroke. The

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hand speed is increased as the hand moves outwards and then upwards during the upsweep. The upsweep is the most propulsive phase of the stroke (Maglischo, 1982; Sutherland, 2008).

2.4.1.1.5 The recovery phase

The recovery phase of paddling allows the surfer to reposition his hand in the correct position for the next stroke (Maglischo, 1982). The recovery phase of surfing can be divided into the elbow lift, mid-recovery and hand entry. During the recovery phase the arm is out of the water and is reaching forward. The arm should be kept as relaxed as possible to ensure it has time to rest before the start of the next stroke cycle. In the recovery phase the elbow is flexed and kept high out of the water (Shamus and Shamus, 2001; Sutherland, 2008).

During the recovery phase the elbow exits the water and begins to move forward while the hand is finishing the upsweep. The elbow is flexed and moves in an upward and forward direction after exiting the water, the forearm and hand follow the path of the elbow. The palm of the hand is rotated inwards as it exits the water with the little finger leaving the water first, thus a minimal amount of drag will be experienced. During the first half of the recovery phase of the stroke, the arm moves in an upward, outward and forward motion. As the hand reaches for the entry position the arm moves in a forward, inward and downward motion. The arm must begin reaching forward preparing for the hand entry as soon as the hand passes the shoulder. The elbow will begin to extend and continues to extend as the hand enters the water (Shamus and Shamus, 2001; Sutherland, 2008).

Everline (2007) states that during the paddling phase, the surfer lies prone on his surfboard. The surfer is often in spinal hyperextension, with the suprapubic area of the abdomen the only point of contact with the surfboard. This posture is necessary in order for the surfer to see oncoming sets of waves, whilst

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navigating himself around currents and hazards. This puts a significant amount of pressure on both the spine and the surrounding musculature.

2.4.1.2 Kicking strokes

2.4.1.2.1 The downbeat phase

The downbeat phase of the kick is the most powerful and results in the propulsion. The downbeat is initiated by a forceful contraction of hip flexors, iliopsoas and rectus femoris (Moore and Dalley, 1999) followed by a powerful knee extension by the contraction of quadriceps femoris (Moore and Dalley, 1999). The ankle joint is held in plantarflexion by gastrocnemius, soleus, tibialis posterior and peroneus longus and brevis muscles (Moore and Dalley, 1999) through out the flutter kick, which allows for a maximal surface area of the foot to be used (Sutherland, 2008).

2.4.1.2.2 The upbeat phase

The upbeat of the kick is achieved by active hip extension due to the gluteal, hamstrings and gracilis muscles (Moore and Dalley, 1999). The knee is in full extension and the ankle is plantarflexed. The upbeat phase of the kick is said to be the recovery phase of the legs (Shamus and Shamus, 2001; Sutherland, 2008).

2.4.1.3 Muscles used during paddling and kicking phase

The table below lists the muscles that are involved in the paddling and kicking phase of surfing.

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Table 2.1 Muscles used in the paddling and kicking phase of surfing (Moore and Dalley, 1999; Travell and Simons, 1993; Travell and Simons, 1999; Sutherland, 2008)

Muscle	Origin	Insertion	Action
Latissimus dorsi	Spinous processors of inferior 6 thoracic vertebrae, Thoracolumbar fascia, iliac crest and the inferior 4 ribs	Intertubercular groove of the humerus.	Extends, adducts and internally rotates the humerus.
Teres major	Dorsal surface of the inferior angle of the scapula	Intertubercular groove of the humerus.	Adducts and internally rotates the arm.
Teres minor	Superior part of the lateral border of the scapula	Inferior facet of the greater tubercle of the humerus	Externally rotates the arm and helps hold the humeral head in the glenoid cavity.
Deltoid	Lateral third of clavicle, acromion and the spine of the scapula	Deltoid tuberosity of the humerus	Anterior: flexes and internally rotates the arm. Medial: abducts the arm Posterior: extends and externally rotates the arm.
Supraspinatus	Supraspinous fossa of the scapula	Superior facet of the greater tubercle of the humerus	Abduction of the arm
Infraspinatus	Infraspinous fossa of the scapula	Greater tubercle of the humerus	Externally rotates the arm and Helps hold the humeral head in the glenoid cavity.
Subscapularis	Subscapular fossa	Lesser tubercle of the humerus	Internally rotates the arm and adducts it. Helps hold the humeral head in the glenoid cavity.
Pectoralis major	Clavicles head: anterior surface of the medial half of the clavicle. Sternocostal head: anterior surface of the sternum,	Lateral lip of the intertubercular groove of the humerus	Adducts and internally rotates the head of the humerus. Draws the scapula anteriorly and inferiorly

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	superior 6 costal cartilages.		
Trapezius	Medial 1/3 of superior nuchal line, external occipital protuberance and spinous processors of C7- T12 vertebrae	Lateral third of the clavicle, acromion and the spine of the scapula	Elevates, retracts and rotates the scapula
Levator scapula	Posterior tubercles of C1-C4 transverse processors	Superior part of the medial border of the scapula	Elevates the scapula and rotates the scapula thus tilting the glenoid cavity inferiorly.
Rhomboid	Minor: nuchal ligament, spinous processors of C7 and T1 Major: spinous processors of T2-T5	Medial boarder of the scapula	Retracts scapula and rotates it to depress the glenoid cavity.
Quadriceps • Rectus Femoris	Anterior iliac spine and ilium superior to the acetabulum.	Base of the patella via the patella ligament to the tibial tuberosity.	Extend leg at knee, stabilises the hip joint and aids Iliopsoas flex the hip.
• Vastus lateralis	Greater trochanter and the lateral lip of the linea aspera of the femur	Base of the patella via the patella ligament to the tibial tuberosity.	Extend leg at knee
• Vastus medialis	Intertrochanteric line and the medial lip of the linea aspera of the femur	Base of the patella via the patella ligament to the tibial tuberosity.	Extend leg at knee
• Vastus intermedius	Anterior and lateral surface of body of the femur.	Base of the patella via the patella ligament to the tibial tuberosity.	Extend leg at knee
Gastrocnemius	Lateral head: lateral aspect of the lateral femoral condyle. Medial head: popliteal surface of the femur superior to the medial femoral condyle.	Posterior surface of the calcaneus via the calcaneal tendon	Plantarflexes the ankle when the knee is extended. Raises the heel during walking and flexes the leg at the knee joint.
Soleus	Posterior aspect of the fibula head and medial boarder of the tibia	Posterior surface of the calcaneus via the calcaneal tendon	Plantarflexes the ankle independent of the knee position and steadies the foot
Tibialis posterior	Posterior surface of the tibia and fibula	Tuberosity of the navicular, cuneiform and cuboid, base of the 2 nd to 4 th metatarsals	Ankle plantarflexion, inverts the foot

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Peroneus Longus	Head and superior part of the fibula	Base of the 1 st metatarsal and medial cuneiform	Everts the foot and act as a weak plantar flexor of the ankle
Peroneus Brevis	Inferior part of the lateral side of the fibula	Dorsal surface of the tuberosity on the lateral side of the base of the 5 th metatarsal	Everts the foot and act as a weak plantar flexor of the ankle
Gracillis	Body and inferior part of the pubic ramus.	Superior part of the medial tibial surface	Adducts the thigh, flexes the leg and assists with medial rotation of the thigh.
Gluteus muscles • Gluteus maximus	Ilium posterior to the posterior Gluteal line, dorsal surface of the sacrum and coccyx and sacrotuberous ligament	Iliotibial tract that insert on the lateral condyle of the tibia. Other fibres insert on the Gluteal tuberosity of the femur.	Extends thigh, lateral rotation of the thigh.
• Gluteus medius	External surface of the ilium, between the anterior and superior Gluteal lines	Lateral surface of greater trochanter of the femur.	Abducts and medially rotates thigh
• Gluteus minimus	External surface of the ilium, between the anterior and inferior Gluteal lines	Anterior surface of the greater trochanter of the femur.	Abducts and medially rotates thigh
Hamstring • Semitendinosus	Ischial tuberosity	Medial surface of the superior part of the tibia	Extends thigh; flexes leg and rotates it medially when the knee is flexed. When the thigh and knee are flexed, these muscles can extend the trunk.
• Semimembranosus	Ischial tuberosity	Posterior part of the medial tibial condyle, lateral to the femoral condyle	Extends thigh; flexes leg and rotates it medially when the knee is flexed. When the thigh and knee are flexed, these muscles can extend the trunk.
• Biceps Femoris	Long head: Ischial tuberosity Short head: linea aspera and lateral supracondylar line of the femur	Lateral aspect of the fibula head. The tendon splits at this site by the fibular collateral ligament of the knee	Flexes the leg and rotates it laterally when the knee is flexed. Extends the thigh

2.4.2 Stationary time

Once a surfer has safely negotiated his way through the surf and is in a position to paddle onto oncoming breaking waves, he often sits balanced on the surfboard. This position relies heavily on spinal muscles to maintain the hips in line with the surfboard and water. Although the surfboard is often nestled between the thighs without much effort, it is necessary in choppy surf conditions, to use the hip adductors and subtle tilting of the pelvis to keep the surfboard in this position (Everline, 2007).

2.4.3 Wave riding

Once the wave of choice has presented, the surfer aligns the surfboard correctly and assumes the prone paddling position once again. When the surfer has caught the wave, he must stand quickly and balance on the surfboard. This stance is most often a half-squatting position with the knees flexed at 30-80°. The rear knee will often be stressed in a valgus position (Everline, 2007).

Once the surfer is balanced and riding the face of the breaking wave, a variety of manoeuvres may be performed. These manoeuvres may be performed using two different stances, depending on which is more comfortable. When the front foot forward is the left foot, the stance is known as regular. When the front forward is the right foot, the stance is known as goofy. Everline (2007) describes cutbacks, stalling, snapping and aerials as the main manoeuvres performed by surfers.

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These manoeuvres will be explained in more detail below using the regular stance as an example:

2.4.3.1 Cutbacks

Cutbacks are toward and away from white-water sections. This manoeuvre requires the left shoulder and hip rotation with foot dorsal flexion for a regular-footed left cutback or right shoulder and hip rotation and foot plantar flexion for a regular-footed right cutback (Everline, 2007).

2.4.3.2 Stalling

This manoeuvre is when the surfer decelerates the surfboard deeper into the unbroken part of the wave in order to position himself in the airspace under the breaking wave. This airspace is commonly known as a 'barrel'. Everline defines stalling as "the means of lifting the front foot with the leading hip and using knee flexion to allow the tail of the board to submerge slightly, robbing it of its ability to plane on the water". In order for the surfer to fit in this airspace, he has to crouch and therefore place severe valgus stresses on the back knee (Everline, 2007).

2.4.3.3 Snapping

Snapping enables the surfer to obtain enough speed to oppose the momentum of a wave and climb the face of it whilst rotating the trunk, hips and surfboard. The snap is obtaining a rotating axis by flexing the front hip and knee whilst extending the back hip and knee. The shoulder winds away from the direction of the snap before explosively uncoiling the head, shoulders and then the hips. This is done whilst the back hip is flexed and the front hip is extended, all whilst maintaining balance on the back leg (Everline, 2007).

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2.4.3.4 Aerials

An aerial is when the surfer obtains enough speed to oppose the momentum of the wave, climb the face of the wave, launch both himself and surfboard off of the wave and into the air, land back onto the face of the wave and re-descend. When the surfboard and surfer are in the air, the surfer must flex his hips and knees in order to get a hand on the surfboard in order to prevent it from slipping away. Re-entry into the wave places a severe valgus force on the back knee (Everline, 2007).

2.5 Surfing Injuries

Williams (1980) defined an injury as occurring as a result of the application to the body, or part of the body; forces which exceed the body's ability to adjust to them. These forces may be applied instantaneously (acute) or over a considerable period (chronic). In agreement with this Peterson and Renstrom (2001) state that varying degrees of trauma cause injuries and thus divided injuries into acute/traumatic injuries, caused by large forces (macrotrauma), and chronic/overuse injuries, caused by repetitive microtrauma.

2.5.1 Acute surfing injuries

Acute traumatic injuries (sudden impact, sudden onset) are common in athletes generally (and surfers more specifically) and attract the most amount of publicity as they usually necessitate the athlete to be withdrawn from the event; and research because the cause of the injury can usually be identified, making it easier to define the injury and apply an appropriate treatment protocol. Thus the cause/effect relationship as well as the severity of acute injuries are generally obvious and can easily be measured as the athlete usually experiences a rapid onset of pain and swelling begins to develop in the region of the injury (Peterson and Renstrom, 2001).

2.5.1.1 Epidemiology

2.5.1.1.1 Incidence and Prevalence

In this regard Nathanson *et al.*, (2002), who reported on 1237 surfers, stated that direct trauma from a surfboard was the most common cause of acute injuries in surfers, resulting in 67% of all injuries. Of this total, 82% of these injuries were inflicted by the surfer's own surfboard, and 18% were from the surfboards of other surfers. In the case of the surfer's own surfboard, the injury was caused mainly by the rail of the surfboard, whereas in the case of another surfer's surfboard, the injury was caused by the fins or nose. Of the remaining 33% of injuries, contact with the seabed caused 17% of acute surfing injuries; with lacerations or injury from coral reef or submerged rocks most commonly reported; whereas only 5% of all acute injuries were related to the excessive body movement required whilst performing manoeuvres on a wave. Additionally 7% of acute injuries were caused solely by the hydraulic force of the wave (being dumped by a wave), where surfers complained of / presented with ruptured tympanic membranes, near drownings and / or shoulder dislocations. Whereas, marine animals (jelly fish, sea urchins and stingrays) caused only 3% of acute injuries; and only 3 shark bites (<1%) were noted.

When classified in terms of the phase of surfing (Mendez-Villanueva and Bishop, 2005; Mendez-Villanueva and Bishop, 2006), 62% of acute injuries occurred whilst the surfer was riding a wave, 16% followed unsuccessful take-offs and another 16% followed turning manoeuvres (Nathanson *et al.*, 2002). Therefore it can be seen that the surfer is most likely to be injured in the phase where he they spends the most amount of energy in the least amount of time (Mendez-Villanueva and Bishop, 2005; Mendez-Villanueva and Bishop, 2006). This therefore may account for the findings in a follow up study by Nathanson, (2007),

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who calculated that the injury rates for competitive surfers were 13 injuries per 1000 hours of competitive surfing.

When looking at surfer demographics, only Nathanson *et al.*, (2002) established that the mean age of injured surfers was 23.6 years and that there was a distinct trend between the severity of the injury and the age of the surfer at the time of the injury. In this respect, the risk for significant injury nearly doubled amongst surfers 40 years of age or older, when compared with surfers of 20 years of age.

2.5.1.2 Type of injury

The most common acute injuries found in surfers were lacerations, strains and sprains. A study on 650 surfers conducted by McDonald Taylor *et al.*, (2004) showed that approximately one half of the injuries reported were lacerations and one quarter of the injuries was strains and sprains. Cumulatively, contusions, dislocations and fractures combined, made up for almost one-fifth of the total injuries, with factors such as hypothermia and near drownings making up for a much less significant portion.

These findings seemed to concur with the earlier findings of Nathanson *et al.*, (2002) and Kim *et al.*, (1998) who found that of the 20% of serious injuries noted by McDonald Taylor *et al.*, (2004) concussion injuries accounted for 16% of head and neck injuries, whilst tympanic membrane rupture is also fairly common.

Nathanson *et al.*, (2002) also reported that environmental injuries such as marine animal bites or stings, near drowning and hypothermia² were less common injuries found in surfers.

² Hypothermia occurs when the body loses more heat than it produces, and the core body temperature of the body drops below 35°C. It is likely to occur in sports involving water immersion of the body (Brukner and Khan, 2006).

2.5.1.3 Location of injury

From the literature it would seem that lower extremity injuries are the most common acute injuries suffered by surfers, especially of the knee, foot and ankle (McDonald Taylor *et al.*, 2004; Nathanson, 2007). McDonald Taylor *et al.* (2004) reported that lower extremity injuries accounted for approximately 50% of the total injuries in their 2004 study, with their 2005 study reporting frequencies of between 26%-37% of surfing injuries to the head, facial and neck region (McDonald Taylor *et al.*, 2005). It would seem that the aggressive turning and aerial manoeuvres³ score very highly in surfing competitions; however they place a large amount of strain on the knee and surrounding soft tissue. This accounts for the lower extremity being the most popular site of injury. In addition it should be noted that these manoeuvres are very difficult to perform, which may explain why the frequency of knee injuries is higher in professional surfers than in recreational surfers.

Nathanson, (2007) and McDonald Taylor *et al.* (2004) reported much lower percentages for upper extremity injuries. Nathanson *et al.* (2002) stated that out of 162 upper extremity injuries in their study, 37% of upper extremity injuries related to the shoulders and 22% related the hands. Furthermore Nathanson *et al.* (2002) reported that a further 13% of acute injuries were to the trunk, with majority of injuries occurring in the back and chest area.

³ A maneuver whereby the surfer propels himself and his board up the face of a wave and into the air (Nathanson *et al.*, 2002)

2.5.1.4 Mechanism of injury

Research conducted by Nathanson (2007), shows that impact with a **surfboard**; both the surfer's own surfboard as well as that of other competitors is the most common causes of injury. Crowded surfing spots and surfers cutting in front of each other, are both contributing factors to collisions occurring (Nathanson *et al.*, 2002). Previously Nathanson *et al.* (2002) found that 72% of lacerations and 66% of contusions were caused by the surfers' own surfboard. Kim *et al.* (1998) states that the sharp pointed nose of the surfboard and the leash keeping the surfer at close proximity to the surfboard following a fall, are common contributing factors to surfing injuries. Additionally shoulder dislocations can be caused by a direct blow to the shoulder (for example from a surfboard impact or being pulled by a jet ski) or a forced, excessive motion of the shoulder (hitting the reef / sand). With a shoulder dislocation, the head of the humerus displaces itself from the glenoid cavity of the shoulder (Brukner and Khan, 2008).

The **posture** of surfers should also be taken into account when looking at causative factors of acute injury. During paddling, the surfer's trunk is hyperextended, which puts severe stress on the spine, as well as surrounding musculature. Back spasms are common in surfers. Injury can also occur during the high-intensity, rapid movement of certain manoeuvres (Sunshine, 2003).

Other causes of injury are contact with the **ocean floor**, where a sea floor with a sandy bottom is more forgiving than a sea floor consisting of rocks or reef. Certain reefs also have a variety of plant and animal life that can be found on them. Thus reefs can cause lacerations as well as associated infections (Nathanson, 2007). In this respect, Nathanson (2007) found that injury rates of surfers more than double when surfing larger waves or rocky reefs.

Furthermore the **hydraulic force of a wave** (Nathanson, 2007) grows as the wave grows in height (the energy that the wave creates increases). Thus, the

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hydraulic force that a wave imparts onto both surfer and surfboard increases. When large waves break they release more kinetic energy than smaller waves and cause both surfer and surfboard to tumble together for great distances in event of a fall. Shoulder dislocations, tympanic membrane ruptures and near-drownings are all injuries caused by the hydraulic force of a wave (Nathanson *et al.*, 2002). The tympanic membrane is commonly known as the “ear drum”, and is the boundary between the external and middle ear (Stedman’s Medical Dictionary for the Health Professions and Nursing, 2005). This membrane may rupture when a surfer is hit by a powerful wave or if a surfer falls and hits the water with a powerful force (Zoltan *et al.*, 2005). Pain, bleeding from the ear or impaired hearing, are indicative of a ruptured tympanic membrane (Brukner and Khan, 2006).

In this **environment**, lacerations caused by the reefs, rocks or surfboards may become infected with marine organisms. Common pathogens causing infection in seawater and marine wounds are *Staphylococcus aureus*, *Myobacterium marinum*, *Vibriovulnificus* and the Streptococcus species (Zoltan *et al.*, 2005). If these lacerations are left untreated, they may form what is commonly known as a sea ulcer. These are found most commonly on the hands, feet and ankles of surfers. Frequent exposure to sea water erodes scabs and decreases the body’s healing capabilities (Sunshine, 2003). Zoltan *et al.* (2005) and Sunshine (2003) also state that surfers often come into contact with free-floating jellyfish. These animals have a main body and multiple dangling tentacles with venom-filled cells that can cause extreme pain when coming into contact with human skin. Other symptoms include swelling, erythema, edema and bullae formation. Furthermore stingrays spend most of their time on the seabed and are often encountered by surfers when entering and exiting the water. Their tail has a sharp spine that can penetrate wetsuits and water shoes. Surfers that have been stung by a stingray may present with puncture wounds or lacerations, usually in the lower extremity (Sunshine, 2003; Zoltan *et al.*, 2005). More seriously, sharks attacks, although widely publicized throughout the world, are extremely rare, but remain a hazard

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to surfers. Zoltan *et al.* (2005) and Sunshine (2003), state that approximately half of all unprovoked shark attacks worldwide involve surfers or windsurfers.

Lastly in terms of the ***surfer's actual activities***, it would seem that the aggressive turning and aerial manoeuvres⁴ score very highly in surfing competitions; however they place a large amount of strain on the knee and surrounding soft tissue (Everline, 2007). This accounts for the lower extremity being the most popular site of injury (McDonald Taylor *et al.*, 2005; Nathanson, 2007). In addition it should be noted that these manoeuvres are very difficult to perform, which may explain why the frequency of knee injuries is higher in professional surfers than in recreational surfers. In addition unsuccessful takeoffs, tube riding (riding under the crest of a breaking wave) and duck diving (pushing the surfboard under an oncoming wave whilst paddling out) were also reported to have caused acute surfing injuries (Nathanson, 2007).

2.5.2 Chronic surfing injuries

Chronic injuries are those which involve a force being applied to the body over a considerable period of time (Williams, 1980). As such overuse injuries result from cumulative microtrauma leading to excessive tissue injury. They occur when the body is unable to absorb forces generated by repeated cyclic loading⁵ of mobile segments or links in the kinematic chain (Renstrom, 1993).

Generally speaking, surfers do not follow any specific training or conditioning programs. They do however spend between 2 and 7 hours a day surfing, at least 5 days a week (Mendez-Villanueva and Bishop, 2005). This amount of surfing could make them vulnerable to overuse injuries, especially in the absence of an

⁴ A maneuver whereby the surfer propels himself and his board up the face of a wave and into the air (Nathanson *et al.*, 2002).

⁵ The paddling motion of surfers or freestyle action of swimmers (Shamus and Shamus, 2001; Sutherland, 2008).

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appropriate supportive training programme that is responsible for maintaining cardiovascular fitness, general and specific muscle tone as well as being rehabilitative in nature (for injuries previously encountered) (Mendez-Villanueva *et al.*, 2005; Everline, 2007; Nathanson, 2007).

2.5.2.1 Type of injury

Due to prolonged exposure to the sun and water, surfers often suffer from bony exostosis of the external auditory canal, otitis externa, sinusitis, pinguecula and pterygium.

Bony exostosis is when bony growths protrude from the temporal (of the temple) bone into the ear. This is caused by prolonged exposure to cold water. This condition may be without symptoms, or may present a progressive loss of hearing, regular ear infections and / or pain in the ear. Studies have shown that surfers who surf more frequently, for more years and in colder water have a greater chance of suffering from bony exostosis (Wong *et al.*, 1999; Kroon *et al.*, 2002; Sunshine, 2003; Zoltan *et al.*, 2005). Due to this bony exostosis forming and prolonged exposure to moisture, water may accumulate and stagnate in the ear canal, causing infection (**otitis externa**). Trauma from foreign bodies and wave pressure can also be causative factors, resulting in itching, pain in the ear and discharge from the ear (Sunshine, 2003; Zoltan *et al.*, 2005).

Prolonged exposure to water may also cause impaired draining of the paranasal sinuses. This leads to stagnation of water and mucous in the sinuses and infection which then lead to **chronic sinusitis** (Dhingra, 1998).

In contrast the prolonged exposure to ultra violet rays, especially those people living in the subtropical and tropical climates can cause diseases of the

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conjunctiva⁶ and / cornea⁷, namely ***pterygium or pinguecula*** (Fisher and Trattler, 2009). Pterygium is when the conjunctiva thickens and grows inwards onto the cornea. Usually triangular in shape, it is relatively common and can go untreated unless there is growth over the cornea and vision is affected (Fisher and Trattler, 2009). Whereas pinguecula is when the conjunctiva thickens, but is seen as yellowish nodules in the conjunctiva. These nodules are harmless, and only removed if the patient sees the condition as a cosmetic blemish (Bankes, 1987).

2.5.2.2 Mechanism of injury

The vast amount of time that surfers spend in the harsh sun, windy surf and often freezing cold water, is the main cause of the reported chronic injuries in surfers. This prolonged exposure can lead to chronic injuries such as bony exostosis of the external auditory canal and otitis externa, sinusitis, pinguecula and pterygium formation are also reported by some surfers (Wong *et al.*, 1999; Kroon *et al.*, 2002; Sunshine, 2003; Zoltan *et al.*, 2005).

These conditions are made all the more frequent in that surfers spend most of their time paddling or stationary on their surfboards (Mendez-Villanueva and Bishop, 2005). Furthermore both these actions entail a surfer to lie flat on their stomachs. The surface of the surfboard is usually covered by a special wax that is rough in nature and prevents the surfer from slipping off his/her surfboard whilst riding a wave. Prolonged exposure of the chest, abdomen and knees to this rough surface can cause skin abrasions, as well as infections to the area

⁶ The conjunctiva is a mucous membrane that covers the front of the eyeball and the back of the eyelid (Stedman's Medical Dictionary for the Health Professions and Nursing, 2005).

⁷ The cornea is the anterior (front) sixth of the outer wall of the eye (Stedman's Medical Dictionary for the Health Professions and Nursing, 2005).

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(Nathanson, 2002; Sunshine, 2003). This condition is commonly known as surfer's dermatitis, and can also be caused by prolonged rubbing of the skin by a wetsuit, as well as wind, sunburn and sweat (Sunshine, 2003).

Due to continuous bumping of the dorsal aspect of the foot during take-off, soft tissue (heloma molle and heloma dura⁸) prominences are common on the first metatarsophalangeal joint (Nathanson *et al.*, 2002; Sunshine, 2003).

More recently Everline (2007) revealed that shoulder strains are common chronic injuries in surfers, which are thought to be caused by the shearing forces of vigorous paddling as well as contact of the shoulder with the ocean floor. In this same publication Everline (2007) states that the surfing-medicine community has not made an effort to combine data on the types of musculoskeletal (of muscle and bone) injuries suffered by surfers.

Everline (2007) bases this assertion on the fact that surfing is a sport that is characterised by the repetitive nature of the paddling phase of surfing and the manoeuvres performed whilst riding a wave. In addition the continuous impact of the surfer's body with surfboard, sand, rocks and reefs, it stands to reason that there should be more literature / information available on the chronic musculoskeletal injuries as experienced by the surfers.

This is of particular importance as the lifespan of a surfing professional is limited, as can be seen by the average age of professional surfers attending the Mr. Price Pro, which will be addressed in the next chapters to follow. This limitation may be due to unreported / unrecorded injury which has resulted from the almost all year round competition in order to earn points, improve rankings and be paid. Furthermore, surfers may not want to be seen as having an injury, as this not

⁸ Heloma dura is a hard corn over a toe joint. Heloma molle is a soft corn formed by pressure between two toes.

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only serves as a psychological hindrance for themselves, but also a psychological advantage for their competitor(s). Therefore having an injury has a huge impact on their social status, their psychological status and financial earnings.

2.6 Stages of acute / chronic injury

Kirkaldy-Willis (1992) describes the three phases of degenerative disease. It is imperative to have an understanding of this concept, in order to understand the different phases an injury can go through.

The first phase is **dysfunction**. A minor trauma occurs in a particular site and puts strain on the relevant joint. The muscles that are attached to that joint become hypertonic and contract in order to protect the injured joint. If the muscle contraction is sustained, the muscles are said to have 'splinted' and the joint dysfunction is maintained. A surfer in the dysfunction phase will complain of low back pain (Kirkaldy-Willis, 1992).

The dysfunctional phase then leads onto the **unstable** phase, where with each injury the healing becomes less complete. Normal collagen is replaced with that of scar tissue, which is a lot weaker than normal collagen, and thus the joint becomes weaker and unstable. This instability makes the area more prone to further injury. Further injury makes the instability more marked. A surfer in this phase of degeneration will complain of severe low back pain and a feeling as if the back wants to 'give way'. An injury can shift between phase one and two (Kirkaldy-Willis, 1992).

Once the injury reaches the third phase, which is **stabilization**, there is no shifting back to phase one or two, as this is the phase in which there is hardening of all the supporting structures in response to the instability in phase two. A surfer in the stabilization phase, will have a history of severe back pain, but at present

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will be experiencing less and only episodes of low back pain which are usually muscular in origin (Kirkaldy-Willis, 1992).

2.7 Conclusion

Therefore it can be seen that since the late 1980's, not only have the surfboards have become lighter, new manoeuvres have evolved, surfing has structured itself to be more competitive, arenas continue to get more crowded and surfers continue venturing into more dangerous and bigger wave breaks (McDonald Taylor *et al.*, 2004; Everline, 2007) in order to achieve their dreams and aspirations.

Notwithstanding this, Nathanson, (2007) state that very little is known about surfing injuries (and what is known is mostly on acute injuries) and that most of the published surfing injury incidences and prevalence's rely on survey data, which is often based on self-reported injuries. In these studies, the limitations of responder bias and memory decay (problems of recall) pose an inherent problem (Mouton, 1996).

Lowdon *et al.* (1983) also states that previous reports of surfing injuries have relied on data collected retrospectively from first aid stations at surfing contests or hospitals near surfing venues. This data does not include a full range of surfing injuries, as it will exclude injuries such as strains and sprains that don't require immediate, if any, medical attention.

Therefore it can be seen that research is needed in order to document all injuries, both acute and chronic in order to determine a holistic view of injuries, which will allow health care providers in providing the most appropriate care for surfing professionals.

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Chapter 3

Material and Methods

This chapter will discuss the research methodology and data collection used in this study.

3.1 Study Design

This study was a retrospective, quantitative, epidemiological study (Mouton, 1996). The Chiropractic Student Sports Association's (CSSA) questionnaire was completed by all participants. The questionnaire has already been validated (Korporaal, 2002).

Based on this design, the research was approved by the Faculty of Health Sciences Research and Ethics Committee at the Durban University of Technology (Appendix II). This approval implies that the research complies with the requirements of the Declarations of Belmont, Nuremberg and Helsinki of 1975.

3.2 Allocation of the surfers

3.2.1 Sampling

A purposive sample method (Esterhuizen, 2009) was used in this study as the Chiropractic treatment facility at the Mr. Price Pro was available to medical staff, event organisers and support staff. These records were excluded from the study, and only surfers at the Mr. Price Pro were analysed.

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3.2.2 Sample Size

On average, the interns at the Mr. Price Pro Chiropractic treatment facility treat approximately 150 surfers each year. The data that was available was from the year 2000 – 2008. Thus 1499 questionnaires were available from the Chiropractic Student Sports Association's (CSSA) questionnaires.

3.3 Criteria for Participation in the Study

3.3.1 Permission required for the study

Permission was granted by the event organisers to allow a Chiropractic treatment facility at the Mr Price Pro. At this Chiropractic treatment facility, surfers had access to treatment that was free of charge to them and allowed them to have any general or musculoskeletal complaint assessed for referral or treatment as necessary.

In order to access the Chiropractic treatment facility all surfers were required to complete the CSSA questionnaire (Appendix I).

Those patients that did not agree to complete the forms were excluded from being treated at the Chiropractic treatment facility at the Mr. Price Pro and referred for treatment at another local facility if it was deemed necessary or if the surfer requested a referral.

By completing the CSSA questionnaire, the surfer gave consent to be treated as well as for the data that was generated to be utilised as part of a research process.

3.3.2 Inclusion Criteria

The inclusion criteria for the surfers were as follows:

- Competitive male and female surfers who are:
 - competing on the World Qualifying Series or World Championship Tour.
 - registered and competing in the Mr. Price Pro.

3.3.3 Exclusion Criteria

The organisers, medical staff and support staff of the Mr. Price Pro were also able to access the Chiropractic treatment facility throughout the event. They were however excluded from the study, as they are not surfers competing in the Mr. Price Pro.

3.4 Data Collection Procedure

3.4.1 Background to the Process and Procedure at the event

Based on an agreement between the principal sponsor of the Mr Price Pro and the Chiropractic Programme at the Durban University of Technology, a Chiropractic treatment facility is available to all surfers at the Mr Price Pro.

This Chiropractic treatment facility consists of six to eight portable Chiropractic beds and all the equipment the Chiropractic interns need in order to treat the surfers efficiently. Massage and stretching techniques are often provided to the surfer as a pre-heat warm-up or post-heat warm down. When a surfer presents to the Chiropractic treatment facility with a specific complaint, he is treated under the scope of practice of a chiropractor, and as defined in Act 63 of the

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Government Gazette (1982 (as amended)). If the surfer's complaint does not fall under the Chiropractic scope of practice, he is referred to another medical professional.

The Chiropractic treatment facility is available to every surfer on the surfers' level of the Mr. Price Tower, the official "building" of the surfing event (Korporaal, 2008). There are no limitations on the use of the Chiropractic treatment facility and no prerequisites for entry into the Chiropractic treatment facility (e.g. payment for the facility). There is the exception of a surfer giving informed consent to be assessed and treated at the Chiropractic treatment facility, which is expressed by the surfer voluntarily entering the Chiropractic treatment facility and then also completing the required details on the CSSA questionnaire (Appendix I). Those patients who do not agree to complete the CSSA questionnaires are excluded from being treated at the Chiropractic treatment facility and referred for treatment at another local facility.

On entry into the Chiropractic treatment facility, the surfer is requested to complete his portion of the CSSA questionnaire. At this juncture it is explained that the CSSA questionnaire is a tool utilised to record the surfer's treatment over the time period of the event in order to allow for consistent care (Act 63 of 1982 (as amended)) as well as over consecutive Mr Price Pro events. Additionally the CSSA questionnaire allows for research / report backs to the Association of Surfing Professionals and the Mr Price Pro organising committee in terms of the effectiveness of care at the event over time (Fitch, 2007).

Thereafter the senior intern then takes a brief case history, elaborating on the information provided by the surfer, followed by a standard clinical assessment related to the anatomical region or list of differential diagnoses based on the history. The intern then compiles the case in order to present to a clinical supervisor for discussion and approval prior to the surfer being treated (Act 63 of 1982 (as amended); Clinic manual; Dept handbook). Therefore all diagnoses

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arrived at and treatments given at the Chiropractic treatment facility are compiled by senior interns; and confirmed by a supervising qualified clinical supervisor (a qualified chiropractor) as is standard practice in the Chiropractic Day Clinic at the DUT (Government Gazette, Act 63 of 1982, (as amended); Clinic Manual, 2007).

This procedure is followed for each visit by the surfers to the Chiropractic treatment facility, whether they have had previous care / multiple treatments within the duration of an event or over consecutive events.

Thus all clinically relevant information is recorded for each of the surfers at each visit to the Chiropractic treatment facility. This is in line with standard recording and reporting procedures for any patient visit as would be recorded in standard clinical practice (Government Gazette, Act 63 of 1982 (as amended)).

Between events or when the CSSA questionnaires are not required at the Chiropractic treatment facility, they are kept securely stored in a locked storeroom that houses all sports equipment. Thus confidentiality is maintained (Mouton, 1996).

3.4.2 Procedure of the research process

All the records from the 2000-2008 Mr Price Pro Surfing Contests were drawn from the storeroom and collated per year that the surfers were seen.

All records were reviewed for purposes of meeting the inclusion and exclusion criteria (see section 3.3.2 and 3.3.3).

An appointment was then made with a statistician to review a CSSA questionnaire in order to establish the most practical manner to analyse the data that had been captured (Esterhuizen, 2007). Data was captured in MS Excel and

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converted to SPSS version 15.0 (SPSS Inc., Chicago, Illinois, USA), (Esterhuizen, 2007) for data analysis.

3.5 Development of the Questionnaire

The CSSA questionnaire was developed by Korporaal, (2002). Once the questionnaire was developed, a focus group was formed.

A focus group provides a means of interaction and discussion between the researcher and individuals with a vested interest in the topic. It also provokes the development of ideas and understanding on the topic (Morgan, 1996). A focus group also aids the researcher in finding and accessing the relevance and appropriateness of the questions used in the development of the questionnaire (Morgan, 1996). Comments are requested from each of the participants in the focus group on how the questionnaire could be modified and improved so that it could be used to accurately assess sporting injuries.

After the focus group has been completed, a pilot study is done. A pilot study is when the researcher chooses two to three people to answer the questionnaire as if they were the athlete / questionnaire user. These people then evaluate the questionnaire and highlight any problems they may have experienced whilst trying to answer the questions. Sentence structure, grammar, ambiguity and other logistical issues such as time are all very important factors to take into consideration.

According to Fink and Kosecoff (1985) the purpose of a pilot study is to answer the following questions

- Will the questionnaire provide the necessary information?
- Are certain questions in the questionnaire redundant or misleading?

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- Are the questions appropriate for the individuals who will be participating in the survey?
- Will the information that the researcher collects enable him to use the survey forms properly?
- Are the procedures standardized?
- How consistent is the information obtained by the survey
- How accurate is the information obtained by the survey

The above two processes, the focus group and the pilot study, were used to validate the questionnaire.

In this context validity refers to establishing the accuracy and trustworthiness of an instrument, data and findings in the research thereby ensuring that future research utilizing that particular tool is accurate (Bernard, 2000).

Once the questionnaire has been validated, it may be used in the research process.

3.6 Statistical Analysis

SPSS version 15.0 (SPSS Inc., Chicago, Illinois, USA) was used for analysis of data. A p value of <0.05 was considered statistically significant.

Descriptive statistics involved the use of frequency tables and bar charts in the case of categorical variables.

Associations between the demographic variables and region of complaint, clinical impressions and treatment were assessed using Pearson chi-square (Esterhuizen, 2009).

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CHAPTER 4

Results

4.1 Introduction

This chapter reveals the results obtained from the statistical analysis of the data collected.

4.2 Outline of the Objectives of the Study

The first objective was a profile of internationally competitive surfers attending the Mr. Price Pro in Durban, KwaZulu-Natal, South Africa with respect to the data obtained from a previously validated sports questionnaire.

The second objective was to implement cohort tracking when a surfer had attended the treatment facility at the Mr. Price Pro for a number of years.

4.3 Data

4.3.1 Primary data

In this study, information was collected by performing a retrospective, quantitative, epidemiological study (Mouton, 1996), on the Chiropractic Student Sports Association (CSSA) questionnaire. This questionnaire is handed to every surfer seeking treatment at the Mr. Price Pro and has already been validated (Korporaal, 2002).

4.3.2 Secondary data

In this study all secondary data was collected from the following sources: journal articles, books and personal communications with relevant people in the field of surfing and sports medicine.

4.4 Abbreviations used in this Chapter

CF	-	Cervical facet
Conf	-	Confusion
df	-	Degrees of Freedom
Jnt	-	Joint
Lacer	-	Laceration
LF	-	Lumbar facet
MS	-	Muscle strain
Myo	-	Myofascial
N	-	Sample Size
PFPS	-	Patellofemoral Pain Syndrome
<i>p</i> value	-	Probability value (if <0.05 then significant)
TF	-	Thoracic facet

4.5 Results

The first objective was a profile of internationally competitive surfers attending the Mr. Price Pro in Durban, KwaZulu-Natal, South Africa with respect to the data obtained from a previously validated sports questionnaire.

4.5.1 INJURY PROFILE – PART ONE:

Data was analysed from all 1499 questionnaires, thus N=1499.

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4.5.1.1 DEMOGRAPHICS:

4.5.1.1.1 Nationality:

Table 4.1 shows that 37.2%% of surfers were from Australia and 28.8% were from South Africa.

Table 4.1: Frequency distribution by Country

		Frequency	Percent
Valid	Australia	558	37.2
	South Africa	431	28.8
	United States of America	159	10.6
	No data	132	8.8
	Brazil	87	5.8
	France	59	3.9
	New Zealand	17	1.1
	Portugal	11	.7
	Spain	8	.5
	United Kingdom	8	.5
	Puerto Rico	7	.5
	Morocco	5	.3
	Argentina	3	.2
	Japan	3	.2
	Morocco	2	.1
	Peru	2	.1
	Puerto Rico	2	.1
	Tahiti	2	.1
	Costa Rico	1	.1
	England	1	.1
	Germany	1	.1
	Total	1499	100.0

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4.5.1.1.2 Race

Table 4.2 shows that 92.9% of surfers were White.

Table 4.2: Frequency distribution by Race

		Frequency	Percent
Valid	White	1393	92.9
	Other	51	3.4
	No data	47	3.1
	Black	5	.3
	Indian	3	.2
	Total	1499	100.0

4.5.1.1.3 Age

Figure 4.1 reflects that 28.4% were under 21 years while 43.5% were between 21 and 25 years and 20.3% were between 26 and 30 years.

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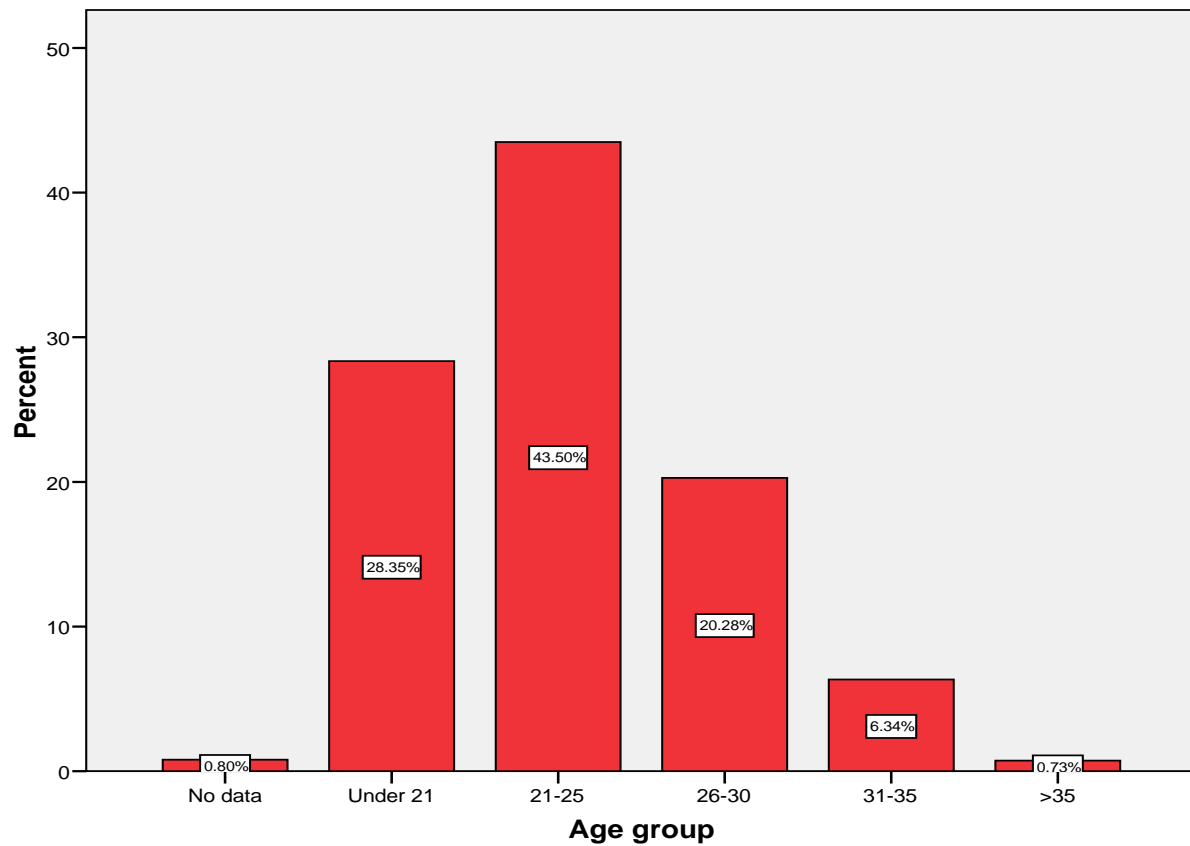


Figure 4.1 : Age distribution of participants

4.5.1.1.4 Gender

Table 4.4 reflects that 77.5% of participants were male and 22.2% were female.

Table 4.4: Frequency distribution by Gender

		Frequency	Percent
Valid	No data	5	.3
	Male	1161	77.5
	Female	333	22.2
	Total	1499	100.0

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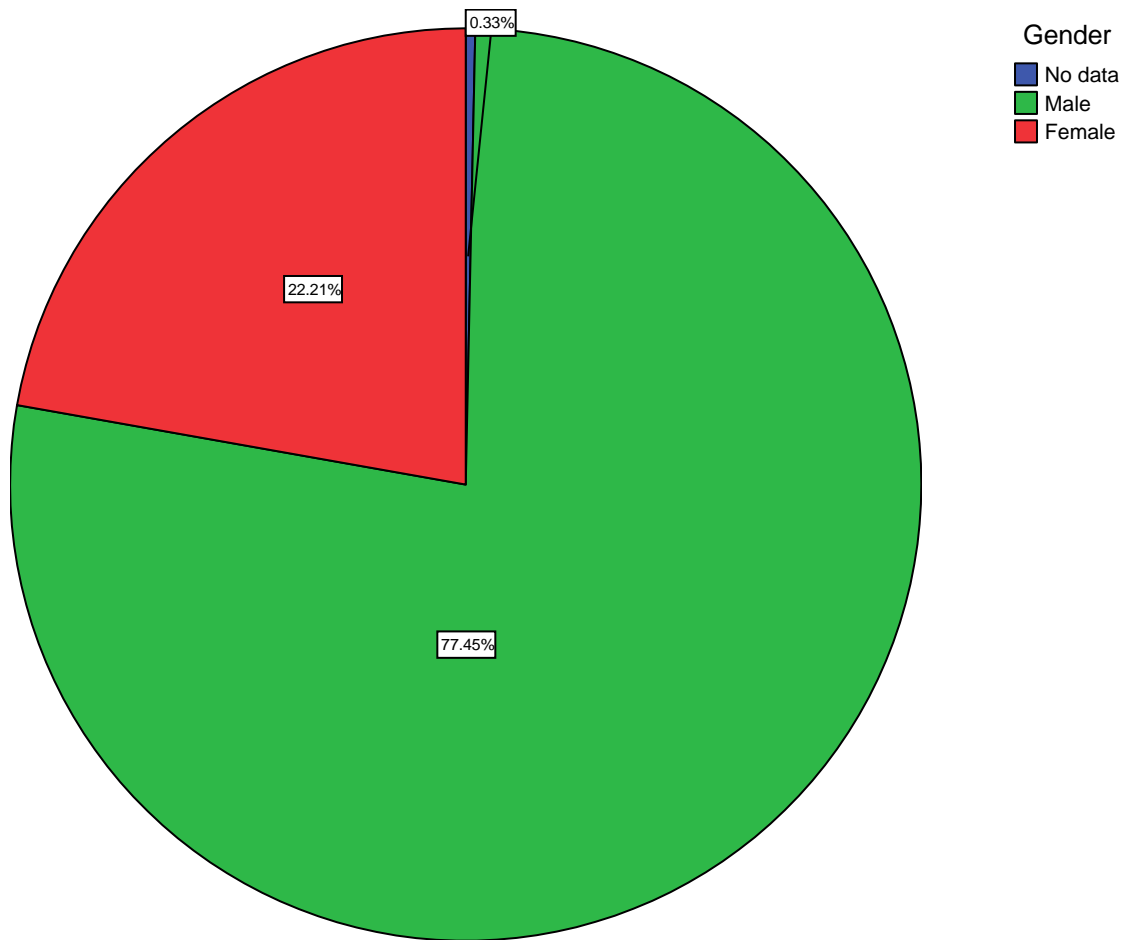


Figure 4.2: Gender distribution of participants

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4.5.1.2 PREVALENCE OF SURFING INJURIES

4.5.1.2.1 Type of patient

Table 4.5 shows that 54.6% were new patients and 45.1% were repeat patients.

Table 4.5: Frequency distribution by Patient

		Frequency	Percent
Valid	No data	4	.3
	New patient	819	54.6
	Repeat care	676	45.1
	Total	1499	100.0

4.5.1.2.2 Type of complaint

Table 4.6 shows that 54.6% of complaints were new complaints and 45.0% were continuation of care.

Table 4.6: Frequency distribution by Complaint

		Frequency	Percent
Valid	No data	5	.3
	New complaint	819	54.6
	Continuation of care	675	45.0
	Total	1499	100.0

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4.5.1.2.3 Region of complaint

Figure 4.3 shows that the lumbar spine (55.2%) was the most common region of complaint, followed by the thoracic (42.2%) and then neck complaints (36.8%).

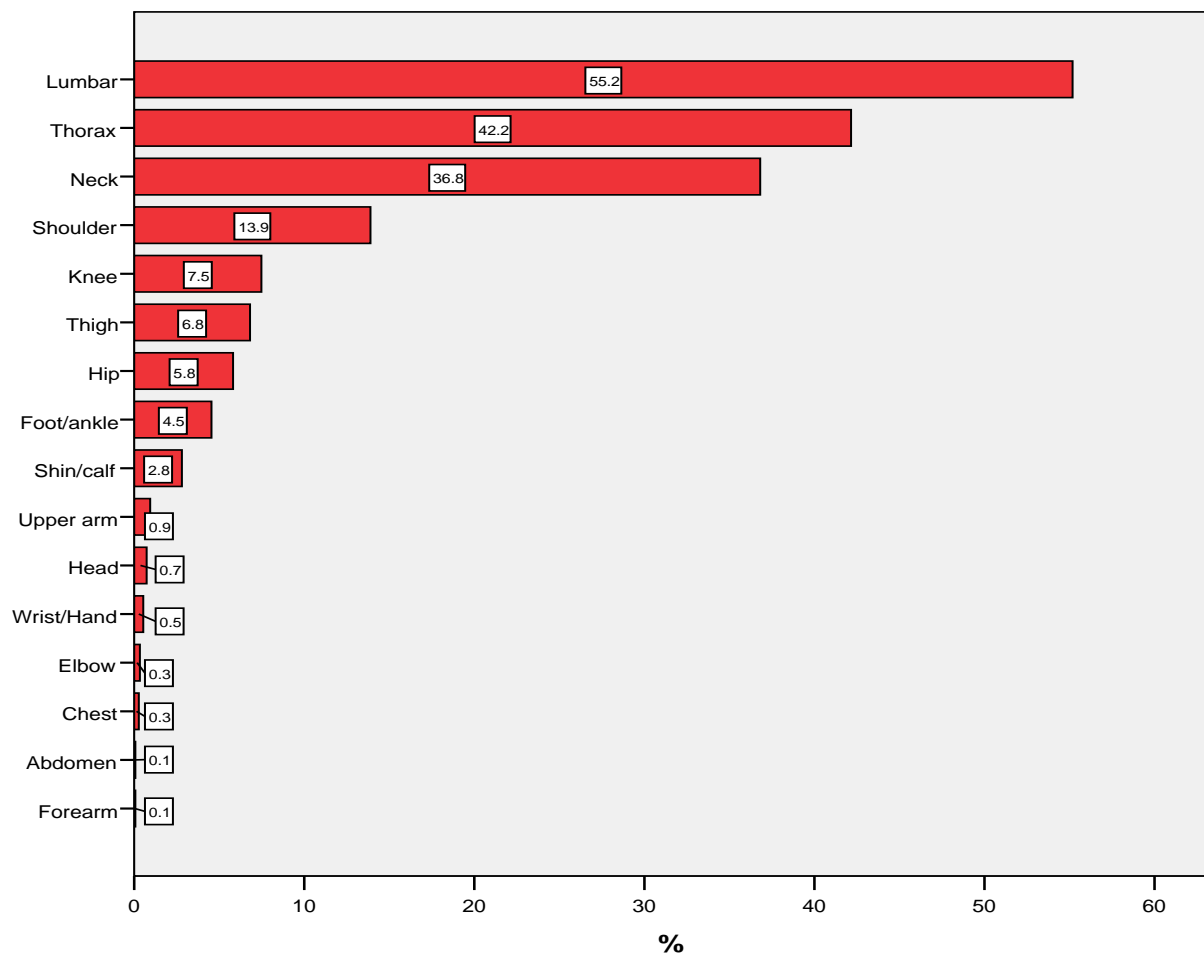


Figure 4.3: Percentage of region of complaints

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4.5.1.2.4 Perceived mechanism of injury

Table 4.7 shows that surfing (47.5%) and paddling (10.9%) were the most common perceived mechanism of injury. Traveling and trauma from a surfboard / wave / sandbank / reef accounted for an equal 5.3% portion of the perceived mechanisms of injury. Unknown mechanisms of injury accounted for 16.5%.

Table 4.7: Frequency distribution by Mechanism of injury

	Frequency	Percent
Valid Surfing	712	47.5
No data	247	16.5
Paddling	163	10.9
Overuse	47	3.1
Traveling on a plane	45	3.0
Trauma from wave	37	2.5
Long flight on a plane	35	2.3
Incorrect sleeping position	30	2.0
Duck diving	9	.6
Post competition stiffness	7	.5
Running	7	.5
Trauma from board	7	.5
Inversion sprain	6	.4
Prolonged sitting	6	.4
Medial collateral ligament tear	5	.3
Muscle fatigue	4	.3
Poor posture	4	.3
Patient doesn't stretch	4	.3
Rheumatoid Arthritis	4	.3
Soccer	4	.3
Tore lateral ligaments of knee	4	.3
Trauma	4	.3
Trauma from sandbank	4	.3
Clavicle dislocation	3	.2
Collision with an object	3	.2
Inversion ankle sprain	3	.2
Motor vehicle accident	3	.2
Patient fell	3	.2
Repetitive trauma	3	.2
Ankle sprain 2 months previously	2	.1
Carrying heavy luggage	2	.1

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.7: Frequency distribution by Mechanism of injury cont...

	Frequency	Percent
Cliff jumping	2	.1
Dislocation 1 year prior	2	.1
Fall during snowboarding	2	.1
Fell off surfboard	2	.1
General stiffness	2	.1
Motor vehicle accident 6yrs ago	2	.1
Insidious	2	.1
Motor vehicle accident	2	.1
Not applicable	2	.1
Rheumatoid arthritis	2	.1
Surfing and traveling	2	.1
Taking off wetsuit	2	.1
Valgus stress	2	.1
Labial tear to left hip (2001)	1	.1
Ankle reconstruction on right	1	.1
Ankle sprain 2 weeks previously	1	.1
Bad sleeping posture	1	.1
Boxing	1	.1
Canoeing	1	.1
Carrying surfboards	1	.1
Climbing stairs	1	.1
Cut foot	1	.1
Driving long distance	1	.1
Fall from balcony	1	.1
Fell off skateboard	1	.1
Fracture of fibula 3-4 months ago	1	.1
Gym	1	.1
Gym training	1	.1
Hyperextension	1	.1
Impact trauma 2 week previously	1	.1
Injury during sit ups	1	.1
Insidious	1	.1
Jumped off a boat	1	.1
Lifting heavy object	1	.1
Micro trauma	1	.1
Muscle overload	1	.1
Motor vehicle accident 6yrs previously	1	.1
No trauma	1	.1
Occurs in the morning	1	.1

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Table 4.7: Frequency distribution by Mechanism of injury cont...

	Frequency	Percent
Other training	1	.1
Paddling and trauma from wave	1	.1
Paddling / traveling on plane	1	.1
Picked up heavy object	1	.1
Post-surgery	1	.1
Post adjustment stiffness	1	.1
Post competition stiffness	1	.1
Right knee injury	1	.1
Rowing machine	1	.1
Rugby tackle 12 yrs ago	1	.1
Ruptured medial collateral ligaments	1	.1
Scoliosis	1	.1
Sleeping posture	1	.1
Slipped off board	1	.1
Snowboarding	1	.1
Static wave	1	.1
Surfing and exam stress	1	.1
Surfing and incorrect sleeping position	1	.1
Swimming-butterfly	1	.1
Swimming	1	.1
Torn intercostal muscle at 8 th left rib	1	.1
Trauma from bike	1	.1
Trauma from reef	1	.1
Trauma from surfboard	1	.1
Trauma to coccyx	1	.1
Traveling on plane	1	.1
Traveling on plane / surfing	1	.1
Twisting while surfing	1	.1
Unknown	1	.1
Walking	1	.1
Total	1499	100.0

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

4.5.1.2.5 Severity of injury

Table 4.8 reflects that only 3.3% of injuries were severe enough to prevent the surfer from participating further in the Mr. Price Pro surfing contest.

Table 4.8: Frequency distribution by - Did the injury cause the surfer not to participate further in the Mr. Price Pro surfing contest?

		Frequency	Percent
Valid	No	1367	91.2
	N/A	83	5.5
	Yes	49	3.3
	Total	1499	100.0

Table 4.9 reflects that 98.3% of the surfers seen at the Chiropractic treatment facility at Mr. Price Pro surfing contest were able to continue surfing after treatment.

Table 4.9: Frequency distribution by - Can the surfer continue surfing?

		Frequency	Percent
Valid	No	18	1.2
	Yes	1474	98.3
	N/A	7	.5
	Total	1499	100.0

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

4.5.1.2.6 Injury history

Table 4.10 reflects that 48.4% had a previous injury in the area.

Table 4.10: Frequency distribution by Has the area been injured before?

		Frequency	Percent
Valid	Yes	725	48.4
	No	579	38.6
	N/A	195	13.0
	Total	1499	100.0

4.5.1.2.7 Clinical impression of the injury

Table 4.11 shows that 52.7% of all injuries were chronic type injuries.

Table 4.11: Frequency distribution by Clinical impression

		Frequency	Valid Percent
Valid	Chronic	625	52.7
	Acute	561	47.3
	Total	1186	100.0
Missing	System	281	
	Acute on chronic	28	
	Not applicable	4	
	Total	313	
Total		1499	

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

4.5.1.2.8 Most common muscles involved in injury

From tables 4.12- 4.16 below, it can be seen that the Quadratus Lumborum (34.6%), Trapezius (34.6%), Paraspinal (18.4%) and Rhomboid (18.1%) muscles respectively, were the most common muscles involved in injury.

Table 4.12: Frequency distribution by muscle 1

	Frequency	Percent
Valid	163	10.9
Adductors	1	.1
Biceps	1	.1
Cervical paraspinals	1	.1
Erector spinae	24	1.6
Gastrocnemius	2	.1
Gastrocnemius	9	.6
Gluteus maximus	3	.2
Gluteus medius	6	.4
Gluteus medius	14	.9
Gluteus muscles	12	.8
Hamstring	1	.1
Hamstrings	21	1.4
Hip flexors	1	.1
Illiopsoas	2	.1
Illiopsoas	2	.1
Infrapatella tendon	1	.1
Infrapatella tendon	1	.1
Infraspinatus	7	.5
Intercostals	2	.1
Iliotibial band	4	.3
Iliotibial band	6	.4
Latissimus dorsi	3	.2
Left adductors	1	.1
Left posterior capsule of ankle	1	.1
Left deltoid	3	.2
Left erector spinae	1	.1
Left extensor hallicus longus	2	.1
Left gastrocnemius	6	.4
Left gluteus medius	11	.7
Left gluteus muscles	2	.1
Left hamstring	6	.4
Left illiopsoas	1	.1

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Table 4.12: Frequency distribution by muscle 1 cont...

	Frequency	Percent
Left infrapatella tendon	4	.3
Left infraspinatus	3	.2
Left iliotibial band	9	.6
Left latissmus dorsi	2	.1
Left latissmus dorsi	1	.1
Left lateral collateral ligament	1	.1
Left levator scapulae	10	.7
Left lumbar paraspinals	1	.1
Left medial collateral ligament	9	.6
Left medial meniscus	1	.1
Left peroneii	3	.2
Left piriformis	6	.4
Left popliteus	4	.3
Left pterygoid	1	.1
Left quadratus lumborum	26	1.7
Left quadriceps	6	.4
Left rhomboid	6	.4
Left rhomboid	1	.1
Left sternocleidomastoid	1	.1
Left supraspinatus	6	.4
Left teres major	1	.1
Left teres minor	5	.3
Left trapezius	19	1.3
Left tricep	1	.1
Left vastus lateralis	1	.1
Levator scapulae	3	.2
Levator scapulae	9	.6
Lumbar paraspinals	32	2.1
Medial collateral ligament	1	.1
Medial meniscus	1	.1
Patella tendon	1	.1
Pectoralis	1	.1
Peroneii	2	.1
Peroneus longus	1	.1
Piriformis	5	.3
Piriformis	2	.1
Popliteus	1	.1
Posterior cervicals	96	6.4
Quadratus lumborum	254	16.9
Quadratus lumborum	9	.6
Quadratus lumborum	1	.1
Quadriceps	14	.9

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Table 4.12: Frequency distribution by muscle 1 cont...

	Frequency	Percent
Rectus femoris	1	.1
Rhomboid	1	.1
Rhomboid	81	5.4
Right anterior cruciate ligament	3	.2
Right adductor	1	.1
Right anterior deltoid	1	.1
Right bicep	4	.3
Right bicep	1	.1
Right brachioradialis	1	.1
Right gastrocnemius	2	.1
Right deltoid	2	.1
Right digitorum profundus	1	.1
Right extensor hallicus	1	.1
Right gastrocnemius	1	.1
Right gluteus maximus	2	.1
Right gluteus medius	16	1.1
Right gluteus minimus	1	.1
Right hamstring	2	.1
Right iliopsoas	4	.3
Right infraspinatus	7	.5
Right iliotibial band	8	.5
Right latissmus dorsi	2	.1
Right lateral collateral ligament	2	.1
Right levator scapularis	11	.7
Right lumbar paraspinals	1	.1
Right medial collateral ligament	6	.4
Right pectoralis major	3	.2
Right peroneii	2	.1
Right piriformis	5	.3
Right popliteus	2	.1
Right posterior cervical	2	.1
Right iliopsoas	3	.2
Right quadratus lumborum	41	2.7
Right quadriceps	7	.5
Right rectus femoris	1	.1
Right rhomboid	10	.7
Right rotator cuff	1	.1
Right scalene	1	.1
Right sternocleidomastoid	2	.1
Right supraspinatus	3	.2
Right teres minor	3	.2
Right trapezius	28	1.9

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Table 4.12: Frequency distribution by muscle 1 cont...

	Frequency	Percent
Right tricep	5	.3
Right vastus intermedialis	1	.1
Right vastus medialis	1	.1
Scalenes	1	.1
Sternocleidomastoid	2	.1
Sternocleidomastoid	1	.1
Seratus posterior	1	.1
Suboccipitals	3	.2
Subscapularis	1	.1
Supraspinatus	2	.1
Supraspinatus	1	.1
Teres major	1	.1
Tensor fascia lata	3	.2
Thoracic paraspinals	75	5.0
Tibialis posterior	1	.1
Trapezius	1	.1
Trapezius	235	15.7
Triceps	3	.2
Vastus lateralis	1	.1
Whole left side of body	1	.1
Total	1499	100.0

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Table 4.13: Frequency distribution by muscle2

	Frequency	Percent
Valid	624	41.6
Adductors	1	.1
Anterior scalene	1	.1
Anterior tibialis	1	.1
Cervical paraspinals	1	.1
Deltoid	1	.1
Extensor carpi radialis longus	1	.1
Erector spinae	17	1.1
Gastrocnemius	4	.3
Gluteus maximus	3	.2
Gluteus medius	13	.9
Gluteus medius	16	1.1
Gluteus muscles	28	1.9
Gluteus muscles	1	.1
Hamstrings	8	.5
Iliopsoas	3	.2
Infraspinatus	5	.3
Iliotibial band	3	.2
Latissmus dorsi	4	.3
Left anterior talofibular ligament	1	.1
Left biceps	2	.1
Left forearm flexors	1	.1
Left gastrocnemius	6	.4
Left gluteus medius	8	.5
Left hamstring	1	.1
Left iliopsoas	1	.1
Left infraspinatus	4	.3
Left iliotibial band	6	.4
Left levator scapulae	9	.6
Left medial meniscus	2	.1
Left patella tendon	1	.1
Left pectoralis major	1	.1
Left pectoralis major	1	.1
Left peroneii	2	.1
Left piriformis	2	.1
Left plantar fascia	1	.1
Left popliteus	2	.1
Left quadratus lumborum	11	.7
Left quadratus lumborum	3	.2
Left quadriceps	1	.1
Left rhomboid	1	.1

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Table 4.13: Frequency distribution by muscle2 cont...

	Frequency	Percent
Left soleus	3	.2
Left supraspinatus	4	.3
Left tensor fascia lata	1	.1
Left thoracic paraspinals	1	.1
Left trapezius	7	.5
Left triceps	2	.1
Left triceps	1	.1
Levator scapulae	8	.5
Levator scapulae	27	1.8
Lumbar paraspinals	62	4.1
Pectoralis major	4	.3
Peroneii	1	.1
Piriformis	10	.7
Piriformis	1	.1
Post cervicals	38	2.5
Quadratus lumborum	77	5.1
Quadratus lumborum	8	.5
Quadriceps	3	.2
Rhomboid	4	.3
Rhomboids	112	7.5
Right adductors	1	.1
Right biceps	1	.1
Right deltoid	4	.3
Right gastrocnemius	2	.1
Right gluteus maximus	1	.1
Right gluteus medius	18	1.2
Right gluteus minimus	3	.2
Right hamstring	1	.1
Right iliopsoas	4	.3
Right infraspinatus	1	.1
Right latissimus dorsi	1	.1
Right levator scapulae	8	.5
Right lumbar paraspinals	1	.1
Right paraspinals	1	.1
Right piriformis	2	.1
Right posterior cervicals	7	.5
Right posterior cervicals	3	.2
Right iliopsoas	2	.1
Right quadratus lumborum	11	.7
Right quadriceps	4	.3
Right rectus femoris	2	.1
Right rhomboid	7	.5
Right scalene	1	.1

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Table 4.13: Frequency distribution by muscle2 cont...

	Frequency	Percent
Right supraspinatus	5	.3
Right teres major	2	.1
Right teres minor	2	.1
Right tensor fascia lata	3	.2
Right trapezius	10	.7
Scalenes	3	.2
Sternocleidomastoid	1	.1
Sternocleidomastoid	1	.1
Seratus anterior	1	.1
Soleus	3	.2
Suboccipitals	1	.1
Supraspinatus	2	.1
Supraspinatus	7	.5
Teres minor	1	.1
Tensor fascia lata	1	.1
Tensor fascia lata	2	.1
Thoracic erector spinae	1	.1
Thoracic paraspinals	40	2.7
Trapezius	150	10.0
Triceps	1	.1
Total	1499	100.0

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Table 4.14: Frequency distribution by muscle3

	Frequency	Percent
Valid	1088	72.6
Adductors	1	.1
Biceps	1	.1
Deltoids	1	.1
Extensor carpi ulnaris	1	.1
Erector spinae	7	.5
Gastrocnemius	1	.1
Gastrocnemius	4	.3
Gluteus maximus	1	.1
Gluteus maximus	1	.1
Gluteus medius	3	.2
Gluteus medius	5	.3
Gluteus minimus	2	.1
Gluteus muscles	4	.3
Hamstrings	2	.1
Iliopsoas	1	.1
Iliopsoas	3	.2
Infraspinatus	6	.4
Iliotibial band	1	.1
Latissimus dorsi	2	.1
Left anterior tibialis	2	.1
Left biceps	1	.1
Left gastrocnemius	4	.3
Left gluteus medius	1	.1
Left hamstring	3	.2
Left iliotibial band	2	.1
Left levator scapulae	1	.1
Left piriformis	1	.1
Left iliopsoas	1	.1
Left quadratus lumborum	2	.1
Left quadriceps	2	.1
Left rhomboids	1	.1
Left subscapularis	1	.1
Left supraspinatus	1	.1
Left supraspinatus	2	.1
Left teres minor	4	.3
Left tensor fascia lata	2	.1
Left thoracic paraspinals	1	.1
Left trapezius	1	.1
Left triceps	1	.1
Levator scapulae	7	.5
Levator scapulae	20	1.3

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Table 4.14: Frequency distribution by muscle3 cont...

	Frequency	Percent
Lumbar paraspinals	17	1.1
Occipitals	1	.1
Paraspinals	1	.1
Pectoralis major	1	.1
Piriformis	8	.5
Piriformis	1	.1
Posterior cervicals	27	1.8
Quadratus lumborum	59	3.9
Quadratus lumborum	4	.3
Quadriceps	4	.3
Rhomboids	41	2.7
Right biceps	1	.1
Right deltoids	1	.1
Right gluteus maximus	1	.1
Right gluteus medius	8	.5
Right gluteus minimus	2	.1
Right hamstring	2	.1
Right iliopsoas	2	.1
Right infraspinatus	4	.3
Right levator scapulae	3	.2
Right peroneii	1	.1
Right piriformis	5	.3
Right posterior cervical	1	.1
Right quadratus lumborum	3	.2
Right quadriceps	2	.1
Right rhomboid	5	.3
Right scalene	2	.1
Right sternocleidomastoid	1	.1
Right seratus anterior	1	.1
Right soleus	1	.1
Right suboccipital	1	.1
Right teres major	1	.1
Right teres minor	1	.1
Right tensor fascia lata	2	.1
Right trapezius	3	.2
Scalenes	7	.5
Sternocleidomastoid	1	.1
Seratus posterior	1	.1
Soleus	1	.1
Suboccipitals	2	.1
Supraspinatus	1	.1
Supraspinatus	1	.1
Tensor fascia lata	2	.1

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Table 4.14: Frequency distribution by muscle3 cont...

	Frequency	Percent
Thoracic paraspinals	23	1.5
Trapezius	45	3.0
Triceps	1	.1
Total	1499	100.0

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Table 4.15: Frequency distribution by muscle4

	Frequency	Percent
Valid	1370	91.4
Adductors	1	.1
Gastrocnemius	1	.1
Deltoids	1	.1
Erector spinae	1	.1
Gastrocnemius	1	.1
Gluteus maximus	1	.1
Gluteus medius	1	.1
Gluteus medius	3	.2
Gluteus minimus	1	.1
Gluteal muscles	1	.1
Hamstring	1	.1
Hamstring	2	.1
Infraspinatus	1	.1
Iliotibial band	1	.1
Latissmus dorsi	1	.1
Left gastrocnemius	1	.1
Left hamstring	1	.1
Left iliopsoas	1	.1
Left infraspinatus	1	.1
Left quadriceps	1	.1
Left soleus	1	.1
Left supraspinatus	1	.1
Left teres minor	1	.1
Levator scapulae	6	.4
Lumbar paraspinals	10	.7
Pectoralis major	2	.1
Piriformis	2	.1
Posterior cervicals	7	.5
Quadratus lumborum	18	1.2
Quadratus lumborum	1	.1
Rhomboids	7	.5
Right adductors	1	.1
Right deltoid	1	.1
Right hamstring	1	.1
Right iliopsoas	1	.1
Right Iliotibial band	2	.1
Right latissmus dorsi	2	.1
Right piriformis	4	.3
Right rectus femoris	1	.1
Right scalene	1	.1
Right sternocleidomastoid	1	.1

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Table 4.15: Frequency distribution by muscle4 cont...

	Frequency	Percent
Right subscapularis	1	.1
Right teres minor	1	.1
Scalenes	3	.2
Sternocleidomastoid	1	.1
Sternocleidomastoid	1	.1
Seratus anterior	1	.1
Subscapularis	1	.1
Supraspinatus	3	.2
Teres minor	1	.1
Thoracic paraspinals	7	.5
Trapezius	15	1.0
Total	1499	100.0

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Table 4.16: Frequency distribution by muscle5

	Frequency	Percent
Valid	1481	98.8
Deltoids	1	.1
Gluteus medius	1	.1
Infraspinatus	1	.1
Left tensor fascia lata	1	.1
Lumbar paraspinals	2	.1
Posterior cervicals	2	.1
Quadratus lumborum	6	.4
Quadriiceps	1	.1
Right gluteus medius	1	.1
Right quadratus lumborum	1	.1
Supraspinatus	1	.1
Total	1499	100.0

4.5.1.2.9 Injury with concomitant Neurogenic/Systemic defects

Table 4.17 shows that 99.9% of the surfers were neurologically and systemically intact.

Table 4.17: Frequency distribution by Neurogenic/Systemic injuries

		Frequency	Valid Percent
Valid	No	1491	99.9
	Yes	1	.1
	Total	1492	100.0
Missing	System	7	
Total		1499	

4.5.1.3 TREATMENT OF SURFING INJURIES

4.5.1.3.1 Manipulation

Table 4.18 shows that 70.4% of the surfers received a chiropractic manipulation¹.

Table 4.18: Frequency distribution by manipulation

		Frequency	Valid Percent
Valid	No	443	29.6
	Yes	1053	70.4
	Total	1496	100.0
Missing	System	3	
Total		1499	

¹ Chiropractic Manipulation is a small-amplitude, high-velocity movement at the end of a subject's available range of motion in a joint, in order to restore mobility of that segment.

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Table 4.19 – 4.22 shows that the thoracic spine was by far the most common spinal level adjusted (42.8%). This was followed by the cervical spine (27.1%) and the sacroiliac joint (24.9%) respectively, which were almost equal in value. The lumbar spine and then other joints were in the minority.

Table 4.19: Frequency distribution by level of the spine or specific joint¹

	Frequency	Percent
Valid 10th Costotransverse	2	.1
2nd Metacarpal	1	.1
4th Costotransverse	1	.1
5th Costotransverse	4	.3
5th Metatarsal	1	.1
6th Costotransverse	2	.1
Acromioclavicular	5	.3
Acromioclavicular	2	.1
C0	1	.1
C1	17	1.1
C2	101	6.7
C3	51	3.4
C4	35	2.3
C5	14	.9
C6	16	1.1
C7	22	1.5
Calcaneus	1	.1
Cuboid	1	.1
Elbow	2	.1
Hip	2	.1
Knee	1	.1
L1	1	.1
L1	10	.7
L2	19	1.3
L3	24	1.6
L4	37	2.5
L5	37	2.5
Mortise	2	.1
N/A	526	35.1
Navicular	2	.1
Occiput	1	.1
Right hip	1	.1
Scaphoid	1	.1

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Table 4.19: Frequency distribution by level of the spine or specific joint1 cont...

	Frequency	Percent
Sacroiliac	230	15.3
Subtalar	2	.1
T1	9	.6
T10	22	1.5
T11	4	.3
T12	11	.7
T2	8	.5
T3	22	1.5
T4	60	4.0
T5	52	3.5
T6	38	2.5
T7	35	2.3
T8	33	2.2
T9	15	1.0
Talocrural	6	.4
Talocrural	1	.1
Tibiofibular	1	.1
Tibiofibular	6	.4
Temperomandibular	1	.1
Total	1499	100.0

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Table 4.20: Frequency distribution by level of the spine or specific joint2

	Frequency	Percent
Valid 4th Costotransverse	1	.1
5th Costotransverse	3	.2
6th Costotransverse	1	.1
6th Costotransverse	1	.1
7th Costotransverse	1	.1
9th Costotransverse	1	.1
Cervico-thoracic junction	1	.1
C1	5	.3
C2	37	2.5
C3	20	1.3
C4	17	1.1
C5	11	.7
C6	2	.1
C7	9	.6
Cuboid	2	.1
Elbow	1	.1
L1	7	.5
L2	21	1.4
L3	17	1.1
L4	31	2.1
L5	33	2.2
N/A	935	62.4
Navicular	1	.1
Sacroiliac	82	5.5
Subtalar	1	.1
T1	3	.2
T10	12	.8
T11	5	.3
T12	13	.9
T2	5	.3
T3	12	.8
T4	51	3.4
T5	41	2.7
T6	46	3.1
T7	27	1.8
T8	31	2.1
T9	9	.6
Talocrural	1	.1
Talocrural	1	.1
Tibiofibular	1	.1
Total	1499	100.0

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Table 4.21: Frequency distribution by level of the spine or specific joint³

	Frequency	Percent
Valid 1st Rib	1	.1
2nd Metatarsophalangeal	1	.1
7th Costotransverse	2	.1
Acromioclavicular	1	.1
Acromioclavicular	1	.1
C0	1	.1
C1	1	.1
C2	14	.9
C3	7	.5
C4	4	.3
C5	5	.3
C6	4	.3
C7	2	.1
L1	3	.2
L2	5	.3
L3	10	.7
L4	11	.7
L5	8	.5
N/A	1291	86.1
Navicular	1	.1
Navicular	1	.1
Sacroiliac	47	3.1
Subtalar	3	.2
T1	4	.3
T10	6	.4
T11	4	.3
T12	3	.2
T2	4	.3
T3	4	.3
T4	10	.7
T5	7	.5
T6	12	.8
T7	7	.5
T8	10	.7
T9	2	.1
Talocrural	2	.1
Total	1499	100.0

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Table 4.22: Frequency distribution by level of the spine or specific joint⁴

		Frequency	Percent
Valid	Atlas	1	.1
	C1	1	.1
	C2	3	.2
	C5	1	.1
	C6	1	.1
	C7	1	.1
	L1	2	.1
	L2	1	.1
	N/A	1462	97.5
	Navicular	1	.1
	Sacroiliac	15	1.0
	T2	1	.1
	T3	2	.1
	T4	3	.2
	T5	3	.2
	T9	1	.1
	Total	1499	100.0

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Table 4.23 – 4.26 shows the frequency of the directions in which the above spinal levels were manipulated. Posterior to anterior (P-A) rotation was the most frequent (35.2%). Second most frequent was extension (28.5%).

Table 4.23: Frequency distribution by direction of manipulation¹

	Frequency	Percent
Valid Anterior-Posterior	19	1.3
Abduction	1	.1
Eversion	1	.1
Extension	204	13.6
Flexion	4	.3
Horizontal flexion	1	.1
Horizontal extension	2	.1
Internal rotation	1	.1
Lateral flexion	79	5.3
Long axis distraction	3	.2
Long axis distraction	7	.5
Lower flexion	1	.1
Medial-Lateral	1	.1
Middle extension	1	.1
N/A	673	44.9
Posterior-Anterior	285	19.0
Upper extension	11	.7
Upper flexion	40	2.7
Upper flexion	165	11.0
Total	1499	100.0

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Table 4.24: Frequency distribution by direction of manipulation2

	Frequency	Percent
Valid Anterior-Posterior	4	.3
Dorsiflexion	1	.1
Extension	167	11.1
Flexion	2	.1
Flexion	3	.2
Lateral flexion	40	2.7
Long axis distraction	2	.1
Medial-Lateral	1	.1
N/A	1021	68.1
Posterior-Anterior	179	11.9
Upper flexion	78	5.2
Upper flexion	1	.1
Total	1499	100.0

Table 4.25: Frequency distribution by direction of manipulation3

	Frequency	Percent
Valid Anterior-Posterior	2	.1
Dorsiflexion	1	.1
Eversion	1	.1
Extension	48	3.2
Flexion	1	.1
Horizontal flexion	1	.1
Inversion	1	.1
Lateral flexion	21	1.4
Lateral flexion	1	.1
Long axis distraction	1	.1
Long axis distraction	1	.1
Lower flexion	1	.1
N/A	1321	88.1
Posterior-Anterior	55	3.7
Posterior	1	.1
Upper extension	1	.1
Upper flexion	1	.1
Upper flexion	40	2.7
Total	1499	100.0

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Table 4.26: Frequency distribution by direction of manipulation4

		Frequency	Percent
Valid	Extension	3	.2
	Extension	6	.4
	Lateral flexion	3	.2
	Lower flexion	1	.1
	N/A	1463	97.6
	Posterior-Anterior	9	.6
	Upper extension	1	.1
	Upper flexion	13	.9
	Total	1499	100.0

Table 4.27 – 4.30 shows the frequency of which sides were most commonly adjusted. The right side was the most commonly adjusted side. This was followed closely by the left side.

Table 4.27: Frequency distribution by side of manipulation1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bilateral	60	4.0	4.0	4.0
	Left	1	.1	.1	4.1
	Left	309	20.6	20.6	24.7
	N/A	739	49.3	49.3	74.0
	Right	390	26.0	26.0	100.0
	Total	1499	100.0	100.0	

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Table 4.28: Frequency distribution by side of manipulation2

		Frequency	Percent
Valid	Bilateral	41	2.7
	Left	166	11.1
	N/A	1083	72.2
	Right	209	13.9
	Total	1499	100.0

Table 4.29: Frequency distribution by side of manipulation3

		Frequency	Percent
Valid	Bilateral	6	.4
	Left	67	4.5
	N/A	1345	89.7
	Right	81	5.4
	Total	1499	100.0

Table 4.30: Frequency distribution by side of manipulation4

		Frequency	Percent
Valid	Bilateral	2	.1
	Left	12	.8
	N/A	1467	97.9
	Right	18	1.2
	Total	1499	100.0

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4.5.1.3.2 Stretches

Both Static and Proprioceptive Neuromuscular Facilitation (PNF) stretches were performed on surfers. Table 4.31 below shows that 36.7% of surfers received static stretching.

Table 4.31: Frequency distribution by static stretch

		Frequency	Valid Percent
Valid	No	948	63.3
	Yes	549	36.7
	Total	1497	100.0
Missing	System	2	
Total		1499	

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Tables 4.32 – 4.35 show the frequency with which different muscles were stretched statically. The Trapezius (11.9%) and Quadratus Lumborum (11.6%) muscles were almost equal in value as the most frequently stretched muscles. This was followed by the Gluteus Muscles (5.7%), the Rhomboid (5.5%) muscles and the posterior cervical (4.5%) muscles respectively.

Table 4.32: Frequency distribution by static stretch1

	Frequency	Percent
Valid Biceps	1	.1
Bilateral suboccipitals	1	.1
Cervical paraspinals	1	.1
Erector spinae	2	.1
Gastrocnemius	1	.1
Gastrocnemius	8	.5
Gluteus maximus	1	.1
Gluteus medius	7	.5
Gluteus medius	3	.2
Gluteal muscles	14	.9
Hamstrings	9	.6
Hip flexors	1	.1
Iliopsoas	3	.2
Infraspinatus	1	.1
Intercostals	1	.1
Iliotibial band	1	.1
Iliotibial band	2	.1
Latissmus dorsi	1	.1
Left anterior tibialis	1	.1
Left erector spinae	1	.1
Left foot	2	.1
Left gastrocnemius	2	.1
Left gluteus medius	4	.3
Left hamstring	2	.1
Left infraspinatus	2	.1
Left Iliotibial band	3	.2
Left latissmus dorsi	1	.1
Left levator scapulae	7	.5
Left medial meniscus	1	.1
Left peroneii	2	.1
Left piriformis	5	.3
Left quadratus lumborum	10	.7
Left quadratus lumborum	2	.1

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Table 4.32: Frequency distribution by static stretch1 cont...

	Frequency	Percent
Left rhomboid	2	.1
Left sternocleidomastoid	1	.1
Left teres minor	1	.1
Left tensor fascia lata	1	.1
Left trapezius	10	.7
Left vastus lateralis	1	.1
Lumbar paraspinals	5	.3
N/A	999	66.6
Peroneii	1	.1
Piriformis	4	.3
Posterior cervicals	36	2.4
Quadratus lumborum	114	7.6
Quadratus lumborum	7	.5
Quadratus lumborum	4	.3
Rhomboids	20	1.3
Right anterior cruciate ligament	1	.1
Right bicep	1	.1
Right gastrocnemius	2	.1
Right extensor hallicus	1	.1
Right gastrocnemius	1	.1
Right gluteus medius	5	.3
Right gluteus minimus	1	.1
Right hamstring	1	.1
Right infraspinatus	3	.2
Right Iliotibial band	2	.1
Right latissimus dorsi	1	.1
Right levator scapulae	5	.3
Right pectoralis	3	.2
Right popliteus	1	.1
Right iliopsoas	1	.1
Right quadratus lumborum	16	1.1
Right quadriceps	3	.2
Right rectus femoris	1	.1
Right rotator cuff	1	.1
Right supraspinatus	3	.2
Right teres minor	2	.1
Right tensor fascia lata	1	.1
Right trapezius	9	.6
Right tricep	1	.1
Scalenes	1	.1
Sternocleidomastoid	1	.1
Seratus anterior	1	.1
Seratus posterior	1	.1

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Table 4.32: Frequency distribution by static stretch1 cont...

	Frequency	Percent
Tensor fascia lata	1	.1
Tensor fascia lata	1	.1
Thoracic paraspinals	17	1.1
Trapezius	100	6.7
Triceps	1	.1
Total	1499	100.0

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Table 4.33: Frequency distribution by static stretch2

	Frequency	Percent
Valid Adductors	1	.1
Extensor carpi radialis longus	1	.1
Erector spinae	6	.4
Gastrocnemius	3	.2
Gluteus medius	2	.1
Gluteus medius	7	.5
Gluteus minimus	1	.1
Gluteal muscles	14	.9
Hamstrings	7	.5
Iliopsoas	1	.1
Infraspinatus	2	.1
Iliotibial band	1	.1
Latissimus dorsi	1	.1
Left forearm flexors	1	.1
Left gluteus medius	6	.4
Left hamstring	2	.1
Left iliotibial band	3	.2
Left levator scapulae	4	.3
Left medial collateral ligament	1	.1
Left pectoralis	1	.1
Left peroneii	1	.1
Left piriformis	2	.1
Left iliopsoas	1	.1
Left quadratus lumborum	3	.2
Left quadriceps	1	.1
Left rhomboid	1	.1
Left supraspinatus	3	.2
Left tensor fascia lata	1	.1
Left trapezius	1	.1
Levator scapulae	2	.1
Levator scapulae	14	.9
Lumbar paraspinals	12	.8
N/A	1196	79.8
Pectoralis	2	.1
Piriformis	3	.2
Piriformis	1	.1
Posterior cervical	19	1.3
Quadratus lumborum	24	1.6
Quadratus lumborum	2	.1
Quadriceps	1	.1
Rhomboids	3	.2
Rhomboids	41	2.7

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Table 4.33: Frequency distribution by static stretch2 cont...

	Frequency	Percent
Right gastrocnemius	1	.1
Right gluteus medius	7	.5
Right gluteus minimus	2	.1
Right infraspinatus	1	.1
Right iliotibial band	1	.1
Right latissimus dorsi	1	.1
Right levator scapulae	5	.3
Right piriformis	2	.1
Right post cervical	3	.2
Right quadratus lumborum	3	.2
Right rhomboid	4	.3
Right supraspinatus	2	.1
Right teres major	1	.1
Right teres minor	4	.3
Right trapezius	6	.4
Scalenes	1	.1
Sternocleidomastoids	1	.1
Seratus anterior	1	.1
Soleus	1	.1
Supraspinatus	1	.1
Tensor fascia lata	2	.1
Thoracic paraspinals	10	.7
Trapezius	40	2.7
Total	1499	100.0

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Table 4.34: Frequency distribution by static stretch3

	Frequency	Percent
Valid Achilles tendon	1	.1
Extensor carpi ulnaris	1	.1
Erector spinae	2	.1
Gluteus maximus	1	.1
Gluteus medius	1	.1
Gluteus medius	1	.1
Gluteal muscles	3	.2
Iliopsoas	1	.1
Infraspinatus	3	.2
Iliotibial band	1	.1
Latissimus dorsi	1	.1
Left gastrocnemius	1	.1
Left hamstring	1	.1
Left iliotibial band	2	.1
Left peroneii	1	.1
Left quadratus lumborum	4	.3
Left supraspinatus	2	.1
Left teres minor	2	.1
Left tricep	1	.1
Levator scapulae	1	.1
Levator scapulae	5	.3
Lumbar paraspinals	4	.3
N/A	1378	91.9
Piriformis	4	.3
Piriformis	1	.1
Posterior cervicals	9	.6
Quadratus lumborum	15	1.0
Quadratus lumborum	1	.1
Quadriceps	2	.1
Rhomboids	11	.7
Right deltoid	2	.1
Right deltoid	1	.1
Right gluteus medius	2	.1
Right iliopsoas	3	.2
Right infraspinatus	1	.1
Right iliotibial band	1	.1
Right latissimus dorsi	1	.1
Right levator scapulae	1	.1
Right piriformis	1	.1
Right rhomboid	1	.1
Right sternocleidomastoid	1	.1
Right subscapularis	1	.1

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Table 4.34: Frequency distribution by static stretch3 cont...

	Frequency	Percent
Right teres major	1	.1
Right teres minor	1	.1
Scalenes	2	.1
Sternocleidomastoids	1	.1
Supraspinatus	2	.1
Thoracic paraspinals	4	.3
Trapezius	11	.7
Total	1499	100.0

Table 4.35: Frequency distribution by static stretch4

	Frequency	Percent
Valid Latissmus dorsi	1	.1
Left hamstring	1	.1
Left piriformis	1	.1
Left quadriceps	1	.1
Levator scapulae	2	.1
Lumbar paraspinals	4	.3
N/A	1475	98.4
Quadratus lumborum	3	.2
Rhomboids	3	.2
Right gluteus medius	1	.1
Right infraspinatus	1	.1
Right latissmus dorsi	2	.1
Right piriformis	1	.1
Sternocleidomastoid	1	.1
Supraspinatus	1	.1
Thoracic paraspinals	1	.1
Total	1499	100.0

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Table 4.36 below shows that 18.2% of surfers received PNF stretching.

Table 4.36: Frequency distribution by PNF stretching

		Frequency	Valid Percent
Valid	No	1224	81.8
	Yes	273	18.2
	Total	1497	100.0
Missing	System	2	
Total		1499	

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Tables 4.37 – 4.40 show the frequency with which different muscles were stretched by PNF. The Trapezius and Quadratus Lumborum muscles were the most frequently stretched. This was followed by the Gluteus and Hamstring muscles respectively.

Table 4.37: Frequency distribution by PNF stretch1

	Frequency	Percent
Valid Biceps	1	.1
Erector spinae	2	.1
Gastrocnemius	1	.1
Gastrocnemius	2	.1
Gluteus maximus	2	.1
Gluteus maximus	1	.1
Gluteus medius	2	.1
Gluteus medius	6	.4
Gluteal muscles	7	.5
Hamstring	1	.1
Hamstring	17	1.1
Iliopsoas	1	.1
Iliotibial band	2	.1
Iliotibial band	3	.2
Left adductors	1	.1
Left extensor hallicus longus	1	.1
Left gastrocnemius	6	.4
Left gluteus medius	2	.1
Left hamstring	1	.1
Left iliopsoas	2	.1
Left medial collateral ligament	2	.1
Left peroneii	1	.1
Left popliteus	1	.1
Left quadratus lumborum	4	.3
Left quadriceps	2	.1
Left rhomboid	1	.1
Left rhomboid	1	.1
Left supraspinatus	1	.1
Left teres minor	1	.1
Levator scapulae	1	.1
Lumbar paraspinals	1	.1
N/A	1239	82.7
Piriformis	2	.1
Piriformis	2	.1
Posterior cervicals	13	.9

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Table 4.37: Frequency distribution by PNF stretch1 cont...

	Frequency	Percent
Quadratus lumborum	40	2.7
Quadratus lumborum	5	.3
Quadriceps	1	.1
Rhomboids	11	.7
Right adductors	1	.1
Right gluteus maximus	2	.1
Right gluteus medius	1	.1
Right hamstring	2	.1
Right iliopsoas	1	.1
Right iliotibial band	4	.3
Right levator scapulae	1	.1
Right pectoralis	1	.1
Right piriformis	3	.2
Right popliteus	1	.1
Right iliopsoas	2	.1
Right quadratus lumborum	11	.7
Right quadriceps	4	.3
Right rhomboid	1	.1
Right supraspinatus	1	.1
Right tensor fascia lata	1	.1
Right trapezius	2	.1
Right tricep	1	.1
Scalenes	1	.1
Sternocleidomastoid	1	.1
Subscapularis	1	.1
Supraspinatus	1	.1
Tensor fascia lata	1	.1
Tibialis posterior	1	.1
Trapezius	1	.1
Trapezius	62	4.1
Total	1499	100.0

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Table 4.38: Frequency distribution by PNF stretch2

	Frequency	Percent
Valid Erector spinae	5	.3
Gastrocnemius	3	.2
Gluteus maximus	1	.1
Gluteus maximus	2	.1
Gluteus medius	5	.3
Gluteus medius	3	.2
Gluteal muscles	5	.3
Hamstring	1	.1
Hamstring	1	.1
Iliopsoas	1	.1
Infraspinatus	1	.1
Iliotibial band	1	.1
Latissimus dorsi	1	.1
Left anterior tibialis	1	.1
Left biceps	1	.1
Left gastrocnemius	1	.1
Left gluteus medius	1	.1
Left infraspinatus	1	.1
Left iliotibial band	1	.1
Left quadratus lumborum	2	.1
Left quadriceps	1	.1
Left teres minor	1	.1
Left tensor fascia lata	1	.1
Left trapezius	1	.1
Levator scapulae	1	.1
Levator scapulae	3	.2
Lumbar paraspinals	1	.1
Lumbar paraspinals	2	.1
N/A	1343	89.6
Piriformis	2	.1
Piriformis	1	.1
Posterior cervicals	9	.6
Quadratus lumborum	14	.9
Quadratus lumborum	2	.1
Quadriceps	1	.1
Rhomboids	2	.1
Rhomboids	29	1.9
Right adductors	1	.1
Right gluteus medius	4	.3
Right paraspinals	1	.1
Right piriformis	1	.1
Right iliopsoas	2	.1

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Table 4.38: Frequency distribution by PNF stretch2 cont...

	Frequency	Percent
Right quadratus lumborum	2	.1
Right quadriceps	2	.1
Right rectus femoris	2	.1
Right tensor fascia lata	2	.1
Right trapezius	2	.1
Scalenes	1	.1
Thoracic paraspinals	1	.1
Trapezius	25	1.7
Triceps	1	.1
Total	1499	100.0

Table 4.39: Frequency distribution by PNF stretch3

	Frequency	Percent
Valid Adductors	1	.1
Erector spinae	1	.1
Gastrocnemius	1	.1
Gastrocnemius	1	.1
Gluteus medius	2	.1
Gluteus minimus	2	.1
Gluteal muscles	1	.1
Left gluteus medius	1	.1
Left hamstring	2	.1
Left levator scapulae	1	.1
Left quadratus lumborum	1	.1
Levator scapulae	1	.1
Levator scapulae	2	.1
N/A	1434	95.7
Piriformis	3	.2
Posterior cervicals	10	.7
Quadratus lumborum	8	.5
Rhomboids	10	.7
Right gluteus medius	3	.2
Right gluteus minimus	1	.1
Right iliopsoas	1	.1
Right piriformis	1	.1
Right posterior cervicals	1	.1
Right quadratus lumborum	2	.1
Scalenes	3	.2

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Table 4.39: Frequency distribution by PNF stretch3 cont...

	Frequency	Percent
Thoracic paraspinals	2	.1
Trapezius	1	.1
Trapezius	2	.1
Total	1499	100.0

Table 4.40: Frequency distribution by PNF stretch4

	Frequency	Percent
Valid Adductors	1	.1
Gluteus maximus	1	.1
Gluteus medius	1	.1
Hamstrings	1	.1
Left teres major	1	.1
Levator scapulae	1	.1
N/A	1480	98.7
Piriformis	1	.1
Posterior cervicals	2	.1
Rhomboids	3	.2
Right iliopsoas	1	.1
Right piriformis	1	.1
Right scalene	1	.1
Scalenes	1	.1
Suboccipitals	1	.1
Trapezius	2	.1
Total	1499	100.0

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4.5.1.2.3 Voltaren and Transact

Table 4.41 and 4.42 show that Voltaren (2.6%) and Transact (0.3%) were rarely used for treating surfers.

Table 4.41: Frequency distribution by Voltaren used

		Frequency	Valid Percent
Valid	No	1458	97.4
	Yes	39	2.6
	Total	1497	100.0
Missing	System	2	
Total		1499	

Table 4.42: Frequency distribution by Transact used

		Frequency	Valid Percent
Valid	No	1492	99.7
	Yes	5	.3
	Total	1497	100.0
Missing	System	2	
Total		1499	

4.5.1.2.4 Mobilisation

Table 4.43 shows that 9.6% of surfers were treated using mobilization techniques.

Table 4.43: Frequency distribution by Mobilization

		Frequency	Valid Percent
Valid	No	1354	90.4
	Yes	143	9.6
	Total	1497	100.0
Missing	System	2	
Total		1499	

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Table 4.44 shows that the knee (2.5%) was the most common joint mobilized.

Table 4.44: Frequency distribution by spinal level or specific joint1

	Frequency	Percent
Valid 6th Costotransverse	1	.1
Acromioclavicular	1	.1
Ankle	5	.3
Cervical spine	12	.8
C2	2	.1
C5	1	.1
Costotransverse	2	.1
Entire spine	2	.1
Hip	4	.3
Knee	22	1.5
Knee and patella	1	.1
Lumbar spine	6	.4
Lumbar and thoracic spine	1	.1
L1	2	.1
L3	1	.1
Left ankle	1	.1
Left hallux	1	.1
Left hand	1	.1
Left patella	1	.1
Left scapular	1	.1
Left shoulder	3	.2
Mid-foot	1	.1
N/A	1376	91.8
Patella	7	.5
Ribs	2	.1
Right ankle	1	.1
Right knee	4	.3
Right shoulder	1	.1
Scapula	2	.1
Scapula	1	.1
Scapulae	1	.1
Shoulder	7	.5
Shoulders	2	.1
Sacroiliacs	3	.2
Sacroiliac	4	.3
Subtalar	1	.1
Thoracic and lumbar spine	1	.1
Thoracic spine	5	.3
Thoracic and cervical spine	2	.1
Thoracic and lumbar spine	3	.2

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Table 4.44: Frequency distribution by spinal level or specific joint1 cont...

	Frequency	Percent
T12	1	.1
Talocrural	1	.1
Tibiofibular	1	.1
Wrist	1	.1
Total	1499	100.0

Table 4.45 shows that no particular direction of mobilization was used most frequently.

Table 4.45: Frequency distribution by direction

	Frequency	Percent
Valid Anterior-Posterior	1	.1
All	15	1.0
Anterior	1	.1
Extension	1	.1
Lateral flexion	2	.1
Long axis distraction	2	.1
N/A	1471	98.1
Posterior-Anterior	2	.1
Upper extension	1	.1
Upper flexion	1	.1
Total	1499	100.0

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Table 4.46 shows that the mobilization techniques were applied to the left and right sides equally.

Table 4.46: Frequency distribution by side

		Frequency	Percent
Valid	Bilateral	17	1.1
	Both	3	.2
	Left	24	1.6
	N/A	1429	95.3
	Right	26	1.7
	Total	1499	100.0

4.5.1.2.5 Massage

Massage therapy was a very common treatment, with 82.3% of surfers receiving some form of a massage as treatment.

Table 4.47: Frequency distribution by massage

		Frequency	Percent
Valid	No	259	17.3
	Yes	1234	82.3
	Total	1493	99.6
Missing	System	6	.4
Total		1499	100.0

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Table 4.48 – 4.51 show the muscles that most commonly received massage therapy. The Quadratus Lumborum (31.3%) and Trapezius (29.8%) muscles were the most common, followed by the Paraspinal muscles (15.7%), the Rhomboids (15.5%) and the posterior Cervical (10.2%) muscles respectively.

Table 4.48: Frequency distribution by muscle-1 (Massage)

	Frequency	Percent
Valid Adductors	1	.1
Anterior capsule of left ankle	1	.1
Biceps	1	.1
Bilateral suboccipitals	1	.1
Cervical paraspinals	3	.2
Erector spinae	17	1.1
Gastrocnemius	1	.1
Gastrocnemius	9	.6
General back	1	.1
Gluteus medius	5	.3
Gluteus medius	3	.2
Gluteal muscles	10	.7
Gluteus medius	1	.1
Hamstring	1	.1
Hamstring	9	.6
Iliopsoas	2	.1
Infrapatella tendon	1	.1
Infraspinatus	5	.3
Intercostals	1	.1
Iliotibial band	3	.2
Iliotibial band	5	.3
Latissmus dorsi	1	.1
Left anterior tibialis	2	.1
Left deltoid	2	.1
Left erector spinae	1	.1
Left extensor hallicus longus	2	.1
Left gastrocnemius	7	.5
Left gluteus medius	4	.3
Left hamstring	4	.3
Left iliopsoas	1	.1
Left infrapatella tendon	2	.1
Left infraspinatus	6	.4
Left Iliotibial band	7	.5
Left latissmus dorsi	2	.1

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Table 4.48: Frequency distribution by muscle-1 (Massage) cont...

	Frequency	Percent
Left lateral collateral ligament	1	.1
Left levator scapulae	6	.4
Left medial collateral ligament	4	.3
Left peroneii	2	.1
Left piriformis	4	.3
Left popliteus	2	.1
Left pterygoid	1	.1
Left quadratus lumborum	21	1.4
Left quadriceps	8	.5
Left rhomboid	1	.1
Left rhomboid	2	.1
Left sternocleidomastoid	1	.1
Left supraspinatus	1	.1
Left teres major	1	.1
Left teres minor	6	.4
Left trapezius	12	.8
Left tricep	1	.1
Left vastus lateralis	1	.1
Left quadratus lumborum	1	.1
Levator scapulae	2	.1
Levator scapulae	12	.8
Lumbar paraspinals	39	2.6
N/A	382	25.5
Pectoralis	2	.1
Peroneii	2	.1
Peroneus longus	1	.1
Piriformis	2	.1
Posterior cervicals	73	4.9
Quadratus lumborum	261	17.4
Quadratus lumborum	10	.7
Quadriceps	15	1.0
Rectus femoris	1	.1
Rhomboids	1	.1
Rhomboids	68	4.5
Right anterior deltoid	1	.1
Right bicep	2	.1
Right gastrocnemius	2	.1
Right adductor	1	.1
Right deltoid	2	.1
Right gastrocnemius	1	.1
Right gluteus medius	5	.3
Right gluteus minimus	1	.1
Right hamstring	2	.1

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Table 4.48: Frequency distribution by muscle-1 (Massage) cont...

	Frequency	Percent
Right iliopsoas	1	.1
Right infraspinatus	5	.3
Right iliotibial band	4	.3
Right latissmus dorsi	1	.1
Right lateral collateral ligament	1	.1
Right levator scapulae	7	.5
Right medial collateral ligament	1	.1
Right pectoralis	1	.1
Right peroneii	1	.1
Right piriformis	2	.1
Right post cervicals	1	.1
Right quadratus lumborum	32	2.1
Right quadriceps	6	.4
Right rectus femoris	1	.1
Right rhomboid	9	.6
Right rotator cuff	1	.1
Right scalene	1	.1
Right supraspinatus	1	.1
Right teres minor	2	.1
Right tensor fascia lata	2	.1
Right trapezius	25	1.7
Right tricep	3	.2
Right vastus medialis	1	.1
Scalenes	2	.1
Seratus anterior	1	.1
Suboccipitals	2	.1
Subscapularis	1	.1
Supraspinatus	1	.1
Supraspinatus	1	.1
Tensor fascia lata	3	.2
Thoracic paraspinals	59	3.9
Trapezius	1	.1
Trapezius	230	15.3
Triceps	2	.1
Whole left side of body	1	.1
Total	1499	100.0

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Table 4.49: Frequency distribution by muscle2 (Massage)

		Frequency	Percent
Valid	Anterior tibialis	1	.1
	Biceps	1	.1
	Quadratus lumborum	1	.1
	Deltoid	1	.1
	Extensor carpi radialis brevis	1	.1
	Erector spinae	15	1.0
	Gastrocnemius	3	.2
	Gluteus maximus	2	.1
	Gluteus medius	4	.3
	Gluteus medius	10	.7
	Gluteus minimus	1	.1
	Gluteal muscles	9	.6
	Hamstrings	8	.5
	Iliopsoas	2	.1
	Infraspinatus	4	.3
	Iliotibial band	2	.1
	Latissimus dorsi	1	.1
	Latissimus dorsi	4	.3
	Left anterior talofibular ligament	1	.1
	Left biceps	3	.2
	Left gastrocnemius	4	.3
	Left gluteus medius	4	.3
	Left hamstring	4	.3
	Left infraspinatus	1	.1
	Left Iliotibial band	3	.2
	Left levator scapulae	5	.3
	Left pectoralis major	1	.1
	Left peroneii	1	.1
	Left piriformis	2	.1
	Left plantar fascia	1	.1
	Left popliteus	2	.1
	Left quadratus lumborum	6	.4
	Left quadriceps	1	.1
	Left rhomboid	4	.3
	Left supraspinatus	7	.5
	Left tensor fascia lata	1	.1
	Left trapezius	6	.4
	Left tricep	1	.1
	Levator scapulae	4	.3
	Levator scapulae	13	.9
	Lumbar paraspinals	47	3.1

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Table 4.49: Frequency distribution by muscle2 (Massage) cont...

	Frequency	Percent
N/A	829	55.3
Paraspinals	2	.1
Pectoralis	1	.1
Piriformis	4	.3
Piriformis	1	.1
Posterior cervicals	44	2.9
Quadratus lumborum	63	4.2
Quadratus lumborum	7	.5
Quadriceps	1	.1
Rhomboids	3	.2
Rhomboids	109	7.3
Right ankle	1	.1
Right bicep	1	.1
Right gastrocnemius	1	.1
Right gluteus medius	10	.7
Right hamstring	2	.1
Right infraspinatus	2	.1
Right iliotibial band	2	.1
Right latissimus dorsi	2	.1
Right levator scapulae	9	.6
Right lumbar paraspinals	1	.1
Right paraspinals	1	.1
Right peroneii	1	.1
Right piriformis	4	.3
Right popliteus	1	.1
Right posterior cervicals	5	.3
Right posterior cervicals	2	.1
Right quadratus lumborum	6	.4
Right quadriceps	1	.1
Right rectus femoris	2	.1
Right rhomboid	5	.3
Right scalene	1	.1
Right supraspinatus	5	.3
Right teres major	1	.1
Right teres minor	3	.2
Right tensor fascia lata	1	.1
Right trapezius	8	.5
Right tricep	1	.1
Scalenes	1	.1
Sternocleidomastoid	1	.1
Sternocleidomastoid	1	.1
Soleus	1	.1
Suboccipitals	1	.1

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Table 4.49: Frequency distribution by muscle2 (Massage)

	Frequency	Percent
Supraspinatus	2	.1
Teres minor	1	.1
Tensor fascia lata	1	.1
Thoracic paraspinals	33	2.2
Trapezius	122	8.1
Total	1499	100.0

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Table 4.50: Frequency distribution by muscle3 (Massage)

	Frequency	Percent
Valid Adductors	1	.1
Gastrocnemius	1	.1
Deltoids	2	.1
Extensor carpi ulnaris	1	.1
Erector spinae	5	.3
Gastrocnemius	3	.2
Gluteus maximus	1	.1
Gluteus medius	3	.2
Gluteus medius	3	.2
Gluteal muscles	5	.3
Hamstrings	3	.2
Iliopsoas	1	.1
Infraspinatus	2	.1
Latissimus dorsi	2	.1
Left gluteus medius	1	.1
Left hamstring	1	.1
Left iliotibial band	2	.1
Left levator scapulae	1	.1
Left quadratus lumborum	3	.2
Left quadriceps	2	.1
Left supraspinatus	2	.1
Left teres minor	2	.1
Left thoracic paraspinals	1	.1
Left trapezius	1	.1
Levator scapulae	1	.1
Levator scapulae	12	.8
Lumbar paraspinals	15	1.0
N/A	1222	81.5
Occipitals	1	.1
Paraspinal	1	.1
Pectoralis	1	.1
Piriformis	2	.1
Piriformis	1	.1
Posterior cervicals	23	1.5
Quadratus lumborum	45	3.0
Quadratus lumborum	2	.1
Rhomboids	35	2.3
Right deltoid	2	.1
Right gluteus medius	4	.3
Right gluteus minimus	3	.2
Right iliopsoas	1	.1
Right infraspinatus	1	.1

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Table 4.50: Frequency distribution by muscle3 (Massage) cont...

	Frequency	Percent
Right piriformis	2	.1
Right post cervical	2	.1
Right post cervical	1	.1
Right quadratus lumborum	1	.1
Right rhomboid	1	.1
Right scalene	1	.1
Right sternocleidomastoid	1	.1
Right soleus	1	.1
Right subscapularis	1	.1
Right supraspinatus	1	.1
Right teres major	1	.1
Right teres minor	1	.1
Right tensor fascia lata	1	.1
Right trapezius	2	.1
Scalenes	5	.3
Sternocleidomastoid	1	.1
Sternocleidomastoid	1	.1
Seratus anterior	1	.1
Suboccipitals	1	.1
Supraspinatus	1	.1
Thoracic paraspinals	19	1.3
Trapezius	31	2.1
Triceps	1	.1
Total	1499	100.0

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Table 4.51: Frequency distribution by muscle4 (Massage)

	Frequency	Percent
Valid Erector spinae	1	.1
Gluteus maximus	1	.1
Gluteus medius	1	.1
Levator scapulae	8	.5
Lumbar paraspinals	5	.3
N/A	1426	95.1
Pectoralis	1	.1
Posterior cervicals	7	.5
Quadratus lumborum	9	.6
Quadratus lumborum	1	.1
Quads	1	.1
Rhomboids	3	.2
Right adductors	1	.1
Right glut max	1	.1
Right iliopsoas	1	.1
Right infraspinatus	1	.1
Right levator scapulae	1	.1
Right posterior cervical	1	.1
Right scalene	2	.1
Scalenes	3	.2
Subscapularis	1	.1
Supraspinatus	1	.1
Teres minor	1	.1
Thoracic paraspinals	12	.8
Trapezius	9	.6
Total	1499	100.0

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4.5.1.2.6 Dry needling

Only 8.8% of surfers received dry needling.

Table 4.52: Frequency distribution by needle

		Frequency	Valid Percent
Valid	No	1365	91.2
	Yes	132	8.8
	Total	1497	100.0
Missing	System	2	
Total		1499	

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Table 4.53 – 4.55 below, shows the muscles that were most commonly dry needled. The Trapezius (3.5%) and Quadratus Lumborum (2.3%) were most the most common, followed by the Rhomboids (0.9%).

Table 4.53: Frequency distribution by muscle1 (needle)

	Frequency	Percent
Valid Erector spinae	1	.1
Gastrocnemius	1	.1
Gluteus medius	2	.1
Hamstrings	1	.1
Infraspinatus	1	.1
Iliotibial band	1	.1
Iliotibial band	1	.1
Left anterior tibialis	1	.1
Left deltoid	1	.1
Left Gastrocnemius	1	.1
Left infraspinatus	1	.1
Left Iliotibial band	2	.1
Left levator scapulae	2	.1
Left quadratus lumborum	4	.3
Left quadriceps	1	.1
Left rhomboid	1	.1
Left teres minor	1	.1
Left trapezius	1	.1
Levator scapulae	1	.1
Lumbar paraspinals	1	.1
N/A	1376	91.8
Peroneii	1	.1
Peroneus longus	1	.1
Posterior cervicals	1	.1
Quadratus lumborum	18	1.2
Quadriceps	1	.1
Rhomboids	4	.3
Right gluteus medius	2	.1
Right infraspinatus	1	.1
Right iliotibial band	1	.1
Right levator scapulae	4	.3
Right quadratus lumborum	8	.5
Right quadriceps	2	.1
Right rhomboid	2	.1
Right supraspinatus	1	.1
Right trapezius	9	.6
Supraspinatus	1	.1

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Table 4.53: Frequency distribution by muscle1 (needle) cont...

	Frequency	Percent
Tensor fascia lata	1	.1
Thoracic paraspinals	1	.1
Trapezius	38	2.5
Total	1499	100.0

Table 4.54: Frequency distribution by muscle2 (needle)

	Frequency	Percent
Valid		
Gluteus medius	1	.1
Gluteal muscles	1	.1
Iliotibial band	1	.1
Left gastrocnemius	1	.1
Left iliotibial band	1	.1
Left quadratus lumborum	1	.1
Lumbar paraspinals	2	.1
N/A	1471	98.1
Quadratus lumborum	2	.1
Quadriceps	1	.1
Rhomboids	6	.4
Right levator scapulae	1	.1
Right paraspinals	1	.1
Right quadratus lumborum	1	.1
Right trapezius	1	.1
Supraspinatus	1	.1
Tensor fascia lata	1	.1
Trapezius	5	.3
Total	1499	100.0

Table 4.55: Frequency distribution by muscle3 (needle)

	Frequency	Percent
Valid		
Latissimus dorsi	1	.1
Levator scapulae	1	.1
N/A	1497	99.9
Total	1499	100.0

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4.5.1.2.7 Ischaemic compression

Only 15.6% of surfers received ischaemic compression to their muscles.

Table 4.56: Frequency distribution by ischaemic compression

		Frequency	Valid Percent
Valid	No	1264	84.4
	Yes	233	15.6
	Total	1497	100.0
Missing	System	2	
Total		1499	

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Tables 4.57 – 4.60 show the muscles that ischaemic compression was most commonly performed on. The Quadratus Lumborum (5.8%) muscles were most common, followed by the Trapezius (4.5%) and Gluteal (3.8%) muscles.

Table 4.57: Frequency distribution by muscle1 (ischaemic compression)

	Frequency	Percent
Valid Bilateral suboccipitals	1	.1
Erector spinae	1	.1
Gastrocnemius	1	.1
Gluteus maximus	2	.1
Gluteus medius	2	.1
Gluteus medius	9	.6
Gluteus minimus	1	.1
Gluteal muscles	5	.3
Hamstring	4	.3
Infraspinatus	2	.1
Iliotibial band	2	.1
Iliotibial band	1	.1
Left gluteus medius	2	.1
Left Gluteal muscles	2	.1
Left infraspinatus	1	.1
Left Iliotibial band	3	.2
Left Latissimus dorsi	1	.1
Left levator scapulae	1	.1
Left popliteus	1	.1
Left pterygoid	1	.1
Left quadratus lumborum	4	.3
Left trapezius	2	.1
Levator scapulae	2	.1
Lumbar paraspinals	6	.4
N/A	1279	85.3
Occipitals	1	.1
Posterior cervicals	7	.5
Quadratus lumborum	55	3.7
Quadratus lumborum	1	.1
Rhomboids	7	.5
Right adductor	1	.1
Right bicep	1	.1
Right gastrocnemius	1	.1
Right gluteus maximus	1	.1
Right gluteus medius	6	.4
Right Gluteal muscles	1	.1

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Table 4.57: Frequency distribution by muscle1 (ischaemic compression) cont...

	Frequency	Percent
Right infraspinatus	1	.1
Right peroneii	1	.1
Right posterior cervical	1	.1
Right quadratus lumborum	12	.8
Right quadriceps	1	.1
Right rhomboid	3	.2
Right scalene	1	.1
Right supraspinatus	2	.1
Right trapezius	5	.3
Right tricep	3	.2
Right vastus medialis	1	.1
Sternocleidomastoid	1	.1
Supraspinatus	1	.1
Thoracic paraspinals	4	.3
Trapezius	44	2.9
Total	1499	100.0

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Table 4.58: Frequency distribution by muscle2 (ischaemic compression)

	Frequency	Percent
Valid Erector spinae	2	.1
Gluteus maximus	1	.1
Gluteus maximus	1	.1
Gluteus medius	6	.4
Gluteus medius	5	.3
Gluteal muscles	3	.2
Hamstring	1	.1
Iliopsoas	1	.1
Iliopsoas	2	.1
Infraspinatus	1	.1
Left gastrocnemius	1	.1
Left iliopsoas	1	.1
Left levator scapulae	1	.1
Left quadratus lumborum	1	.1
Left quadriceps	1	.1
Left trapezius	1	.1
Levator scapulae	3	.2
Levator scapulae	1	.1
Lumbar paraspinals	5	.3
N/A	1393	92.9
Paraspinals	1	.1
Piriformis	1	.1
Posterior cervicals	10	.7
Quadratus lumborum	1	.1
Quadratus lumborum	3	.2
Quadratus lumborum	1	.1
Quadriceps	2	.1
Rhomboids	1	.1
Rhomboids	19	1.3
Right gluteus medius	4	.3
Right gluteus minimus	1	.1
Right iliopsoas	1	.1
Right lumbar paraspinals	1	.1
Right lumbar paraspinals	1	.1
Right paraspinals	1	.1
Right quadratus lumborum	2	.1
Right rhomboid	2	.1
Right sternocleidomastoid	1	.1
Right trapezius	1	.1
Scalenes	1	.1
Thoracic paraspinals	1	.1

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Table 4.58: Frequency distribution by muscle2 (ischaemic compression) cont...

	Frequency	Percent
Trapezius	12	.8
Total	1499	100.0

Table 4.59: Frequency distribution by muscle3 (ischaemic compression)

	Frequency	Percent
Valid		
Gluteus maximus	2	.1
Gluteus medius	1	.1
Gluteus minimus	1	.1
Left gastrocnemius	1	.1
Left teres minor	1	.1
Levator scapulae	2	.1
N/A	1458	97.3
Piriformis	1	.1
Piriformis	1	.1
Posterior cervicals	6	.4
Quadratus lumborum	3	.2
Quadratus lumborum	1	.1
Rhomboids	5	.3
Right gluteus maximus	1	.1
Right hamstring	1	.1
Right piriformis	1	.1
Right thoracic paraspinals	1	.1
Suboccipitals	1	.1
Supraspinatus	1	.1
Thoracic paraspinals	4	.3
Tibialis posterior	1	.1
Trapezius	5	.3
Total	1499	100.0

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Table 4.60: Frequency distribution by muscle4 (ischaemic compression) cont...

	Frequency	Percent
Valid Gastrocnemius	1	.1
Gastrocnemius	1	.1
Gluteus medius	1	.1
N/A	1486	99.1
Posterior cervicals	2	.1
Quadratus lumborum	4	.3
Right Latissimus dorsi	1	.1
Right piriformis	1	.1
Right posterior cervical	1	.1
Scalenes	1	.1
Total	1499	100.0

4.5.1.2.8 Other forms of treatment

Tables 4.61 – 4.62 show the frequency of treatment by any other form not listed in the CSSA Questionnaire. Cryotherapy, cross friction massage and strapping were the most common other forms of treatments.

Table 4.61: Frequency distribution by other treatment 1

	Frequency	Percent
Valid Cervical traction	1	.1
Cross friction	43	2.9
Cryotherapy	70	4.7
Grip and rip	9	.6
N/A	1334	89.0
Quadriceps setting exercises	1	.1
Strap right hand	1	.1
Strapping	34	2.3
Strapping of left foot	1	.1
Strengthening exercises	2	.1
Traction	3	.2
Total	1499	100.0

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Table 4.62: Frequency distribution by other treatment 2

	Frequency	Percent
Valid Cross friction	10	.7
Cryotherapy	14	.9
Disinfectant	1	.1
Elastic strapping	2	.1
Grip and rip	4	.3
Ice	4	.3
N/A	1460	97.4
Quadriceps setting exercises	1	.1
Strapping	3	.2
Total	1499	100.0

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Table 4.63 – 4.64 show the muscles that these other forms of treatment were most commonly applied to. The knee was most common, followed by the shoulder and ankle / foot region respectively.

Table 4.63: Frequency distribution by muscle (Other 1)

		Frequency	Percent
Valid	Achilles tendon	1	.1
	Ankle	1	.1
	Anterior capsule of left ankle	1	.1
	Anterior capsule of left shoulder	2	.1
	Cervical spine	4	.3
	Deltoids of left ankle	1	.1
	Foot	1	.1
	Gluteal muscles	1	.1
	Hamstrings	2	.1
	Infrapatella tendon	4	.3
	Iliotibial band	3	.2
	Lumbar spine	3	.2
	Left ankle	7	.5
	Left calcaneus	2	.1
	Left deltoid	1	.1
	Left extensor hallicus longus	1	.1
	Left foot	1	.1
	Left gastrocnemius	1	.1
	Left hamstring	2	.1
	Left hamstring	2	.1
	Left hand	1	.1
	Left infrapatella tendon	2	.1
	Left infraspinatus	1	.1
	Left Iliotibial band	2	.1
	Left knee	11	.7
	Left latissmus dorsi	1	.1
	Left lateral collateral ligament	1	.1
	Left levator scapulae	1	.1
	Left medial collateral ligament	2	.1
	Left quadratus lumborum	4	.3
	Left quadriceps	2	.1
	Left rhomboid	1	.1
	Left shoulder	2	.1
	Left supraspinatus	2	.1
	Left tricep	1	.1

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Table 4.63: Frequency distribution by muscle (Other 1) cont...

	Frequency	Percent
Lumbar paraspinals	4	.3
Medial collateral ligament	5	.3
Medial collateral ligament	1	.1
N/A	1348	89.9
Patella tendons bilateral	1	.1
Quadratus lumborum	3	.2
Quadratus lumborum	1	.1
Quadriiceps	2	.1
Rhomboids	1	.1
Right anterior cruciate ligament	1	.1
Right ankle	6	.4
Right bicep	1	.1
Right biceps tendon	2	.1
Right gastrocnemius	2	.1
Right collateral ligament of elbow	1	.1
Right extensor hallicus longus	1	.1
Right gastrocnemius	1	.1
Right hamstring	1	.1
Right hip	1	.1
Right infraspinatus	2	.1
Right Iliotibial band	1	.1
Right Iliotibial band	1	.1
Right knee	5	.3
Right lateral collateral ligament	1	.1
Right levator scapulae	1	.1
Right medial collateral ligament	6	.4
Right soleus	1	.1
Right patella tendon	1	.1
Right popliteus	2	.1
Right quadratus lumborum	1	.1
Right gluteus medius	1	.1
Right quadriiceps	2	.1
Right rotator cuff	1	.1
Right shoulder	5	.3
Right wrist	1	.1
Supraspinatus	3	.2
Tensor fascia lata	1	.1
Thoracic paraspinals	1	.1
Traps	4	.3
Total	1499	100.0

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Table 4.64: Frequency distribution by muscle (Other 2)

	Frequency	Percent
Valid Gastrocnemius	1	.1
Knee	2	.1
Lumbar spine	2	.1
Left ankle	1	.1
Left calcaneus	1	.1
Left foot	1	.1
Left hand	1	.1
Left infrapatella tendon	1	.1
Left medial collateral ligament	5	.3
Left supraspinatus tendon	1	.1
Left tricep	1	.1
Medial aspect of knee	2	.1
N/A	1461	97.5
Quadriceps	1	.1
Right ankle	3	.2
Right gastrocnemius	1	.1
Right infraspinatus	2	.1
Right iliotibial band	1	.1
Right knee	2	.1
Right levator scapulae	2	.1
Right medial collateral ligament	2	.1
Right patella tendon	1	.1
Right shoulder	2	.1
Right supraspinatus	1	.1
Supraspinatus	1	.1
Total	1499	100.0

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

The first objective was a profile of internationally competitive surfers attending the Mr. Price Pro in Durban, KwaZulu-Natal, South Africa with respect to the data obtained from a previously validated sports questionnaire,

4.5.2 INJURY PROFILE - PART TWO:

On average, the chiropractic students at the Mr. Price Pro treatment facility treat approximately 150 surfers each year. The data that was available was from the year 2000 – 2008. Thus 1499 questionnaires were available from the Chiropractic Student Sports Association's (CSSA) Mr. Price Pro questionnaires. All 1499 questionnaires were used for the purpose of this study, thus N=1499.

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.65 reflects a significant relationship between Hip, Thigh, wrist and Foot/ankle as the regions of clinical impression and age group at the 95% level ($p < 0.05$). Lumbar spine complaints were the most frequent in the under 21, 21-25, 26-30 and 31-35 age groups. Neck complaints was the most common complaint in the over 35 age group. Chisquare could not be computed for Abdomen since all subjects with valid ages had no problems in this region.

Table 4.65: Crosstabulation of Region of complaint and Age

		Under 21		21-25		26-30		31-35		Over 35		Total		Chisquare	df	p
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%			
Head	No	422	99.3%	649	99.5%	301	99.0%	93	97.9%	11	100.0%	1476	99.3%	3.448	4	0.486
	Yes	3	.7%	3	.5%	3	1.0%	2	2.1%	0	.0%	11	.7%			
Shoulder	No	367	86.4%	551	84.5%	267	87.8%	86	90.5%	9	81.8%	1280	86.1%	3.879	4	0.423
	Yes	58	13.6%	101	15.5%	37	12.2%	9	9.5%	2	18.2%	207	13.9%			
Upper arm	No	424	99.8%	642	98.5%	301	99.0%	95	100.0%	11	100.0%	1473	99.1%	5.739	4	0.220
	Yes	1	.2%	10	1.5%	3	1.0%	0	.0%	0	.0%	14	.9%			
Shin/calf	No	414	97.4%	630	96.6%	297	97.7%	94	98.9%	10	90.9%	1445	97.2%	3.766	4	0.439
	Yes	11	2.6%	22	3.4%	7	2.3%	1	1.1%	1	9.1%	42	2.8%			
Neck	No	275	64.7%	406	62.3%	202	66.4%	51	53.7%	6	54.5%	940	63.2%	6.089	4	0.193
	Yes	150	35.3%	246	37.7%	102	33.6%	44	46.3%	5	45.5%	547	36.8%			
Elbow	No	423	99.5%	650	99.7%	303	99.7%	95	100.0%	11	100.0%	1482	99.7%	0.604	4	0.963
	Yes	2	.5%	2	.3%	1	.3%	0	.0%	0	.0%	5	.3%			
Hip	No	421	99.1%	603	92.6%	277	91.1%	89	93.7%	9	81.8%	1399	94.1%	29.462	4	<0.001
	Yes	4	.9%	48	7.4%	27	8.9%	6	6.3%	2	18.2%	87	5.9%			
Thigh	No	412	96.9%	601	92.2%	277	91.1%	85	89.5%	10	90.9%	1385	93.1%	14.585	4	0.006
	Yes	13	3.1%	51	7.8%	27	8.9%	10	10.5%	1	9.1%	102	6.9%			
Thorax	No	241	56.7%	381	58.4%	173	56.9%	57	60.0%	9	81.8%	861	57.9%	3.202	4	0.525

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

		Under 21		21-25		26-30		31-35		Over 35		Total		Chisquare	df	p
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%			
	Yes	184	43.3%	271	41.6%	131	43.1%	38	40.0%	2	18.2%	626	42.1%			
Wrist/Hand	No	420	98.8%	651	99.8%	304	100.0%	94	98.9%	10	90.9%	1479	99.5%	22.193	4	<0.001
	Yes	5	1.2%	1	.2%	0	.0%	1	1.1%	1	9.1%	8	.5%			
Knee	No	395	92.9%	608	93.3%	279	91.8%	84	88.4%	10	90.9%	1376	92.5%	3.209	4	. 0.523
	Yes	30	7.1%	44	6.7%	25	8.2%	11	11.6%	1	9.1%	111	7.5%			
Chest	No	424	99.8%	650	99.7%	304	100.0%	94	98.9%	11	100.0%	1483	99.7%	3.077	4	. 0.545
	Yes	1	.2%	2	.3%	0	.0%	1	1.1%	0	.0%	4	.3%			
Lumbar	No	177	41.6%	303	46.5%	131	43.1%	45	47.4%	9	81.8%	665	44.7%	9.153	4	0.057
	Yes	248	58.4%	349	53.5%	173	56.9%	50	52.6%	2	18.2%	822	55.3%			
Forearm	No	425	100.0%	651	99.8%	304	100.0%	95	100.0%	11	100.0%	1486	99.9%	1.282	4	0.865
	Yes	0	.0%	1	.2%	0	.0%	0	.0%	0	.0%	1	.1%			
Foot/ankle	No	410	96.5%	618	94.9%	290	95.4%	94	98.9%	7	63.6%	1419	95.5%	29.989	4	<0.001
	Yes	15	3.5%	33	5.1%	14	4.6%	1	1.1%	4	36.4%	67	4.5%			
Abdomen	No	425	100.0%	652	100.0%	304	100.0%	95	100.0%	11	100.0%	1487	100.0%			
	Yes	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

In table 4.66, neck, wrist and lumbar regions were significantly associated with gender at the 95% level ($p < 0.05$). Lumbar spine complaints were the most frequent complaints in both male and female surfers. In both genders, neck and thorax complaints followed closely behind lumbar spine complaints.

Table 4.66: Crosstabulation of Region of complaint and Gender

		Male		Female		Total		Chisquare	df	p
		Count	%	Count	%	Count	%			
Head	No	1152	99.2%	331	99.4%	1483	99.3%	0.108	1	0.743
	Yes	9	.8%	2	.6%	11	.7%			
Shoulder	No	1000	86.1%	286	85.9%	1286	86.1%	0.013	1	0.909
	Yes	161	13.9%	47	14.1%	208	13.9%			
Upper arm	No	1152	99.2%	328	98.5%	1480	99.1%	1.471	1	0.225
	Yes	9	.8%	5	1.5%	14	.9%			
Shin/calf	No	1127	97.1%	325	97.6%	1452	97.2%	0.262	1	0.609
	Yes	34	2.9%	8	2.4%	42	2.8%			
Neck	No	775	66.8%	167	50.2%	942	63.1%	30.619	1	0.000
	Yes	386	33.2%	166	49.8%	552	36.9%			
Elbow	No	1156	99.6%	333	100.0%	1489	99.7%	1.439	1	0.230
	Yes	5	.4%	0	.0%	5	.3%			
Hip	No	1087	93.7%	319	95.8%	1406	94.2%	2.057	1	0.151
	Yes	73	6.3%	14	4.2%	87	5.8%			
Thigh	No	1077	92.8%	315	94.6%	1392	93.2%	1.362	1	0.243
	Yes	84	7.2%	18	5.4%	102	6.8%			
Thorax	No	688	59.3%	178	53.5%	866	58.0%	3.580	1	0.058
	Yes	473	40.7%	155	46.5%	628	42.0%			
Wrist/Hand	No	1159	99.8%	327	98.2%	1486	99.5%	12.902	1	0.000
	Yes	2	.2%	6	1.8%	8	.5%			
Knee	No	1076	92.7%	307	92.2%	1383	92.6%	0.089	1	0.765
	Yes									

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

		Male		Female		Total		Chisquare	df	p
		Count	%	Count	%	Count	%			
	Yes	85	7.3%	26	7.8%	111	7.4%			
Chest	No	1157	99.7%	333	100.0%	1490	99.7%	1.150	1	0.283
	Yes	4	.3%	0	.0%	4	.3%			
Lumbar	No	493	42.5%	176	52.9%	669	44.8%	11.296	1	0.001
	Yes	668	57.5%	157	47.1%	825	55.2%			
Forearm	No	1160	99.9%	333	100.0%	1493	99.9%	0.287		0.592
	Yes	1	.1%	0	.0%	1	.1%			
Foot/ankle	No	1108	95.4%	319	96.1%	1427	95.6%	0.258	1	0.612
	Yes	53	4.6%	13	3.9%	66	4.4%			
Abdomen	No	1160	99.9%	333	100.0%	1493	99.9%	0.287	1	0.592
	Yes	1	.1%	0	.0%	1	.1%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.67 reflects a significant relationship between Thigh as the region of complaint and type of patient at the 95% level ($p < 0.05$). Thorax and lumbar complaints were the most common complaints in both new and repeat care patients.

Table 4.67: Crosstabulation of Region of complaint and Type of patient

		New patient		Repeat care		Total		Chisquare	df	p
		Count	%	Count	%	Count	%			
Head	No	813	99.3%	671	99.3%	1484	99.3%	0.000	1	0.987
	Yes	6	.7%	5	.7%	11	.7%			
Shoulder	No	697	85.1%	591	87.4%	1288	86.2%	1.674	1	0.196
	Yes	122	14.9%	85	12.6%	207	13.8%			
Upper arm	No	810	98.9%	671	99.3%	1481	99.1%	0.515	1	0.473
	Yes	9	1.1%	5	.7%	14	.9%			
Shin/calf	No	801	97.8%	652	96.4%	1453	97.2%	2.481	1	0.115
	Yes	18	2.2%	24	3.6%	42	2.8%			
Neck	No	507	61.9%	438	64.8%	945	63.2%	1.328	1	0.249
	Yes	312	38.1%	238	35.2%	550	36.8%			
Elbow	No	816	99.6%	674	99.7%	1490	99.7%	0.055	1	0.814
	Yes	3	.4%	2	.3%	5	.3%			
Hip	No	773	94.5%	634	93.8%	1407	94.2%	0.324	1	0.559
	Yes	45	5.5%	42	6.2%	87	5.8%			
Thigh	No	773	94.4%	620	91.7%	1393	93.2%	4.145	1	0.042
	Yes	46	5.6%	56	8.3%	102	6.8%			
Thorax	No	477	58.2%	387	57.2%	864	57.8%	0.150	1	0.699
	Yes	342	41.8%	289	42.8%	631	42.2%			
Wrist/Hand	No	814	99.4%	673	99.6%	1487	99.5%	0.193	1	0.660
	Yes	5	.6%	3	.4%	8	.5%			
Knee	No	760	92.8%	624	92.3%	1384	92.6%	0.129	1	0.720
	Yes									

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		New patient		Repeat care		Total		Chisquare	df	p
		Count	%	Count	%	Count	%			
	Yes	59	7.2%	52	7.7%	111	7.4%			
Chest	No	817	99.8%	674	99.7%	1491	99.7%	0.037	1	0.847
	Yes	2	.2%	2	.3%	4	.3%			
Lumbar	No	358	43.7%	312	46.2%	670	44.8%	0.893	1	0.345
	Yes	461	56.3%	364	53.8%	825	55.2%			
Forearm	No	818	99.9%	676	100.0%	1494	99.9%	0.826	1	0.363
	Yes	1	.1%	0	.0%	1	.1%			
Foot/ankle	No	783	95.6%	643	95.3%	1426	95.4%	0.101	1	0.750
	Yes	36	4.4%	32	4.7%	68	4.6%			
Abdomen	No	819	100.0%	675	99.9%	1494	99.9%	1.212	1	0.271
	Yes	0	.0%	1	.1%	1	.1%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.68 reflects no significant relationships between region of complaint and type of complaint at the 95% level ($P < 0.05$). Lumbar spine complaints were the most common complaints recorded by both new and continuation of care patients.

Table 4.68: Crosstabulation of Region of complaint and Type of complaint

		New complaint		Continuation of care		Total		Chisquare	df	p
		Count	%	Count	%	Count	%			
Head	No	813	99.3%	670	99.3%	1483	99.3%	0.00	1	0.985
	Yes	6	.7%	5	.7%	11	.7%			
Shoulder	No	697	85.1%	590	87.4%	1287	86.1%	1.645	1	0.200
	Yes	122	14.9%	85	12.6%	207	13.9%			
Upper arm	No	810	98.9%	670	99.3%	1480	99.1%	0.511	1	0.475
	Yes	9	1.1%	5	.7%	14	.9%			
Shin/calf	No	801	97.8%	651	96.4%	1452	97.2%	2.497	1	0.114
	Yes	18	2.2%	24	3.6%	42	2.8%			
Neck	No	508	62.0%	436	64.6%	944	63.2%	1.047	1	0.306
	Yes	311	38.0%	239	35.4%	550	36.8%			
Elbow	No	816	99.6%	673	99.7%	1489	99.7%	0.054	1	0.816
	Yes	3	.4%	2	.3%	5	.3%			
Hip	No	773	94.5%	633	93.8%	1406	94.2%	0.350	1	0.554
	Yes	45	5.5%	42	6.2%	87	5.8%			
Thigh	No	772	94.3%	620	91.9%	1392	93.2%	3.377	1	0.066
	Yes	47	5.7%	55	8.1%	102	6.8%			
Thorax	No	477	58.2%	386	57.2%	863	57.8%	0.169	1	0.861
	Yes	342	41.8%	289	42.8%	631	42.2%			
Wrist/Hand	No	814	99.4%	672	99.6%	1486	99.5%	0.192	1	0.662
	Yes	5	.6%	3	.4%	8	.5%			

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		New complaint		Continuation of care		Total		Chisquare	df	p
		Count	%	Count	%	Count	%			
Knee	No	760	92.8%	623	92.3%	1383	92.6%	0.134	1	0.714
	Yes	59	7.2%	52	7.7%	111	7.4%			
Chest	No	817	99.8%	673	99.7%	1490	99.7%	0.038	1	0.846
	Yes	2	.2%	2	.3%	4	.3%			
Lumbar	No	358	43.7%	312	46.2%	670	44.8%	0.943	1	0.332
	Yes	461	56.3%	363	53.8%	824	55.2%			
Forearm	No	818	99.9%	675	100.0%	1493	99.9%	0.825	1	0.364
	Yes	1	.1%	0	.0%	1	.1%			
Foot/ankle	No	782	95.5%	643	95.4%	1425	95.4%	0.006	1	0.940
	Yes	37	4.5%	31	4.6%	68	4.6%			
Abdomen	No	819	100.0%	674	99.9%	1493	99.9%	1.214	1	0.271
	Yes	0	.0%	1	.1%	1	.1%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.69 reflects a significant relationship between tendonitis as the clinical impression and Age at the 95% level ($p < 0.05$). A total of 54.5% of the over 35 age group had tendonitis. There are no chisquare results for heat exhaustion and Laceration since all participants had no complaints. Myofascial complaints were the most common throughout the different age groups.

Table 4.69: Crosstabulation of Clinical impressions and Age

		Under 21		21-25		26-30		31-35		Over 35		Total		Chisquare	df	p
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%			
Head/Concussion	No	424	100.0%	647	100.0%	302	99.3%	95	100.0%	11	100.0%	1479	99.9%	7.754	4	0.101
	Yes	0	.0%	0	.0%	2	.7%	0	.0%	0	.0%	2	.1%			
Heat exhaustion	No	424	100.0%	647	100.0%	304	100.0%	95	100.0%	11	100.0%	1481	100.0%			
	Yes	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%			
Cervical facet	No	315	74.3%	482	74.5%	234	77.0%	69	72.6%	9	81.8%	1109	74.9%	1.373	4	0.849
	Yes	109	25.7%	165	25.5%	70	23.0%	26	27.4%	2	18.2%	372	25.1%			
Tendonitis	No	412	97.2%	631	97.5%	297	97.7%	95	100.0%	5	45.5%	1440	97.2%	112.72	4	<0.001
	Yes	12	2.8%	16	2.5%	7	2.3%	0	.0%	6	54.5%	41	2.8%			
Joint sprain	No	376	88.7%	587	90.7%	275	90.5%	88	92.6%	10	90.9%	1336	90.2%	1.979	4	0.740
	Yes	48	11.3%	60	9.3%	29	9.5%	7	7.4%	1	9.1%	145	9.8%			
Abrasion	No	424	100.0%	647	100.0%	303	99.7%	95	100.0%	11	100.0%	1480	99.9%	3.874	4	0.423
	Yes	0	.0%	0	.0%	1	.3%	0	.0%	0	.0%	1	.1%			
Thoracic facet	No	246	58.0%	376	58.1%	166	54.6%	65	68.4%	10	90.9%	863	58.3%	10.524	4	0.023
	Yes	178	42.0%	271	41.9%	138	45.4%	30	31.6%	1	9.1%	618	41.7%			
Muscle strain	No	373	88.0%	550	85.0%	264	86.8%	80	84.2%	9	81.8%	1276	86.2%	2.482	4	0.648
	Yes	51	12.0%	97	15.0%	40	13.2%	15	15.8%	2	18.2%	205	13.8%			
Confusion	No	424	100.0%	646	99.8%	303	99.7%	95	100.0%	11	100.0%	1479	99.9%	1.583	4	0.812
	Yes	0	.0%	1	.2%	1	.3%	0	.0%	0	.0%	2	.1%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

		Under 21		21-25		26-30		31-35		Over 35		Total		Chisquare	df	p
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%			
Sacroiliac syndrome	No	329	77.6%	477	73.8%	216	71.1%	74	77.9%	11	100.0%	1107	74.8%	8.526	4	0.074
	Yes	95	22.4%	169	26.2%	88	28.9%	21	22.1%	0	.0%	373	25.2%			
Patellofemoral pain syndrome	No	421	99.3%	646	99.8%	304	100.0%	95	100.0%	11	100.0%	1477	99.7%	4.443	4	0.349
	Yes	3	.7%	1	.2%	0	.0%	0	.0%	0	.0%	4	.3%			
Laceration	No	424	100.0%	647	100.0%	304	100.0%	95	100.0%	11	100.0%	1481	100.0%			
	Yes	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%			
Lumbar facet	No	329	77.6%	526	81.3%	231	76.0%	78	82.1%	11	100.0%	1175	79.3%	7.694	4	0.103
	Yes	95	22.4%	121	18.7%	73	24.0%	17	17.9%	0	.0%	306	20.7%			
Myofascial	No	24	5.7%	36	5.5%	21	6.9%	2	2.1%	2	18.2%	85	5.7%	6.307	4	0.177
	Yes	400	94.3%	615	94.5%	283	93.1%	93	97.9%	9	81.8%	1400	94.3%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.70 reflects a significant relationship between C Facet as the clinical impression and Gender at the 95% level ($p < 0.05$). A total of 22.2% of C Facet injuries were from males and 36% from females. There are no chisquare results for heat exhaustion and laceration since all participants had no complaints. Myofascial complaints were the most common complaints received from both genders.

Table 4.70: Crosstabulation of Clinical impression and Gender

		Male		Female		Total		Chisquare	df	P
		Count	%	Count	%	Count	%			
Head/Concussion	No	1153	99.8%	333	100.0%	1486	99.9%	0.577	1	0.447
	Yes	2	.2%	0	.0%	2	.1%			
Heat exhaustion	No	1155	100.0%	333	100.0%	1488	100.0%			
	Yes	0	.0%	0	.0%	0	.0%			
Cervical facet	No	899	77.8%	213	64.0%	1112	74.7%	26.338	1	<0.001
	Yes	256	22.2%	120	36.0%	376	25.3%			
Tendonitis	No	1123	97.2%	324	97.3%	1447	97.2%	0.004	1	0.947
	Yes	32	2.8%	9	2.7%	41	2.8%			
Joint sprain	No	1042	90.2%	302	90.7%	1344	90.3%	0.067	1	0.796
	Yes	113	9.8%	31	9.3%	144	9.7%			
Abrasion	No	1154	99.9%	333	100.0%	1487	99.9%	0.289	1	0.591
	Yes	1	.1%	0	.0%	1	.1%			
Thoracic facet	No	669	57.9%	195	58.6%	864	58.1%	0.043	1	0.836
	Yes	486	42.1%	138	41.4%	624	41.9%			
Muscle strain	No	997	86.3%	285	85.6%	1282	86.2%	0.117	1	0.732
	Yes	158	13.7%	48	14.4%	206	13.8%			
Confusion	No	1153	99.8%	333	100.0%	1486	99.9%	0.577	1	0.447

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

		Male		Female		Total		Chisquare	df	P
		Count	%	Count	%	Count	%			
	Yes	2	.2%	0	.0%	2	.1%			
Sacroiliac syndrome	No	845	73.2%	267	80.4%	1112	74.8%	7.210	1	0.007
	Yes	310	26.8%	65	19.6%	375	25.2%			
Patellofemoral pain syndrome	No	1151	99.7%	333	100.0%	1484	99.7%	1.156	1	0.282
	Yes	4	.3%	0	.0%	4	.3%			
Laceration	No	1155	100.0%	333	100.0%	1488	100.0%			
	Yes	0	.0%	0	.0%	0	.0%			
Lumbar facet	No	905	78.4%	274	82.3%	1179	79.2%	2.432	1	0.120
	Yes	250	21.6%	59	17.7%	309	20.8%			
Myofascial	No	65	5.6%	20	6.0%	85	5.7%	0.076	1	0.783
	Yes	1094	94.4%	313	94.0%	1407	94.3%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.71 reflects a significant relationship between C Facet as the clinical impression and type of complaint at the 95% level ($p < 0.05$). A total of 29.4% were new complaints and 20.1% were continuation of care. There are no chisquare results for heat exhaustion and laceration since all participants had no complaints. Myofascial complaints were the most common complaints for both new and continuation of care patients.

Table 4.71: Crosstabulation of Clinical impression and Type of complaint

		New complaint		Continuation of care		Total		Chisquare	df	P
		Count	%	Count	%	Count	%			
Head/Concussion	No	816	100.0%	670	99.7%	1486	99.9%	2.432	1	0.119
	Yes	0	.0%	2	.3%	2	.1%			
Heat exhaustion	No	816	100.0%	672	100.0%	1488	100.0%			
	Yes	0	.0%	0	.0%	0	.0%			
Cervical facet	No	576	70.6%	537	79.9%	1113	74.8%	16.990	1	<0.001
	Yes	240	29.4%	135	20.1%	375	25.2%			
Tendonitis	No	797	97.7%	650	96.7%	1447	97.2%	1.229	1	0.268
	Yes	19	2.3%	22	3.3%	41	2.8%			
Joint sprain	No	745	91.3%	598	89.0%	1343	90.3%	2.238	1	0.135
	Yes	71	8.7%	74	11.0%	145	9.7%			
Abrasion	No	815	99.9%	672	100.0%	1487	99.9%	0.824	1	0.364
	Yes	1	.1%	0	.0%	1	.1%			
Thoracic facet	No	457	56.0%	406	60.4%	863	58.0%	2.944	1	0.086
	Yes	359	44.0%	266	39.6%	625	42.0%			
Muscle strain	No	713	87.4%	572	85.1%	1285	86.4%	1.595	1	0.207
	Yes	103	12.6%	100	14.9%	203	13.6%			
Confusion	No	815	99.9%	671	99.9%	1486	99.9%	0.019	1	0.891
	Yes	1	.1%	1	.1%	2	.1%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

		New complaint		Continuation of care		Total		Chisquare	df	P
		Count	%	Count	%	Count	%			
Sacroiliac syndrome	No	603	73.9%	510	76.0%	1113	74.8%	0.870	1	0.351
	Yes	213	26.1%	161	24.0%	374	25.2%			
Patellofemoral pain syndrome	No	812	99.5%	672	100.0%	1484	99.7%	3.303	1	0.069
	Yes	4	.5%	0	.0%	4	.3%			
Laceration	No	816	100.0%	672	100.0%	1488	100.0%			
	Yes	0	.0%	0	.0%	0	.0%			
Lumbar facet	No	640	78.4%	539	80.2%	1179	79.2%	0.707	1	0.400
	Yes	176	21.6%	133	19.8%	309	20.8%			
Myofascial	No	55	6.7%	30	4.5%	85	5.7%	3.553	1	0.059
	Yes	763	93.3%	644	95.5%	1407	94.3%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.72 reflects a significant relationship between C Facet as clinical impression and type of patient at the 95% level ($p < 0.05$). A total of 29.5% were new patients and 19.9% were repeat care. Similarly, there was a significant relationship between myofascial complaints and type of patient ($p = 0.047$), where those with myofascial complaints tended to be repeat patients. There are no chisquare results for heat exhaustion and laceration since all participants had no complaints. Myofascial complaints were the most common complaints reported by both new and repeat patients.

Table 4.72: Crosstabulation of Clinical impression and Type of patient

		New patient		Repeat care		Total		Chisquare	df	P
		Count	%	Count	%	Count	%			
Head/Concussion	No	816	100.0%	671	99.7%	1487	99.9%	2.428	1	0.119
	Yes	0	.0%	2	.3%	2	.1%			
Heat exhaustion	No	816	100.0%	673	100.0%	1489	100.0%			
	Yes	0	.0%	0	.0%	0	.0%			
Cervical facet	No	575	70.5%	539	80.1%	1114	74.8%	18.128	1	<0.001
	Yes	241	29.5%	134	19.9%	375	25.2%			
Tendonitis	No	797	97.7%	651	96.7%	1448	97.2%	1.218	1	0.270
	Yes	19	2.3%	22	3.3%	41	2.8%			
Joint sprain	No	745	91.3%	599	89.0%	1344	90.3%	2.209	1	0.137
	Yes	71	8.7%	74	11.0%	145	9.7%			
Abrasion	No	815	99.9%	673	100.0%	1488	99.9%	0.825	1	0.364
	Yes	1	.1%	0	.0%	1	.1%			
Thoracic facet	No	457	56.0%	407	60.5%	864	58.0%	3.026	1	0.082
	Yes	359	44.0%	266	39.5%	625	42.0%			
Muscle strain	No	712	87.3%	573	85.1%	1285	86.3%	1.394	1	0.238
	Yes	104	12.7%	100	14.9%	204	13.7%			
Confusion	No	815	99.9%	672	99.9%	1487	99.9%	0.019		0.891
	Yes									

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

		New patient		Repeat care		Total		Chisquare	df	P
		Count	%	Count	%	Count	%			
	Yes	1	.1%	1	.1%	2	.1%			
Sacroiliac syndrome	No	602	73.8%	511	76.0%	1113	74.8%	1.005	1	0.316
	Yes	214	26.2%	161	24.0%	375	25.2%			
Patellofemoral pain syndrome	No	812	99.5%	673	100.0%	1485	99.7%	3.308	1	0.069
	Yes	4	.5%	0	.0%	4	.3%			
Laceration	No	816	100.0%	673	100.0%	1489	100.0%			
	Yes	0	.0%	0	.0%	0	.0%			
Lumbar facet	No	640	78.4%	540	80.2%	1180	79.2%	0.732	1	0.392
	Yes	176	21.6%	133	19.8%	309	20.8%			
Myofascial	No	56	6.8%	30	4.4%	86	5.8%	3.929	1	0.047
	Yes	762	93.2%	645	95.6%	1407	94.2%			

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.73 reflects a significant relationship between manipulation and age at the 95% level ($p > 0.05$). Predominantly those in the younger age groups tended to receive this treatment. There was also an association between stretch (PNF) and age group ($p = 0.002$). Massage therapy was the most common treatment received throughout all the age groups.

Table 4.73: Crosstabulation of Treatment and Age

		Under 21		21-25		26-30		31-35		Over 35		Total		Chisquare	df	p
		Count	%	Count	%	Count	%	Count	%	Count	Count	%	Count			
Manipulation	No	121	28.5%	187	28.7%	87	28.7%	38	40.0%	7	63.6%	440	29.6%	11.616	4	0.020
	Yes	303	71.5%	464	71.3%	216	71.3%	57	60.0%	4	36.4%	1044	70.4%			
Stretch(Static)	No	266	62.7%	412	63.2%	185	61.1%	66	69.5%	10	90.9%	939	63.2%	5.879	4	0.208
	Yes	158	37.3%	240	36.8%	118	38.9%	29	30.5%	1	9.1%	546	36.8%			
Voltaren	No	412	97.2%	637	97.7%	292	96.4%	94	98.9%	11	100.0%	1446	97.4%	2.751	4	0.600
	Yes	12	2.8%	15	2.3%	11	3.6%	1	1.1%	0	.0%	39	2.6%			
Mobilization	No	388	91.5%	595	91.3%	272	89.8%	80	84.2%	9	81.8%	1344	90.5%	6.465	4	0.167
	Yes	36	8.5%	57	8.7%	31	10.2%	15	15.8%	2	18.2%	141	9.5%			
Transact	No	422	99.5%	651	99.8%	301	99.3%	95	100.0%	11	100.0%	1480	99.7%	2.168	4	0.702
	Yes	2	.5%	1	.2%	2	.7%	0	.0%	0	.0%	5	.3%			
Massage	No	83	19.6%	107	16.5%	51	16.8%	13	13.8%	3	27.3%	257	17.4%	3.425	4	0.489
	Yes	341	80.4%	542	83.5%	252	83.2%	81	86.2%	8	72.7%	1224	82.6%			
Needle	No	394	92.9%	592	90.8%	272	89.8%	85	89.5%	11	100.0%	1354	91.2%	3.881	4	0.422
	Yes	30	7.1%	60	9.2%	31	10.2%	10	10.5%	0	.0%	131	8.8%			
Stretch (PNF)	No	369	87.0%	514	78.8%	250	82.5%	72	75.8%	11	100.0%	1216	81.9%	16.545	4	0.002
	Yes	55	13.0%	138	21.2%	53	17.5%	23	24.2%	0	.0%	269	18.1%			
Ischaemic compression	No	367	86.6%	534	81.9%	265	87.5%	79	83.2%	9	81.8%	1254	84.4%	6.922	4	0.140
	Yes	57	13.4%	118	18.1%	38	12.5%	16	16.8%	2	18.2%	231	15.6%			

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Table 4.74 reflects no significant relationship between treatment and gender at the 95% level ($p>0.05$). In both gender groups, massage therapy, followed closely by manipulation, were the most common treatments recorded.

Table 4.74: Crosstabulation of Treatment and Gender

		Male		Female		Total		Chisquare	df	P
		Count	%	Count	%	Count	%			
Manipulation	No	334	28.8%	107	32.1%	441	29.6%	1.343	1	0.246
	Yes	824	71.2%	226	67.9%	1050	70.4%			
Stretch (Static)	No	723	62.4%	222	66.7%	945	63.3%	2.046	1	0.153
	Yes	436	37.6%	111	33.3%	547	36.7%			
Voltaren	No	1127	97.2%	327	98.2%	1454	97.5%	0.595	1	0.327
	Yes	32	2.8%	6	1.8%	38	2.5%			
Mobilization	No	1052	90.8%	299	89.8%	1351	90.5%	0.289	1	0.591
	Yes	107	9.2%	34	10.2%	141	9.5%			
Transact	No	1154	99.6%	333	100.0%	1487	99.7%	1.441	1	0.230
	Yes	5	.4%	0	.0%	5	.3%			
Massage	No	211	18.3%	48	14.4%	259	17.4%	2.651	1	0.104
	Yes	945	81.7%	285	85.6%	1230	82.6%			
Needle	No	1055	91.0%	305	91.6%	1360	91.2%	0.102	1	0.749
	Yes	104	9.0%	28	8.4%	132	8.8%			
Stretch (PNF)	No	946	81.6%	274	82.3%	1220	81.8%	0.076	1	0.783
	Yes	213	18.4%	59	17.7%	272	18.2%			
Ischaemic compression	No	981	84.6%	278	83.5%	1259	84.4%	0.263	1	0.608
	Yes	178	15.4%	55	16.5%	233	15.6%			

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Table 4.75 reflects a significant relationship between manipulation and type of patient at the 95% level ($p > 0.05$). New patients tended to get manipulated. In both new and repeat care patients, massage therapy, followed closely by manipulation, were the most common treatments recorded.

Table 4.75: Crosstabulation of Treatment and Type of patient

		New patient		Repeat care		Total		Chisquare	df	P
		Count	%	Count	%	Count	%			
Manipulation	No	207	25.4%	235	34.8%	442	29.6%	15.655	1	<0.001
	Yes	609	74.6%	441	65.2%	1050	70.4%			
Stretch (Static)	No	527	64.5%	418	61.8%	945	63.3%	1.135	1	0.287
	Yes	290	35.5%	258	38.2%	548	36.7%			
Voltaren	No	797	97.6%	657	97.2%	1454	97.4%	0.191	1	0.662
	Yes	20	2.4%	19	2.8%	39	2.6%			
Mobilization	No	739	90.5%	612	90.5%	1351	90.5%	0.003	1	0.958
	Yes	78	9.5%	64	9.5%	142	9.5%			
Transact	No	815	99.8%	673	99.6%	1488	99.7%	0.439	1	0.508
	Yes	2	.2%	3	.4%	5	.3%			
Massage	No	154	18.9%	104	15.4%	258	17.3%	3.176	1	0.075
	Yes	660	81.1%	571	84.6%	1231	82.7%			
Needle	No	742	90.8%	619	91.6%	1361	91.2%	0.257	1	0.612
	Yes	75	9.2%	57	8.4%	132	8.8%			
Stretch (PNF)	No	665	81.4%	556	82.2%	1221	81.8%	0.181	1	0.671
	Yes	152	18.6%	120	17.8%	272	18.2%			
Ischaemic compression	No	697	85.3%	565	83.6%	1262	84.5%	0.849	1	0.357
	Yes	120	14.7%	111	16.4%	231	15.5%			

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Table 4.76 reflects a significant relationship between manipulation and type of complaint at the 95% level ($p > 0.05$). The new complaints were most likely to get manipulation. In both new complaint and continuation of care patients, massage therapy, followed closely by manipulation, were the most common treatments recorded.

Table 4.76: Crosstabulation of Treatment and Type of complaint

		New complaint		Continuation of care		Total		Chisquare	df	P
		Count	%	Count	%	Count	%			
Manipulation	No	208	25.5%	234	34.7%	442	29.6%	14.915	1	<0.001
	Yes	608	74.5%	441	65.3%	1049	70.4%			
Stretch (Static)	No	526	64.4%	418	61.9%	944	63.3%	0.959	1	0.327
	Yes	291	35.6%	257	38.1%	548	36.7%			
Voltaren	No	797	97.6%	656	97.2%	1453	97.4%	0.195	1	0.658
	Yes	20	2.4%	19	2.8%	39	2.6%			
Mobilization	No	739	90.5%	611	90.5%	1350	90.5%	0.002	1	0.966
	Yes	78	9.5%	64	9.5%	142	9.5%			
Transact	No	815	99.8%	672	99.6%	1487	99.7%	0.441	1	0.507
	Yes	2	.2%	3	.4%	5	.3%			
Massage	No	154	18.9%	104	15.4%	258	17.3%	3.131	1	0.077
	Yes	660	81.1%	570	84.6%	1230	82.7%			
Needle	No	742	90.8%	618	91.6%	1360	91.2%	0.248	1	0.619
	Yes	75	9.2%	57	8.4%	132	8.8%			
Stretch (PNF)	No	665	81.4%	555	82.2%	1220	81.8%	0.170	1	0.681
	Yes	152	18.6%	120	17.8%	272	18.2%			
Ischaemic compression	No	697	85.3%	564	83.6%	1261	84.5%	0.872	1	0.351
	Yes	120	14.7%	111	16.4%	231	15.5%			

The second objective was to implement cohort tracking when a surfer had attended the treatment facility at the Mr. Price Pro for a number of years.

4.5.3 COHORT TRACKING

Two hundred and seventy individuals returned for more than one treatment, totaling 1326 treatments over the years from 2000-2008. One hundred and sixty five patients attended the Chiropractic treatment facility at the Mr. Price Pro for more than one year.

Table 4.77 shows that surfers attended the Chiropractic treatment facility as many as eight times between the years 2000-2008. Visits over the period of two or three years between 2000 and 2008 were the most common.

Table 4.77: Number of repeat visits by surfer and year

No. of years surfer attended the chiropractic treatment facility	No. of surfers
2	82
3	39
4	16
5	12
6	8
7	5
8	2

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Table 4.78 and 4.79 show that lumbar spine complaints (67%) were the most common among those surfers coming back for repeat treatments between the year 2000 and 2008. Thorax (51%) and neck (44%) were also fairly common. No head, forearm, chest or abdominal complaints were treated during repeat visits.

Table 4.78: Number of treatments for each repeat individual by affected area and year

no	Year	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
1	2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00
2	2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00
3	2004	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	3.00	.00	.00	.00
4	2007	.00	.00	.00	1.00	1.00	.00	.00	1.00	.00	.00	1.00	.00	2.00	.00	.00	.00
5	2008	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	4.00	.00
6	2005	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2007	.00	.00	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
7	2000	.00	.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00
	2001	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
	2002	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2003	.00	.00	.00	.00	3.00	.00	1.00	.00	3.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	4.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00
8	2006	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00
9	2000	.00	.00	.00	.00	.00	.00	3.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
	2002	.00	.00	.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00	3.00	.00	.00	.00
	2003	.00	.00	.00	.00	.00	.00	1.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2005	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2007	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
10	2001	.00	.00	.00	.00	.00	.00	1.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
11	2004	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00
	2005	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	.00	2.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2006	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00
2007	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
12 2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
2002	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
2003	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00
2004	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2005	.00	1.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2006	.00	1.00	.00	.00	4.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	3.00	.00
2007	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
2008	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
13 2005	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
14 2007	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
15 2003	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2004	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
16 2000	.00	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
17 2002	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
18 2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	1.00	.00	1.00	.00
2004	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
19 2000	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
20 2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	1.00	.00
21 2006	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
22 2005	.00	.00	.00	.00	1.00	.00	.00	1.00	1.00	.00	.00	.00	2.00	.00	.00	.00
23 2008	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
24 2000	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2001	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
25 2007	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00
26 2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
27 2004	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00
28 2002	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00
29 2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2003	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2004	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2007	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
2008	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
30 2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2004	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
2005	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
31 2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2005	.00	.00	.00	.00	.00	.00	.00	2.00	1.00	.00	.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00
2007	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2008	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
32 2000	.00	1.00	.00	.00	.00	.00	.00	2.00	3.00	.00	.00	.00	2.00	.00	.00	.00
2001	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
33 2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
34 2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2006	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
35 2008	.00	1.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00	1.00	.00	.00	.00
36 2007	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
37 2002	.00	1.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2005	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
2006	.00	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	4.00	.00	.00	.00
2007	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2008	.00	.00	.00	.00	1.00	.00	.00	.00	4.00	1.00	.00	.00	2.00	.00	.00	.00
38 2005	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
2006	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
2007	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2008	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
39 2006	1.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	3.00	.00
2008	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	1.00	.00
40 2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
41 2008	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00
42 2002	.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00
2004	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00
2005	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
43 2000	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
44 2001	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
45 2002	.00	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	2.00	.00	2.00	.00	.00	.00
2003	.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
2005	.00	2.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
2008	.00	.00	.00	.00	.00	.00	.00	1.00	2.00	.00	.00	.00	.00	.00	.00	.00
46 2001	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
47 2000	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2002	.00	.00	.00	.00	1.00	.00	.00	1.00	2.00	.00	.00	.00	2.00	.00	.00	.00
48 2008	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
49	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
50	2004	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
51	2002	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00
	2003	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2008	.00	1.00	.00	.00	3.00	.00	.00	.00	4.00	.00	.00	.00	1.00	.00	.00	.00
52	2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
53	2000	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	1.00	.00	1.00	.00
	2006	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
54	2002	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
55	2000	.00	2.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2001	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4.00	.00	2.00	.00	.00	.00
	2004	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
56	2003	.00	.00	.00	3.00	3.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
57	2001	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
58	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2001	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
59	2003	.00	1.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
	2004	.00	3.00	.00	1.00	3.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
	2005	.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00
	2006	.00	1.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2008	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
60	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00
	2004	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
61	2001	.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	1.00	.00
62	2004	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
63	2000	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
64	2003	.00	1.00	.00	.00	1.00	.00	.00	2.00	4.00	.00	.00	.00	2.00	.00	.00	.00
	2005	.00	.00	.00	.00	2.00	.00	.00	1.00	2.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	1.00	.00	3.00	1.00	3.00	.00	.00	.00	2.00	.00	.00	.00
65	2000	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	4.00	.00	.00	.00
	2001	.00	1.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
66	2000	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00
	2003	.00	.00	.00	.00	1.00	.00	.00	1.00	2.00	.00	.00	.00	1.00	.00	.00	.00
67	2001	.00	.00	.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00	4.00	.00	.00	.00
68	2001	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
	2002	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2003	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
69	2005	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
70	2000	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
71	2000	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2002	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	1.00	.00
72	2006	.00	.00	.00	.00	2.00	.00	.00	1.00	2.00	.00	.00	.00	3.00	.00	.00	.00
73	2004	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
74	2004	.00	1.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00
75	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2002	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
	2003	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
76	2001	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2007	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
77	2000	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2002	.00	.00	.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00	4.00	.00	.00	.00
	2003	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
78	2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2007	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
79	2001	.00	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	1.00	.00	.00
	2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
80	2003	.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2004	.00	4.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	2.00	.00	.00	.00
	2006	.00	1.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2008	.00	.00	.00	.00	.00	.00	2.00	.00	1.00	.00	.00	.00	2.00	.00	2.00	.00
81	2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2008	.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
82	2000	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00
83	2000	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2001	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00
	2002	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00
	2004	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00
	2005	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2007	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00
84	2001	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2002	.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
	2003	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
85	2000	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2002	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
86	2003	.00	.00	.00	1.00	1.00	.00	.00	.00	4.00	.00	3.00	.00	2.00	.00	.00	.00
	2004	.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	1.00	.00	1.00	.00	3.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00
87	2004	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
88	2000	.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00
89	2007	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2008	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
90	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2001	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
91	2000	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	1.00	.00
	2002	.00	1.00	.00	.00	1.00	.00	2.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
	2003	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2004	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2007	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2008	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
92	2006	.00	2.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00
93	2008	.00	6.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
94	2003	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2008	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
95	2002	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	4.00	.00	3.00	.00	2.00	.00
	2003	.00	.00	.00	2.00	3.00	.00	1.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	.00
	2005	.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
	2006	.00	1.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2007	.00	.00	.00	.00	3.00	.00	.00	.00	4.00	.00	.00	.00	.00	.00	.00	.00
2008	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	2.00	.00	3.00	.00	1.00	.00
96 2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2007	.00	1.00	.00	4.00	2.00	.00	.00	3.00	1.00	.00	.00	.00	3.00	.00	.00	.00
2008	.00	1.00	1.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00
97 2000	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
2001	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
98 2006	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
99 2000	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
2001	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	4.00	.00	.00	.00
100 2004	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2006	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
101 2005	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
102 2001	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2004	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
103 2007	.00	.00	.00	.00	1.00	.00	1.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
104 2000	.00	2.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
105 2002	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
106 2000	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00
107 2007	.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00
2008	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
108 2000	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00
2002	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2003	.00	.00	.00	1.00	.00	.00	.00	.00	2.00	.00	1.00	.00	2.00	.00	.00	.00
2004	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	4.00	.00	.00	.00
2005	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
2006	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2007	.00	1.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2008	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
109 2005	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00
2006	.00	.00	.00	.00	.00	.00	1.00	2.00	.00	.00	.00	.00	1.00	.00	.00	.00
110 2000	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2002	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
111 2002	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
112 2003	.00	2.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2006	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
113 2005	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2007	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
114 2003	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
2004	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
115 2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2003	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2004	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
116 2000	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2001	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
117 2000	1.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
2002	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	4.00	.00	.00	.00
118 2003	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
119 2000	.00	.00	.00	.00	.00	.00	2.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2001	.00	.00	.00	.00	.00	.00	2.00	.00	4.00	.00	.00	.00	2.00	.00	.00	.00
2003	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
2004	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00
120 2000	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2001	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2007	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00
121 2001	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
122 2000	.00	.00	.00	.00	.00	.00	.00	2.00	2.00	.00	.00	.00	2.00	.00	.00	.00
2001	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2003	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	3.00	.00	1.00	.00	.00	.00
2005	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00
2006	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	3.00	.00	.00	.00	.00	.00
123 2002	.00	.00	.00	.00	2.00	.00	.00	2.00	2.00	.00	2.00	.00	2.00	.00	.00	.00
2003	.00	1.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00
2004	.00	.00	.00	.00	1.00	.00	2.00	3.00	.00	.00	1.00	.00	1.00	.00	.00	.00
2005	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	.00	2.00	.00	.00	.00
2006	.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
2007	.00	2.00	.00	.00	2.00	.00	.00	2.00	.00	.00	.00	.00	4.00	.00	.00	.00
2008	.00	3.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	5.00	.00	.00	.00
124 2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2008	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
125 2000	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00
2001	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
126 2000	.00	1.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00
2002	.00	.00	.00	.00	.00	.00	.00	1.00	2.00	.00	4.00	.00	3.00	.00	.00	.00
127 2004	.00	2.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	.00
2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00
128 2002	.00	2.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	1.00	.00
2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00
129 2003	.00	2.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
2004	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
130 2005	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2008	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
131	2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00	1.00	.00
132	2001	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
	2006	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
	2007	.00	.00	.00	.00	3.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
133	2000	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	.00	.00	1.00	1.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	.00	.00
134	2006	.00	.00	.00	.00	1.00	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00
	2008	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
135	2007	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
136	2003	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2004	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
	2005	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
137	2000	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2002	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
	2003	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2004	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
	2008	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
138	2006	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	.00
	2007	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
139	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	2.00	.00
	2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
140	2001	.00	1.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00
141	2006	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00
142	2005	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00
143	2008	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
144	2001	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2002	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2005	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00	.00
	2007	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
145	2005	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
	2006	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00
	2008	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
146	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00
	2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
147	2000	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
148	2002	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00
	2003	.00	4.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2004	.00	2.00	.00	.00	4.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2006	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2007	.00	.00	.00	1.00	3.00	.00	2.00	2.00	.00	.00	.00	.00	4.00	.00	.00	.00
	2008	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00
149	2000	.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
150	2004	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2005	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00
151	2007	.00	1.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00
152	2004	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
153	2000	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2001	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
154	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00
	2005	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2006	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2008	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
155 2001	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2002	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2005	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2006	.00	1.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
156 2006	.00	1.00	.00	2.00	1.00	.00	.00	1.00	1.00	.00	2.00	.00	.00	.00	.00	.00
157 2000	.00	.00	.00	.00	2.00	.00	1.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00
2001	.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
2003	.00	3.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
158 2002	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2008	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
159 2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2007	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
160 2006	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
161 2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
162 2004	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2005	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
163 2002	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
164 2000	.00	2.00	.00	1.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
165 2006	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	1.00	.00	2.00	.00	.00	.00
2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00
2008	.00	.00	.00	.00	.00	.00	3.00	2.00	.00	.00	.00	.00	1.00	.00	.00	.00
166 2002	.00	.00	.00	.00	1.00	.00	.00	1.00	3.00	.00	.00	.00	3.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
167	2006	.00	1.00	1.00	3.00	3.00	.00	2.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00
168	2000	.00	1.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
169	2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	2.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00
170	2002	.00	.00	.00	.00	4.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
171	2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2008	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
172	2001	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
173	2000	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
	2004	.00	1.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00
174	2006	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
175	2008	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00
176	2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00
177	2005	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
178	2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00
179	2006	.00	1.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00	4.00	.00	2.00	.00
180	2003	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
181	2000	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
	2001	.00	2.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
	2002	.00	.00	.00	.00	4.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
182	2002	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2003	.00	2.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2007	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	6.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2008	.00	.00	1.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00
183 2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00	.00	.00
184 2006	.00	1.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00
185 2002	.00	1.00	.00	1.00	2.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
186 2001	.00	.00	.00	.00	3.00	.00	.00	.00	2.00	1.00	.00	.00	3.00	.00	.00	.00
2002	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2004	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2005	.00	.00	.00	1.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	.00	2.00	.00	2.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00
187 2003	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
188 2007	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
2008	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
189 2006	.00	2.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
190 2000	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
2001	.00	.00	.00	.00	4.00	.00	.00	.00	4.00	.00	.00	.00	4.00	.00	.00	.00
2002	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
191 2000	.00	1.00	.00	.00	3.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2003	.00	1.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00
2004	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
192 2000	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2002	.00	.00	.00	.00	1.00	.00	.00	.00	5.00	.00	.00	.00	5.00	.00	.00	.00
193 2003	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2004	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
2006	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00
194 2004	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
195 2006	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
2007	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
196 2003	.00	.00	.00	1.00	2.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
197	2002	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
198	2000	.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	1.00	.00	3.00	.00	.00	.00
	2001	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2005	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
199	2003	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2008	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
200	2005	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2006	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	5.00	.00	.00	.00
201	2000	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
202	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
	2001	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2003	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
203	2006	.00	3.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
204	2001	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2003	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
205	2000	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2007	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2008	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
206	2001	.00	1.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2005	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2007	.00	2.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00	1.00	.00	.00	.00
	2008	.00	.00	.00	.00	1.00	.00	1.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00
207	2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
208	2006	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
209	2001	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
	2003	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
	2004	.00	.00	.00	1.00	1.00	.00	1.00	1.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2005	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00
	2006	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
	2008	1.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
210	2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00
211	2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2007	.00	.00	.00	.00	.00	.00	2.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
212	2001	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	2.00	.00	.00	.00
213	2005	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
214	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2001	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00
215	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00
	2002	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00
	2004	.00	.00	.00	.00	1.00	.00	.00	1.00	1.00	.00	1.00	.00	1.00	.00	.00	.00
216	2000	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
	2001	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
217	2000	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2001	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	1.00	.00
	2007	.00	.00	.00	.00	2.00	.00	3.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00
218	2004	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
219	2006	.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	1.00	.00	.00	.00	.00	.00
	2007	.00	.00	2.00	.00	2.00	.00	.00	.00	2.00	.00	2.00	.00	.00	.00	.00	.00
	2008	.00	1.00	1.00	.00	2.00	.00	.00	.00	2.00	.00	1.00	.00	2.00	.00	.00	.00
220	2008	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
221	2008	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
222	2004	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	2.00	.00	1.00	.00	.00	.00
	2007	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
223	2001	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
224	2008	.00	2.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
225	2001	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	1.00	.00	1.00	.00
	2003	.00	.00	.00	.00	1.00	.00	.00	2.00	2.00	.00	.00	.00	1.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	1.00	.00	.00	.00	2.00	.00
	2007	.00	.00	.00	.00	3.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
226	2000	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
	2003	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2007	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00
227	2002	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00
228	2000	.00	.00	.00	.00	.00	.00	2.00	.00	1.00	.00	.00	.00	4.00	.00	.00	.00
	2003	.00	.00	.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00	2.00	.00	.00	.00
	2004	.00	1.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00
	2005	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
229	2000	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2002	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
230	2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	.00	2.00	1.00	.00	.00	.00	.00	.00	.00	.00
231	2000	.00	.00	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
232	2002	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00
	2005	.00	1.00	.00	1.00	1.00	.00	.00	4.00	1.00	.00	.00	.00	.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2007	.00	.00	.00	.00	1.00	.00	.00	3.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2008	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
233 2001	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
234 2003	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
235 2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	1.00	.00
2007	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
236 2007	.00	.00	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00
237 2005	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00
2006	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
2008	.00	2.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
238 2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2002	.00	2.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00
239 2001	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
240 2003	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2005	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2006	.00	.00	.00	2.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
2007	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
241 2006	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2008	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
242 2002	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2003	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
2004	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
243 2007	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
244 2000	.00	.00	.00	.00	1.00	.00	2.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
2002	.00	.00	.00	.00	.00	.00	3.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
2003	.00	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	4.00	.00	.00	.00
245 2007	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
246 2008	.00	2.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

		head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
247	2008	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
248	2001	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2003	.00	2.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2004	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00
249	2000	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00
250	2001	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2002	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
251	2005	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2008	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
252	2004	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00
	2006	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	2.00	.00	.00	.00
	2008	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
253	2000	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2001	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2002	.00	.00	.00	.00	1.00	.00	1.00	1.00	.00	.00	.00	.00	3.00	.00	.00	.00
	2003	.00	2.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2004	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
	2005	.00	.00	.00	.00	.00	.00	2.00	3.00	.00	.00	1.00	.00	1.00	.00	.00	.00
	2006	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
254	2000	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
255	2000	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2001	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00
	2004	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
256	2000	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2002	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	2.00	.00	.00	.00
	2003	.00	.00	.00	.00	1.00	.00	.00	1.00	1.00	.00	.00	.00	2.00	.00	.00	.00
	2006	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2007	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00
257 2000	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	2.00	.00	.00	.00
2001	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	2.00	.00
2004	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
258 2000	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2001	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
259 2000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
2001	.00	.00	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00
2003	.00	.00	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
2004	1.00	1.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2005	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00
260 2000	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
261 2003	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
2004	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00
2006	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00
2008	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00
262 2008	.00	.00	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00	.00
263 2001	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
264 2000	.00	5.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
265 2008	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	1.00	.00	.00	.00
266 2005	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00
2006	.00	.00	.00	1.00	.00	.00	2.00	2.00	1.00	.00	4.00	.00	.00	.00	.00	.00
267 2002	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	.00
268 2002	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00
269 2002	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00
270 2001	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	4.00	.00	.00	.00
2007	2.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

Table 4.81: Number of treatments for each repeat individual by affected area and year cont...

	head	shoulder	Upper arm	shin	neck	elbow	hip	thigh	thorax	wrist	knee	chest	lumbar	forearm	foot	abdomen
2008	.00	.00	.00	.00	5.00	.00	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00

Table 4.79: Summary of number of treatments for each repeat individual (n=165) by affected area

Region of complaint	Frequency	Percent
Head	0	0%
Shoulder	21	13%
Upper arm	2	1%
Shin	3	2%
Neck	73	44%
Elbow	1	1%
Hip	8	4%
Thigh	10	6%
Thorax	84	51%
Wrist	1	1%
Knee	12	7%
Chest	0	0%
Lumbar	110	67%
Forearm	0	0%
Foot	5	3%
Abdomen	0	0%

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.80 and 4.81 reflect that myofascial complaints (86%) were the most common among those surfers coming back for repeat treatments between the year 2000 and 2008. Lower back and thoracic spine complaints were also very common. No complaints of head/concussion, heat exhaustion, tendonitis, abrasion, confusion, patellofemoral pain syndrome (PFPS) or lacerations were treated during repeat visits.

Table 4.80: Number of treatments for each repeat individual by clinical impression and year

no	year	Number visits per year	Head/ Concussion	Heat exhaustion	C Facet	Tendonitis	Joint Sprain	Abrasion	T Facet	Muscle Strain	Confusion	SI Syndrome	PFPS	Laceration	L Facet	Myofascial
1	2007	2	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00
2	2001	4	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	3.00	4.00
3	2004	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
	2005	3	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00
4	2007	3	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	1.00	3.00
5	2008	4	.00	.00	.00	4.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
6	2005	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2007	1	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	1.00	.00	.00	.00	1.00
7	2000	3	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	3.00
	2001	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	2.00
	2002	2	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	.00	2.00
	2003	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	3.00
	2004	4	.00	.00	.00	.00	.00	.00	3.00	1.00	.00	1.00	.00	.00	.00	4.00
8	2006	2	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00
9	2000	4	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	4.00
	2002	4	.00	.00	.00	.00	.00	.00	3.00	.00	.00	1.00	.00	.00	.00	4.00
	2003	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
10	2007	2	1.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2001	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	2.00
	2004	2	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
	2005	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	2.00
	2006	3	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	.00	.00	3.00
12	2007	2	.00	.00	.00	.00	.00	.00	2.00	2.00	.00	.00	.00	.00	.00	2.00
	2001	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	2.00
	2002	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2003	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	.00
	2004	3	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00
	2005	2	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2006	4	.00	.00	2.00	.00	3.00	.00	3.00	.00	.00	.00	.00	.00	1.00	4.00
	2007	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2008	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
	2005	3	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	3.00	3.00
	2006	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
14	2007	2	.00	.00	.00	.00	.00	.00	2.00	1.00	.00	1.00	.00	.00	.00	2.00
15	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
	2004	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
16	2000	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
	2007	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
17	2002	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2006	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
18	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2004	1	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
19	2000	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
20	2007	3	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	3.00
21	2006	3	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	3.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
22	2005	2	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
23	2008	2	.00	.00	.00	.00	.00	.00	.00	1.00	.00	2.00	.00	.00	1.00	.00
24	2000	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2001	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
	2002	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	2.00
25	2007	3	.00	.00	1.00	.00	.00	.00	2.00	3.00	.00	.00	.00	.00	2.00	3.00
26	2001	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	2.00
27	2004	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2006	2	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
28	2002	3	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	2.00	3.00
29	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	1.00
	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2004	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2007	1	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00
30	2003	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
	2004	2	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
31	2004	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	1.00
	2005	3	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	3.00
	2006	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2007	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	1.00
	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
32	2000	4	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	4.00
	2001	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	2.00
33	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2006	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
34	2004	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
35	2006	2	.00	.00	1.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2008	3	.00	.00	.00	.00	.00	.00	2.00	1.00	.00	.00	.00	.00	.00	3.00
	2007	2	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	1.00	2.00
	2002	2	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
	2004	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
	2005	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	3.00
	2006	4	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	1.00	.00	.00	2.00	4.00
	2007	2	.00	.00	.00	.00	.00	.00	1.00	2.00	.00	1.00	.00	.00	.00	1.00
38	2008	5	.00	.00	4.00	.00	.00	.00	5.00	.00	.00	1.00	.00	.00	2.00	5.00
	2005	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	2.00
	2006	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	2.00
	2007	2	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	1.00	2.00
	2008	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
39	2006	4	.00	.00	1.00	.00	2.00	.00	1.00	.00	.00	1.00	.00	.00	2.00	4.00
	2008	3	.00	.00	2.00	.00	.00	.00	2.00	1.00	.00	.00	.00	.00	.00	2.00
40	2004	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
	2007	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
41	2008	2	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
42	2002	3	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	3.00
	2004	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2005	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	3.00	3.00
43	2000	3	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
44	2001	3	.00	.00	.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	1.00	3.00
	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
45	2002	4	.00	.00	.00	1.00	.00	.00	3.00	.00	.00	.00	.00	.00	2.00	4.00
	2003	2	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	1.00
	2005	2	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
	2008	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00
46	2001	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
47	2000	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00	1.00
	2002	4	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	4.00
48	2008	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	2.00
49	2000	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	2.00
50	2004	2	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
51	2002	3	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	2.00	.00	.00	3.00	3.00
	2003	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2004	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
	2008	4	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	3.00	4.00
52	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	1.00
53	2000	2	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	2.00
	2006	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
54	2002	2	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	1.00	2.00
	2006	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	1.00
55	2000	2	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2001	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00
	2003	4	.00	.00	1.00	2.00	4.00	.00	.00	.00	.00	.00	.00	.00	.00	4.00
	2004	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
56	2003	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	1.00	3.00
57	2001	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	2.00
58	2000	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
59	2003	4	.00	.00	.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	1.00	4.00
	2004	3	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	3.00
	2005	3	.00	.00	.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	1.00	3.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
60	2006	3	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	3.00
	2007	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	1.00
	2008	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2000	1	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2004	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
61	2001	3	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	3.00	.00	.00	.00	3.00
62	2004	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2006	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
	2000	2	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00
63	2003	4	.00	.00	1.00	.00	1.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	4.00
	2005	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00
	2006	4	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	3.00	.00	.00	1.00	4.00
	2000	4	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	2.00	4.00
64	2001	3	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	2.00	.00	.00	1.00	3.00
	2000	1	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	1.00
	2003	3	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	3.00
65	2001	4	.00	.00	.00	.00	.00	.00	4.00	.00	.00	4.00	.00	.00	2.00	4.00
	2001	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00
	2002	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
66	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2004	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2005	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00
	2000	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
67	2005	1	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2006	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2000	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
68	2002	4	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	2.00	4.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
72	2006	5	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	5.00
73	2004	2	.00	.00	1.00	.00	.00	.00	1.00	1.00	.00	1.00	.00	.00	.00	2.00
74	2004	3	.00	.00	.00	.00	.00	.00	2.00	2.00	.00	2.00	.00	.00	.00	3.00
75	2000	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2002	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2003	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
76	2001	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
77	2000	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
	2002	4	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	4.00
	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
78	2004	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2007	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	1.00
79	2001	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
80	2003	3	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	2.00	.00	.00	.00	3.00
	2004	4	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	4.00
	2005	4	.00	.00	.00	.00	1.00	.00	.00	.00	.00	2.00	.00	.00	2.00	4.00
	2006	2	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
	2008	3	.00	.00	1.00	.00	1.00	.00	2.00	.00	.00	2.00	.00	.00	2.00	3.00
81	2007	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00
	2008	2	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00
82	2000	2	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
83	2000	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2001	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2002	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2003	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2004	2	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
84	2005	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
	2007	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2001	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2002	3	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	3.00
85	2003	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2000	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
	2002	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
86	2003	4	.00	.00	.00	.00	1.00	.00	3.00	.00	.00	2.00	.00	.00	1.00	4.00
	2004	5	.00	.00	1.00	.00	3.00	.00	3.00	2.00	.00	.00	.00	.00	.00	5.00
	2005	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
87	2006	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
	2004	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
88	2000	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	1.00	2.00
89	2007	1	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	1.00
	2008	3	.00	.00	1.00	.00	.00	.00	1.00	2.00	.00	2.00	.00	.00	1.00	3.00
90	2000	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	1.00
	2001	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00	.00
91	2000	5	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	2.00	.00	.00	.00	4.00
	2002	4	.00	.00	.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	2.00	4.00
	2003	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	2.00
	2004	4	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	2.00	4.00
	2005	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	2.00
	2007	2	.00	.00	.00	.00	.00	.00	.00	1.00	.00	2.00	.00	.00	.00	2.00
	2008	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00
92	2006	2	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00
93	2008	6	.00	.00	.00	6.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	5.00
94	2003	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
95	2008	2	.00	.00	2.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00
	2002	4	.00	.00	.00	1.00	.00	.00	2.00	2.00	.00	1.00	.00	.00	1.00	4.00
	2003	4	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00
	2005	3	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	3.00
	2006	3	.00	.00	.00	.00	1.00	.00	2.00	1.00	.00	1.00	.00	.00	1.00	3.00
	2007	4	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	3.00
96	2008	3	.00	.00	1.00	.00	1.00	.00	2.00	.00	.00	1.00	.00	.00	2.00	3.00
	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2007	5	.00	.00	.00	.00	.00	.00	1.00	4.00	.00	1.00	.00	.00	1.00	5.00
	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
97	2000	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2001	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
98	2006	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	2.00
99	2000	2	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	2.00	.00	.00	1.00	2.00
	2001	4	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	3.00	4.00
100	2004	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00
	2006	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	1.00
101	2005	2	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
102	2001	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2004	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
103	2007	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	2.00
104	2000	3	.00	.00	2.00	.00	2.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	3.00
105	2002	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00
106	2000	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
107	2007	3	.00	.00	1.00	.00	2.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
108	2000	2	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2002	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	2.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
109	2003	4	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	1.00	.00	.00	.00	3.00
	2004	4	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	4.00
	2005	4	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	4.00
	2006	3	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00
	2007	2	.00	.00	1.00	.00	.00	.00	2.00	2.00	.00	.00	.00	.00	1.00	2.00
	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	1.00
110	2005	3	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	3.00
	2006	2	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
111	2000	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
	2002	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
112	2002	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00
	2003	3	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	3.00
113	2006	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2005	3	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	3.00
	2006	2	.00	.00	1.00	.00	1.00	.00	1.00	2.00	.00	.00	.00	.00	.00	2.00
114	2007	2	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	1.00
	2003	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	3.00
	2004	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00
115	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2003	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2004	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
116	2000	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2001	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
	2000	4	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	1.00	.00	.00	1.00	4.00
117	2002	4	.00	.00	.00	.00	.00	.00	1.00	.00	.00	3.00	.00	.00	1.00	4.00
	2003	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
118	2000	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00
	2001	4	.00	.00	.00	.00	.00	.00	4.00	.00	.00	4.00	.00	.00	.00	4.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
120	2003	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00
	2004	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
	2000	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2001	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2006	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
121	2007	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2001	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
122	2000	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
	2001	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2003	5	.00	.00	.00	.00	.00	.00	1.00	.00	.00	3.00	.00	.00	1.00	5.00
	2005	3	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	3.00
	2006	4	.00	.00	1.00	.00	2.00	.00	.00	2.00	.00	1.00	.00	.00	1.00	4.00
123	2002	4	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	4.00
	2003	4	.00	.00	2.00	.00	1.00	.00	3.00	.00	.00	1.00	.00	.00	.00	3.00
	2004	4	.00	.00	1.00	.00	1.00	.00	1.00	1.00	.00	1.00	.00	.00	.00	4.00
	2005	2	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00
	2006	3	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00
124	2007	4	.00	.00	1.00	.00	.00	.00	2.00	1.00	.00	1.00	.00	.00	1.00	4.00
	2008	5	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	2.00	.00	.00	1.00	5.00
	2007	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2008	2	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
	2000	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
125	2001	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2000	3	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	2.00	.00	.00	.00	1.00
126	2002	6	.00	.00	.00	2.00	.00	.00	2.00	.00	1.00	.00	.00	.00	3.00	6.00
	2004	2	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
127	2006	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2002	3	.00	.00	.00	.00	2.00	.00	1.00	.00	.00	.00	.00	.00	1.00	3.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
129	2003	1	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2003	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00
	2004	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	1.00
130	2005	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2008	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
131	2006	4	.00	.00	1.00	1.00	4.00	.00	1.00	.00	.00	1.00	.00	.00	.00	4.00
132	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2004	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2006	3	.00	.00	.00	.00	.00	.00	.00	2.00	.00	1.00	.00	.00	.00	3.00
133	2007	3	.00	.00	1.00	.00	.00	.00	2.00	1.00	.00	1.00	.00	.00	1.00	3.00
	2000	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2001	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	2.00	2.00
134	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2004	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2006	3	.00	.00	1.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
135	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2007	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
136	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2004	2	.00	.00	1.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2005	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	3.00
137	2000	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	2.00
	2002	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00
	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
138	2004	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	2.00
	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2006	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
139	2007	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2000	3	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	1.00	3.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
	2004	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
140	2001	3	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	3.00
141	2006	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00
142	2005	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
143	2008	2	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00
144	2001	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2002	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2005	3	.00	.00	.00	.00	2.00	.00	1.00	.00	.00	.00	.00	.00	.00	3.00
	2007	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	1.00
145	2005	4	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	4.00
	2006	3	.00	.00	.00	.00	1.00	.00	1.00	1.00	.00	2.00	.00	.00	1.00	3.00
	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00
146	2000	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2004	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	.00
147	2000	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	2.00
	2001	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	2.00	2.00
148	2002	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	1.00	2.00
	2003	4	.00	.00	.00	.00	4.00	.00	2.00	.00	.00	.00	.00	.00	.00	3.00
	2004	4	.00	.00	1.00	.00	.00	.00	3.00	1.00	.00	2.00	.00	.00	.00	4.00
	2006	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2007	4	.00	.00	2.00	.00	.00	.00	.00	2.00	.00	4.00	.00	.00	.00	4.00
	2008	3	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00
149	2000	3	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	3.00
150	2004	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
	2005	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2006	2	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00
151	2007	3	.00	.00	2.00	.00	.00	.00	3.00	1.00	.00	1.00	.00	.00	1.00	3.00
152	2004	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
153	2000	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2001	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
154	2000	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00
	2003	1	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2005	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00
	2006	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2007	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
	2008	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
155	2001	2	.00	.00	1.00	.00	.00	.00	1.00	1.00	.00	2.00	.00	.00	1.00	2.00
	2002	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2006	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
156	2006	2	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00
157	2000	3	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	2.00	.00	.00	1.00	3.00
	2001	3	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	3.00
	2003	3	.00	.00	1.00	.00	2.00	.00	1.00	.00	.00	.00	.00	.00	.00	3.00
158	2002	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2007	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
159	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2007	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
160	2006	2	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
161	2000	2	.00	.00	.00	.00	.00	.00	2.00	1.00	.00	.00	.00	.00	2.00	2.00
162	2004	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00
	2006	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00
163	2002	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2007	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	2.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
164	2000	2	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
165	2006	4	.00	.00	1.00	.00	.00	.00	1.00	2.00	.00	.00	.00	.00	.00	4.00
	2007	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2008	3	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	1.00	.00	.00	.00	3.00
166	2002	3	.00	.00	2.00	1.00	.00	.00	2.00	.00	.00	3.00	.00	.00	3.00	3.00
167	2006	5	.00	.00	2.00	.00	1.00	.00	3.00	.00	.00	2.00	.00	.00	2.00	5.00
168	2000	3	.00	.00	3.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	3.00
169	2004	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2006	2	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	1.00	2.00
170	2002	4	.00	.00	4.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	1.00	4.00
171	2006	2	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2008	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
172	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2006	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
173	2000	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	.00	2.00
	2004	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
174	2006	2	.00	.00	1.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	1.00	2.00
	2007	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	1.00
175	2008	3	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00
176	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2004	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
177	2005	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
178	2006	2	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
179	2006	5	.00	.00	.00	.00	2.00	.00	1.00	3.00	.00	.00	.00	.00	.00	5.00
180	2003	2	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00
181	2000	2	.00	.00	.00	.00	2.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
	2001	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2002	4	.00	.00	4.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	4.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
182	2002	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2003	3	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	3.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2006	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
	2007	8	.00	.00	.00	.00	2.00	.00	1.00	3.00	.00	1.00	.00	.00	4.00	5.00
	2008	3	.00	.00	.00	.00	.00	.00	3.00	.00	.00	2.00	.00	.00	.00	2.00
183	2000	4	.00	.00	.00	.00	4.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
184	2006	3	.00	.00	1.00	.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	3.00
185	2002	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	2.00
186	2001	3	.00	.00	3.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00	3.00
	2002	3	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	2.00	3.00
	2004	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2005	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2006	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
187	2003	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
188	2007	3	.00	.00	.00	.00	.00	.00	2.00	2.00	.00	1.00	.00	.00	.00	2.00
	2008	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00
189	2006	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
190	2000	2	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2001	4	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	4.00
	2002	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
191	2000	3	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	3.00
	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2004	1	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	1.00
192	2000	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2002	5	.00	.00	.00	.00	.00	.00	1.00	.00	.00	3.00	.00	.00	.00	5.00
193	2003	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2004	2	.00	.00	2.00	1.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
	2006	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
194	2004	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
195	2006	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2007	1	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
196	2003	3	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	2.00	.00	.00	.00	2.00
197	2002	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
198	2000	4	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	3.00	.00	.00	2.00	3.00
	2001	3	.00	.00	.00	.00	.00	.00	3.00	.00	.00	2.00	.00	.00	1.00	3.00
	2005	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
199	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2008	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00
200	2005	3	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	3.00
	2006	6	.00	.00	.00	.00	.00	.00	3.00	2.00	.00	1.00	.00	.00	2.00	6.00
201	2000	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00
202	2000	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	2.00	2.00
	2001	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	1.00
203	2006	3	.00	.00	.00	.00	.00	.00	1.00	3.00	.00	.00	.00	.00	.00	3.00
204	2001	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00
	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
205	2000	2	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2001	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	1.00
	2006	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2007	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2008	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
206	2001	3	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	3.00
	2004	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
207	2006	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00
	2007	4	.00	.00	.00	.00	.00	.00	.00	4.00	.00	.00	.00	.00	.00	3.00
	2008	4	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	4.00
	2003	3	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	3.00
	2006	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
209	2001	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	.00	2.00
	2003	3	.00	.00	.00	.00	.00	.00	3.00	.00	.00	1.00	.00	.00	2.00	3.00
	2004	4	.00	.00	1.00	.00	.00	.00	3.00	2.00	.00	1.00	.00	.00	.00	4.00
	2005	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00	3.00
	2006	3	.00	.00	.00	.00	.00	.00	3.00	.00	.00	1.00	.00	.00	.00	3.00
210	2008	2	1.00	.00	2.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
	2003	3	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00
	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
	2006	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2007	2	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00
212	2001	3	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	3.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2006	1	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	1.00
	2000	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
215	2000	1	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2002	3	.00	.00	.00	.00	.00	.00	.00	1.00	.00	2.00	.00	.00	1.00	3.00
	2004	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00
	2000	3	.00	.00	1.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	1.00	3.00
	2001	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
217	2000	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2001	2	.00	.00	2.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
	2007	4	.00	.00	2.00	.00	.00	.00	2.00	1.00	.00	3.00	.00	.00	2.00	2.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
218	2004	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	2.00
219	2006	3	.00	.00	1.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	1.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00
	2008	3	.00	.00	.00	.00	.00	.00	.00	3.00	.00	.00	.00	.00	.00	3.00
220	2008	2	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00
221	2008	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
222	2004	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00
	2006	3	.00	.00	1.00	.00	1.00	.00	1.00	1.00	.00	1.00	.00	.00	.00	3.00
	2007	2	.00	.00	2.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	1.00	2.00
223	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2004	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	1.00	1.00
224	2008	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
225	2001	3	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2003	2	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2006	3	.00	.00	.00	.00	2.00	.00	1.00	1.00	.00	1.00	.00	.00	.00	3.00
	2007	3	.00	.00	2.00	.00	.00	.00	3.00	1.00	.00	1.00	.00	.00	1.00	3.00
226	2000	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
	2003	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2007	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	1.00
227	2002	3	.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	.00	.00	2.00	3.00
228	2000	4	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	4.00
	2003	4	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	3.00
	2004	3	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	3.00
	2005	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
229	2000	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	1.00
	2002	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
230	2000	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
231	2005	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2000	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	2.00
	2002	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	2.00
	2004	3	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	3.00
	2005	5	.00	.00	.00	.00	.00	.00	2.00	3.00	.00	.00	.00	.00	.00	5.00
232	2007	4	.00	.00	.00	.00	.00	.00	.00	3.00	.00	1.00	.00	.00	1.00	3.00
	2008	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
	2001	2	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00
	2003	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2003	2	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
233	2007	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	1.00
	2007	3	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	3.00
	2005	3	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	3.00
	2006	2	.00	.00	.00	.00	1.00	.00	1.00	2.00	.00	1.00	.00	.00	.00	2.00
	2008	2	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
234	2000	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2002	2	.00	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	1.00	2.00
	2001	2	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	2.00
	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
235	2006	3	.00	.00	1.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	3.00
	2007	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	2.00
	2006	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2008	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2002	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
236	2003	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2004	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2008	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2002	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
237	2003	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2004	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
238	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2006	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2008	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2002	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
	2003	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
239	2004	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	2.00
	2007	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
240	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
241	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
242	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
243	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00
	2007	2	.00	.00	2.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	.00	2.00

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Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
244	2000	3	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	3.00
	2002	3	.00	.00	.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	1.00	3.00
	2003	4	.00	.00	.00	.00	.00	.00	3.00	.00	.00	2.00	.00	.00	2.00	3.00
245	2007	2	.00	.00	1.00	.00	.00	.00	2.00	1.00	.00	1.00	.00	.00	.00	2.00
246	2008	3	.00	.00	1.00	.00	.00	.00	3.00	1.00	.00	.00	.00	.00	.00	3.00
247	2008	2	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	2.00	1.00
248	2001	1	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	1.00
	2003	2	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	2.00
	2004	1	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00
249	2000	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
250	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2002	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
251	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2006	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	1.00
	2008	1	.00	.00	.00	.00	.00	.00	1.00	1.00	.00	.00	.00	.00	1.00	1.00
252	2004	3	.00	.00	.00	.00	.00	.00	2.00	.00	.00	2.00	.00	.00	.00	3.00
	2006	2	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00	2.00
	2008	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
253	2000	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2001	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2002	3	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	3.00
	2003	3	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	3.00
	2004	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	1.00
	2005	3	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	1.00	3.00
	2006	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
254	2000	2	.00	.00	2.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	1.00	2.00
255	2000	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00
	2001	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	1.00

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Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
256	2004	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
	2000	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00
	2002	3	.00	.00	.00	2.00	.00	.00	1.00	.00	.00	2.00	.00	.00	.00	3.00
	2003	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00
	2006	2	.00	.00	.00	.00	1.00	.00	1.00	2.00	.00	1.00	.00	.00	.00	2.00
257	2007	2	.00	.00	2.00	.00	1.00	.00	2.00	.00	.00	.00	.00	.00	.00	1.00
	2000	2	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2001	2	.00	.00	.00	.00	2.00	.00	2.00	.00	.00	1.00	.00	.00	.00	2.00
	2004	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	1.00
	2000	2	.00	.00	2.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	1.00	2.00
258	2001	2	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	2.00	2.00
	2000	2	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	1.00	2.00
	2001	3	.00	.00	.00	.00	.00	.00	1.00	.00	.00	2.00	.00	.00	.00	3.00
	2003	3	.00	.00	1.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	1.00	3.00
	2004	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	1.00	2.00
259	2005	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2006	3	.00	.00	1.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	3.00
	2000	2	.00	.00	1.00	.00	1.00	.00	1.00	.00	.00	.00	.00	.00	.00	2.00
	2003	1	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	1.00
	2004	4	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	4.00
260	2006	2	.00	.00	.00	.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	2.00
	2008	1	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	.00	.00
	2008	3	.00	.00	2.00	.00	2.00	.00	2.00	.00	.00	1.00	.00	.00	.00	1.00
	2001	2	.00	.00	1.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
	2000	5	.00	.00	1.00	.00	5.00	.00	1.00	.00	.00	.00	.00	.00	.00	5.00
261	2008	2	.00	.00	.00	.00	.00	.00	.00	1.00	.00	1.00	.00	.00	.00	2.00
262	2005	1	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00
263	2006	6	.00	.00	1.00	.00	.00	.00	1.00	5.00	.00	.00	.00	.00	.00	6.00

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Table 4.83: Number of treatments for each repeat individual by clinical impression and year cont...

No	Year		Head	Heat	CF	Tend	Jnt Sprain	Abr	TF	MS	Conf	SI	PFPS	Lacer	LF	Myo
267	2002	2	.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	.00	.00	1.00	2.00
268	2002	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	2.00
269	2002	2	.00	.00	.00	.00	.00	.00	.00	.00	.00	1.00	.00	.00	.00	2.00
270	2001	4	.00	.00	2.00	.00	.00	.00	2.00	.00	.00	3.00	.00	.00	1.00	4.00
	2007	4	.00	.00	1.00	.00	.00	.00	1.00	.00	.00	.00	.00	.00	.00	3.00
	2008	5	.00	.00	2.00	.00	.00	.00	3.00	.00	.00	1.00	.00	.00	2.00	5.00

Table 4.81: Summary of number of treatments for each repeat individual (n=165) by clinical impression

Clinical impression	Frequency	Percent
Head/concussion	0	0%
Heat exhaustion	0	0%
Cervical facet	50	30%
Tendonitis	0	0%
Joint sprain	13	8%
Abrasion	0	0%
Thoracic facet	91	55%
Muscle strain	18	11%
Confusion	0	0%
Sacroiliac syndrome	55	33%
Patellofemoral pain syndrome	0	0%
Laceration	0	0%
Lumbar facet	51	31%
Myofascial	142	86%

Chapter 5

Discussion of Results

5.1 Introduction

In this chapter we discuss the results of the statistical analysis in Chapter 4.

5.2 Outline of the Objectives of the Study

The first objective was a profile of internationally competitive surfers attending the Mr. Price Pro in Durban, KwaZulu-Natal, South Africa with respect to the data obtained from a previously validated sports questionnaire.

The second objective was to implement cohort tracking when a surfer attended the treatment facility at the Mr. Price Pro numerous times.

5.3 Results and comparison of results for this study with other studies

5.3.1 Objective 1 – Injury profile: Part One

A profile of internationally competitive surfers attending the Mr. Price Pro in Durban, KwaZulu-Natal, South Africa with respect to the data obtained from a previously validated sports questionnaire.

5.3.1.1 Demographics

5.3.1.1.1 Nationality

In this study, the vast majority of surfers (37.2%) were from Australia. According to Nathanson (2007), modern surfing dates as far back as the 1960's, with some of the very first surfing competitions being held in Australia. Taking into consideration the strong roots of surfing in Australia, as well as them having an ideal climate for the sport, it is not surprising that Australians made up the vast majority of the surfers at the Mr. Price Pro.

South Africa also had a strong representation (28.8%) of surfers at the Mr. Price Pro. As the Mr. Price Pro is based in Durban, KwaZulu Natal, South Africa, it is more accessible to South African surfers than most other ASP or WQS contests, which are situated worldwide. The affordability and convenience of having the Mr. Price Pro in their own country would have led to the large percentage that the South Africans make up at the Mr. Price Pro.

5.3.1.1.2 Race

The racial makeup of surfers that were treated at the Mr. Price Pro was fairly one sided. White surfers made up the overwhelming majority of 92.9%, with only 5 black surfers (0.3%) and 3 Indian surfers (0.2%), having been treated. 'Other' races made up 3.4% of the total surfers treated, with unknown races making up the remaining 3.1%. The high percentage for unknown races would have been due to the fact that the race question on the CSSA's questionnaire was often left blank.

Similar comparisons to international literature were limited as statistical comparisons were not possible.

5.3.1.1.3 Age

The vast majority of surfers treated at the Mr. Price Pro were between the ages of under 21 and 30. With regard to the 21-25 age group, 43.5% of surfers treated fell within this bracket. This is consistent with the study by Nathanson (2007), where the results showed that the mean age for injury was 23.6 years. There were very few surfers (7%) over the age of 30 years that were treated.

5.3.1.1.4 Gender

The gender distribution in this study was favourable towards the male sex, with 77.5% of surfers treated being male and only 22.2% being female. When one looks at the makeup of the World Championship Tour, it consists of 45 men and only 17 women (<http://www.aspworlworldtour.com/>, 2007). Thus, the gender distribution in this study is consistent with the gender distribution in world surfing.

5.3.1.2 Prevalence of surfing injuries

5.3.1.2.1 Region of complaint

The most common region of complaint by surfers at the Mr. Price Pro was the lumbar spine (55.2%). This was followed closely by the thoracic spine (42.2%) and the neck / cervical spine (36.8%). This is not consistent with the findings of Nathanson (2007), who stated that only 13% of acute injuries occurred in the trunk region. Nathanson (2007) also stated, along with McDonald Taylor *et al.* (2004) that lower extremity injuries were the most common acute injuries suffered by surfers. McDonald Taylor *et al.* (2004) reported that lower extremity injuries accounted for 50% of injuries in surfers. In this study, shoulder and knee complaints accounted for 13.9% and 7.5% of regional complaints respectively.

A retrospective cohort analysis of the injury profile of internationally competitive surfers.

The reasons for the above differences are multifactoral. Firstly, the treatment facility at the Mr. Price Pro is run by chiropractors and chiropractic interns. This is in total contrast to the studies conducted by Nathanson (2007), McDonald Taylor *et al.* (2004) and Lowdon *et al.* (1990) where data was collected from first aiders at surfing contests, hospitals nearby popular surfing venues and self-reported internet based questionnaires. Chiropractors are musculoskeletal specialists, who have a vast amount of knowledge with regard to spine related disorders. Thus it stands to reason that spinal complaints were the vast majority of complaints by the surfers.

Secondly, the surfers' perception of Chiropractic will influence their region of complaint. Most of them are aware of who Chiropractors are and what Chiropractic is. Thus it was highly unlikely that a surfer would report to the Chiropractic treatment facility with a laceration. They were much more likely to present with some kind of joint or spinal dysfunction.

Thirdly, one must bear in mind, that the joints of the lower extremity and the pelvis can be likened to a chain (the kinematic chain theory). Each joint represents a link in the chain. Gatterman (1990), states that the motion of one link in the chain will have significant effects on every other link in the chain. Thus, all forces acting on the lower extremities whilst surfing will ultimately be transferred to the pelvis, which is closely related to the lumbar spine. Thus lumbar complaints were more prevalent than knee complaints. There is also a separate first aid facility available at the Mr. Price Pro. All acute injuries such as lacerations and contusions are treated there. As most of these kinds of injuries occur to the extremities, the percentage of extremity complaints in this study was obviously less than in previous studies (Mendez-Villanueva *et al.*, 2005; Nathanson, 2007; Everline, 2007).

Lastly, the thoracic spine is the least mobile segment in the spine. This is due to the attachment of the rib cage (Schafer and Faye, 1990), as well as the girdle muscles of the shoulder using the thoracic spine as an anchor which

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allows powerful strokes in the paddling phase (Gatterman, 1990). The hypomobility of the thoracic spine makes it more susceptible to fixations (loss of segmental mobility). When one region of the spine becomes fixated, there is compensatory hypermobility in the adjacent segment of that region (Gatterman, 1990). In this case, the lumbar spine becomes hypermobile. Schafer and Faye (1990) state that the sight of the fixation is often asymptomatic, whilst the compensating hypermobile segment is 'highly expressive'. This is a possible reason for the lumbar spine being the most common region of complaint in surfers.

It is suggested that an integrated approach be taken with regards to research on surfing injuries. Thus the data accumulated from the acute injuries seen by the first aiders and the chronic injuries seen by the Chiropractors can be combined. This will lead to more accurate and realistic findings.

5.3.1.2.2 Perceived mechanism of injury

In this study, surfing (47.5%) and paddling (10.9%) accounted for the vast majority of the perceived mechanism of injury. Travelling and trauma from a surfboard / wave / sandbank accounted for an equal 5.3% portion of the perceived mechanisms of injury. However, in a study conducted by Nathanson *et al.* (2002), it was found that 72% of lacerations and 66% of contusions were caused by the surfer's own surfboard. Kim *et al.* (1998) also stated that a large proportion of surfing injuries were caused by surfboards. A possible reason for the difference in findings in this study is that the Mr. Price Pro is a surfing contest, where only four surfers are in the water at a time. Thus the water was not overcrowded, leading to very few injuries caused by a surfboard. Adding to this, one could state that Durban beaches are relatively safer as the size of waves and sandy ocean floor cannot be compared to other popular surfing destinations such as Hawaii. Thus fewer injuries are caused by the hydraulic force of the wave and hard ocean floors such as reefs.

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This is unlike previous studies, where data was not always collected in a surfing contest environment, but rather a recreational one, where overcrowded surfing venues were common. Some studies were also conducted at venues known for big surf and for reefs such as in Hawaii.

This would then increase the likelihood of injury from a wave or surfboard, as well as the ocean floor.

It makes sense that 5.3% of injuries were caused by travel as the Mr. Price Pro is the first stop in the South African leg of the World Championship Tour. This means that most surfers would have endured long flights in order to compete in South Africa.

Unknown mechanisms of injury accounted for 16.5%. As most injuries reported to the Chiropractic facility were chronic in nature, problems of recall will pose an inherent problem in determining the exact mechanism of injury (Mouton, 1996). Peterson and Renstrom (2001) back this up by stating that the cause – effect relationship of acute injuries are usually obvious and can easily be measured as the athlete often experiences a rapid onset of pain, and swelling begins to develop in the region of the injury (Peterson and Renstrom, 2001).

The type of injuries reported to the Chiropractic facility will directly affect the perceived mechanism of injury. In this case, chronic injuries made up the majority of injuries reported, and repetitive strain type activities such as surfing and paddling were the dominant factors.

Throughout the year surfers are exposed to many different surfing environments. They experience the smaller waves and soft sand of Durban, as well as larger waves and reefs at other surfing destinations. Sometimes they surf in crowded surfing venues, and other times they are one of four in the water.

5.3.1.2.3 Severity of injury

It was reported in this study that only 1.2% of surfers sustained injuries severe enough that post treatment, they were unable to participate further in the Mr. Price Pro. This finding may be significantly lower than that of other studies (Nathanson, 2007; Zoltan *et al.*, 2005). The reason for this is studies like Nathanson (2007) and Zoltan *et al.* (2005) reported mainly on acute injuries. Peterson and Renstrom (2001), state that the severity of acute injuries is usually obvious and can be easily measured. Thus severity percentages would be higher in these studies. The finding in this study does however support statements made by Mendez-Villanueva *et al.* (2005) and Everline (2007) who stated that despite the amount of surfing injuries reported, surfing remains a relatively safe sport.

5.3.1.2.4 History and clinical impression of injury

It was reported in this study that 52.7% of injuries were chronic injuries. In 48.4% of the cases reported, it was acknowledged by the surfer that the region of complaint had in fact been injured previously. This concurs with Schafer and Faye (1990) who state that when an area has been injured the first time, acute inflammation will occur. This inflammation serves to localize the products of the injured tissue. If the injury is not treated efficiently and correctly, the acute inflammation eventually turns into scar tissue which is harmful to the joint as the normal tissue, which is soft, elastic and possesses a rich vascular supply is replaced by stiff, unyielding and poorly vasculated scar tissue.

It is for this reason that re-injured joints that were not correctly attended to in the past, will be slow to heal and left vulnerable to further trauma. Injuries to adjacent sites are also likely to occur due to the compensatory mechanism described in section 5.3.1.2.1.

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Generally speaking, surfers do not follow any specific training or conditioning programs. They do however spend between 2 and 7 hours a day surfing, at least 5 days a week (Mendez-Villanueva and Bishop, 2005). This amount of surfing could make them vulnerable to overuse injuries. It is therefore recommended that surfers follow appropriate supportive training programmes that are responsible for maintaining cardiovascular fitness as well as general and specific muscle tone, in order to prevent injuries from occurring. Secondly, a programme that is rehabilitative in nature should be followed for injuries previously encountered in order to prevent secondary injuries from occurring and to promote correct healing of the present injury (Everline, 2007; Mendez-Villanueva *et al.*, 2005; Nathanson, 2007).

5.3.1.2.5 Most common muscles involved in injury

The Quadratus Lumborum (34.6%) and the Trapezius (34.6%) muscles were the muscles that were most commonly involved in injury. The Paraspinal (18.4%) and Rhomboid (18.1%) muscles also represented a significant portion of muscles commonly involved in injury.

Although previous studies (Nathanson, 2007; Mendez-Villanueva *et al.*, 2005; Everline, 2007; Zoltan *et al.*, 2005) do not mention the specific muscle groups that are involved in surfing injuries, the findings in this study correlate with the regions of complaint mentioned in 5.3.1.2.1. The Quadratus lumborum (QL) muscle's main attachment is to the lumbar spine (Moore and Dalley, 1999). Schafer and Faye (1990) state that joint function and muscle cannot be functionally separated. Due to the lumbar spine being in a state of hypermobility, the QL will become hypertonic (spasm), as muscle function depends on normal joint function. As well as muscle spasm being indirectly caused by injury to associated articular (bone) structures, it is also directly caused by injury or overuse of that specific muscle. The QL muscle's main action is extension (Moore and Dalley, 1999). Everline (2007) states that the spine is hyperextended during the paddling phase of surfing, which accounts

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for 51% of the surfer's total time in the water. Therefore there is a significant amount of strain put on the QL muscles which will eventually lead to muscle fatigue and injury, thus accounting for 34.6% of muscles involved in injury.

The Trapezius muscle is a flat, triangular muscle extending across the back of the neck and upper part of the thorax (Moore and Dalley, 1999).

Gatterman (1990) states that the Trapezius muscle is most frequently affected by trigger points, which are areas of hyperirritability in the muscle. This is due to its function as the stabilizer of the upper extremities. This muscle is frequently loaded during the paddling phase of surfing, as the neck is extended and protruded forward, whilst the arms move in a repetitive motion above and in front of the head. This repeated strain and overuse of the Trapezius muscle makes it vulnerable to chronic muscle pain (Gatterman, 1990), thus accounting for the 34.6% of muscles involved in injury.

The Paraspinal and Rhomboid muscles are closely related to the thoracic spine. The hypomobility of the thoracic spine as previously mentioned in 5.3.1.2.1, will cause hypertonicity in the Paraspinal and Rhomboid muscles as Schafer and Faye (1990) state that joint function and muscle cannot be functionally separated.

5.3.1.3 Treatment of surfing injuries

5.3.1.3.1 Manipulation – Level of manipulation

A Chiropractic manipulation is a small-amplitude, high-velocity movement at the end of a subject's available range of motion in a joint, in order to restore mobility of that segment (Stedman's Medical Dictionary for the Health Professions and Nursing, 2005). A hypomobile segment is referred to in Chiropractic terms as a "fixation" (Schafer and Faye, 1990; Gatterman, 1990). In this study, 70.4% of surfers were manipulated.

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Although lumbar spine complaints made up 55.2% of the total number of complaints by surfers, the thoracic spine was the most commonly manipulated region of the spine (42.8%). This is consistent with the literature of Gatterman (1990), Schafer and Faye (1990) and Bergman (1993). The hypermobility of the lumbar spine is secondary to the hypomobility of the thoracic spine. Hypermobile joints should not be manipulated, even if they are the focal point of symptoms, as this will only aggravate the patient's pain. The hypomobile joint should be manipulated, which is in this case the thoracic spine. Schafer and Faye (1990) state that correction in any part of the spine will, to a certain degree, help the whole spine to correct itself.

The kinematic chain theory (Gatterman, 1990) has already been explained in section 5.3.1.2.1. This theory however, does not only apply to the lower extremity and pelvis, which accounts for the sacroiliac joint being manipulated 24.9% of the time, but also to the upper extremity and the neck / cervical spine, which accounts for the cervical spine being manipulated 27.1% of the time.

5.3.1.3.2 Manipulation – Direction of manipulation

Posterior to anterior (35.2%) was the most common direction of manipulation. Two reasons or proposed for this finding. As has been previously mentioned, the QL muscles are in a hypertonic state due to the hypermobility of the lumbar spine. The strain and overuse inflicted on the QL muscle is not equal bilaterally. There are two different stances that surfers assume on the surfboard when riding a wave. Either the left or right foot is used as the rear foot. It is all dependant on what is most comfortable for the surfer. The rear foot however, takes the most strain during wave riding, as it is the control foot for direction and enables the surfer to perform different manoeuvres.

The QL muscle corresponding with the side of the rear foot will undergo more strain than its opposite counterpart. Schafer and Faye (1990), state that if the hypertonicity is sufficient enough, the motion unit involved (the lumbar spine in

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this case) will tend to be pulled into a sustained position of action. Thus, posterior to anterior manipulations will most benefit the surfer at this point.

It should also be recognised, that the surfer will always have a dominant side. If for example the dominant side is the right side, the surfer will naturally pull harder with that side whilst paddling, as well as turn harder with that side whilst performing manoeuvres on the wave. This dominant side is obviously more prone to fixations than the dominant side, leading to one sided posterior to anterior manipulations.

Extension manipulations accounted for 28.5% of manipulations performed in this study. The thoracic spine, due to its hypomobility, was the most commonly adjusted region of the spine (see section 5.3.1.3.1).

This region of the spine has a natural kyphotic curve which keeps the spine in chronic flexion. It therefore stands to reason that extension manipulations would be fairly common (Gatterman, 1990).

5.3.1.3.3 Mobilisation

Mobilisation techniques include stretching of the muscle and ligaments of a joint, as well as moving the joint through its direction of motion but without a thrust, as would be applied in a Chiropractic manipulation (Haldeman, 2005). In this study, only 9.6% of surfers received mobilisation techniques as treatment. The highest percentage was the knee, which made up 2.5% of all documented mobilisation techniques. It must be added however, that almost 92% of regions that received mobilisation techniques were left blank on the CSSA's questionnaire, thus making the knee value (2.5%) highly inaccurate.

If one takes into account studies conducted by Nathanson (2007), Everline (2007) and Mendez-Villanueva *et al.* (2005), it is expected that the knee value may increase, as previous literature sites the lower extremity as the most common site of injury.

5.3.1.3.4 Stretches – Static and PNF

The Trapezius (11.9%) and QL (11.6%) muscles were the most common statically stretched muscles. They were also the most common Proprioceptive Neuromuscular Facilitation (PNF) stretched muscles, with the QL muscle making up 11.9% and the Trapezius muscle 11.6% of muscles stretched by PNF. This is consistent with the findings in 5.3.1.2.5, where the QL and Trapezius muscles were the most commonly affected muscles in surfing injuries. It should be noted that 36.7% of surfers received static stretching, compared to 18.2% receiving PNF stretching.

5.3.1.3.5 Voltaren and Transact

Voltaren and Transact are both topical nonsteroidal anti-inflammatory drugs which are used for the treatment of acute inflammation. As 52.7% of conditions treated were chronic, it is understandable that the usage of Voltaren and Transact was as little as 2.6% and 0.3% respectively.

5.3.1.3.6 Massage and dry needling

Massage therapy was an extremely popular form of treatment applied to the surfers at the Mr. Price Pro, with 82.3% of surfers being treated receiving some sort of massage therapy. The QL (31.3%) and the Trapezius (29.8%) were once again the most frequently treated muscles. It is thought that amongst all forms of Chiropractic treatment, massage therapy is the most popular because there is a common understanding of what massage therapy is amongst surfers, as well as it being extremely pleasurable. Unlike certain forms of treatment, massage therapy is not contra-indicated during competitive surfing.

Dry needling on the other hand is less pleasurable than massage, as it is an invasive procedure whereby a needle is inserted directly into the muscle to

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relieve trigger points (areas of hyperirritability) that have formed within the muscle. Whilst the success of this therapy cannot be denied, it may lead to post needle soreness on some occasions and is therefore contraindicated during competitive surfing. This may account for only 8.8% of surfers being treated receiving the dry needling technique.

It must also be added, that South African Chiropractors are the only Chiropractors in the world that use dry needling as a form of treatment, thus this small percentage may also be due to lack of knowledge of what dry needling actually is and the benefits thereof.

5.3.1.3.7 Other forms of treatment

Only 11% of surfers treated at the Mr. Price Pro received treatment not listed on the CSSA's questionnaire. Cryotherapy (ice) and strapping were the most common forms of 'other' treatment used. Cryotherapy and strapping are predominantly used in acute cases to reduce swelling and inflammation, as well as provide stability to an area (Schafer and Faye, 1990). As 52.6% of injuries treated were chronic in nature, the low percentage of these forms of treatment is understandable.

As previously mentioned in studies on acute injuries (Zoltan *et al.* 2005; Sunshine 2003), the lower extremities, followed by the upper extremities, were the most common sites of injury. This is consistent with the findings in this study where the most common regions these 'other' forms of treatment were applied to were the knee and shoulder.

5.3.2 Objective 1 – Injury profile: Part Two

A profile of internationally competitive surfers attending the Mr. Price Pro in Durban, KwaZulu-Natal, South Africa with respect to the data obtained from a previously validated sports questionnaire.

5.3.2.1 Crosstabulation of Region of complaint and Age

Upon crosstabulation of clinical impressions and age, lumbar spine complaints were the most frequent from the under 21 age group all the way through to the 31 – 35 year age group, however neck complaints were the most common complaint in the over 35 age group.

The reason for these results conflicting with studies conducted by Nathanson (2007), Everline (2007), Mendez-Villanueva *et al.* (2005), Zoltan (2005) and Sunshine (2003) has already been discussed in part one of this chapter. It will therefore not be discussed again in part two.

As has been previously mentioned in section 2.7 of Chapter Two, Kirkaldy-Willis (1992), suggest that there are three phases of degenerative disease in the spine. They are dysfunction, instability and stabilization. We can apply this theory to the results found in this study. The reason that the under 21 age group through to the 31 – 35 year age group all had lumbar spine complaints, was because they are the younger age groups and are still in the dysfunction phase and possibly the beginning stages of the instability phase. Their main symptom, according Kirkaldy-Willis (1992) will be lower back pain.

However, when we look at the over 35 year age group, they have more than likely reached the third phase, which is the stabilization phase. In this phase there is hardening of the supporting structures of the spine, in order to compensate for the instability of the spine found in phase two. These surfers will have a history of severe lower back pain over the years, but at present their lower back pain will be less, and they will only experience episodes of

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lower back pain. Their pain is also usually muscular in origin, due to the muscles becoming hypertonic in order to 'guard' the spine (Kirkaldy-Willis, 1992). Due to the stabilization of the spine, the lumbar spine becomes hypomobile, like the thoracic spine that has previously been discussed (section 5.3.1.2.1). When one region of the spine becomes hypomobile, there is compensatory hypermobility in the adjacent segment of that region (Gatterman, 1990), thus leading to hypermobility and pain in the neck region for surfers over the age of 35 years.

5.3.2.2 Crosstabulation of Region of complaint, Clinical impression and Treatment with Gender

The Lumbar spine was the most frequent region of complaint, myofascial problems presented the most clinically and massage therapy followed by manipulation were the most common treatments received in both male and female surfers. These results show that the injuries sustained by surfers are not gender specific, and that the biomechanics of surfing affects both genders equally.

5.3.2.3 Crosstabulation of Region of complaint with Type of patient and complaint

Thorax and lumbar complaints were the most common complaints in both new and repeat care patients, as well as new and continuation of care complaints. The surfers present initially with a region of complaint, in this case the thoracic and lumbar spine, and then visit the Chiropractic treatment facility repeatedly to get that region treated. This statistic highlights the chronicity of injuries sustained by surfers.

5.3.2.4 Crosstabulation of Clinical impressions and Age

Myofascial problems were the most common clinical impressions throughout the different age groups. Schafer and Faye (1990) state that joint function and muscle cannot be functionally separated. Due to the hypomobility of the thoracic spine and hypermobility of the cervical and lumbar spine, the muscles that attach to these regions of the spine will be affected, as muscle function depends on normal joint function. As well as muscle spasm being indirectly caused by injury to associated articular (bone) structures, it is also directly caused by injury or overuse of that specific muscle. There are many muscles that are repeatedly targeted and overused during surfing.

A total of 54.5% of the over 35 age group had tendonitis. As previously mentioned in section 5.3.2.1, this age group is in the stabilisation phase. This means that there is almost no movement in that particular joint. Thus, due to the abnormal joint function, there is increased strain on surrounding soft tissues such as muscles, tendons and ligaments (Schafer and Faye, 1990; Gatterman, 1990). This accounts for the high percentage of tendonitis (inflammation of the tendon) in the over 35 age group.

It has been mentioned in other studies, that due to prolonged exposure to the sun and water, surfers often suffer from bony exostosis of the external auditory canal, otitis externa, sinusitis, pinguecula and pterygium (Wong *et al.*, 1999; Dhingra, 1999; Sunshine, 2003; Kroon *et al.*, 2002; Zoltan *et al.*, 2005). The above statement is not consistent with the findings in this study, as the surfer's perception of Chiropractic will prevent them from presenting symptoms of the above conditions to a Chiropractor.

This is unless the symptoms were associated with a particular Chiropractic condition, for example headaches.

5.3.2.5 Crosstabulation of Treatment and Age

Massage therapy was the most common treatment received throughout all age groups. Manipulation was also a very common form of treatment, however it was performed predominantly on those in the younger age groups. The high percentage of surfers receiving massage therapy over other forms of chiropractic treatment has been discussed in 5.3.1.3.6. The reason for manipulation being performed predominantly on the younger age groups is that these age groups are in the dysfunction phase, where manipulation of the joint will have great success. However, the over 35 year age group is in the stabilization phase, and Bergman (1993) states that manipulation is unlikely to reverse marked bony structural changes found in this phase, and that treatment should rather be aimed at decreasing symptoms and maximizing function. As myofascial problems were the most common clinical impressions in all age groups (see section 5.3.2.5), massage therapy applied to these myofascial problems will alleviate the over 35 surfer's symptoms somewhat.

5.3.3 Objective 2 – Cohort tracking

The second objective was to implement cohort tracking when a surfer had attended the treatment facility at the Mr. Price Pro for a number of years.

5.3.3.1 Number of repeat visits by surfer and year

Two hundred and seventy surfers returned for more than one treatment, totalling 1326 treatments between the years of 2000 and 2008. One hundred and sixty five (61%) surfers attended the Chiropractic treatment facility at the Mr. Price Pro for more than one year out of the nine years analyzed in this study, with some surfers attending as many as eight times between the years 2000 and 2008. Visits over the period of two or three years between 2000 and 2008 were the most common. The above mentioned statistics highlight the fact that a large majority of surfers understand and either consciously or subconsciously recognise the fact that they have chronic injuries present.

5.3.3.2 Number of treatments for each repeat individual by region of complaint and year

Lumbar spine complaints (67%) were the most common among those surfers coming back for repeat treatments between the year 2000 and 2008. Thorax (51%) and neck (44%) were also fairly common.

No head, forearm, chest or abdominal complaints were treated during repeat visits. The results of the above statistics have already been discussed in section 5.3.1.2.1.

5.3.3.3 Number of treatments for each repeat individual by clinical impression and year

Table 4.83 and 4.84 reflect that myofascial complaints (86%) were the most common among those surfers coming back for repeat treatments between the year 2000 and 2008. Lower back and thoracic spine complaints were also very common.

No complaints of head/concussion, heat exhaustion, tendonitis, abrasion, confusion, patellofemoral pain syndrome (PFPS) or lacerations were treated during repeat visits. The results of the above statistics have already been discussed in section 5.3.1.2.4.

5.4 Objectives and Hypotheses

The first objective was a profile of internationally competitive surfers attending the Mr. Price Pro in Durban, KwaZulu-Natal, South Africa with respect to the data obtained from a previously validated sports questionnaire. Data collection was with respect to the following factors:

- Demographics of internationally competitive surfers,
- The surfers' diagnostic history,
- The surfers' treatment history and
- The cohort tracking of surfers over 10 years.

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Hypothesis One: The surfers profile would be dissimilar to the literature.

ACCEPTED

The statistics from previous literature with regards to surfing injuries (Sunshine, 2003; Zoltan *et al.*, 2005; Mendez-Villanueva *et al.*, 2005; Nathanson, 2007; Everline, 2007) differs somewhat from the results in this study.

The second objective was to implement cohort tracking when a participant had attended the treatment facility at the Mr. Price Pro for a number of years. This included tracking the diagnostic and treatment history of the participant, any correlations between the two and the regression/progression of the injury.

Hypothesis Two: Injuries were not of a repetitive nature.

REJECTED

Many of the results in this study confirmed that surfing injuries were of a repetitive nature.

Chapter 6

Conclusion and Recommendations

6.1 Introduction

This Chapter incorporates a summary of the results of the study. Conclusions about the results are drawn, and recommendations are provided for future studies based on the results as well as the limitations of this study.

6.2 Conclusions

There was an overwhelmingly larger percentage of male surfers (77.5%) compared to female surfers (22.2%) that were treated at the Chiropractic treatment facility at the Mr. Price Pro. The surfers ranged between the ages of under 21 years of age right through to over 35 years of age. The majority (43.5%) of surfers however, were between the ages of 21 and 25 years of age, with only 7% of surfers being over the age of 35 years of age. Australian surfers (37.2%) and South African surfers (28.8%) made up a large proportion of the surfers in this study, with 92.9% of surfers being white, and as little as 0.3% being black and 0.2% being Indian surfers.

When considering the prevalence of surfing injuries, 52.7% of which were chronic, the lumbar spine (55.2%) was the most common region of complaint by surfers, followed fairly closely by the thoracic spine (42.2%) and cervical spine (36.8%). Shoulder (13.9%) and knee (7.5%) complaints were in the vast minority.

Surfing (47.5%) and paddling (10.9%) accounted for most of the surfers' perceived mechanisms of injury, whilst travel (5.3%) and trauma from a surfboard

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/ wave / sandbank (5.3%) were far less. Of the above reported injuries, only 1.2% of injuries were severe enough to prevent the surfer from participating further in the Mr. Price Pro.

The most commonly affected muscles were the Quadratus Lumborum (34.6%) and Trapezius (34.6%) muscles. The Paraspinal (18.4%) and Rhomboid (18.1%) muscles followed as the next most affected muscle.

Treatment of the surfers at the Chiropractic treatment facility at the Mr. Price Pro varied somewhat. The most popular form of treatment by far, was manipulation (70.4%) and massage therapy (82.3%). Stretching, both static (36.7%) and PNF (proprioceptive neuromuscular facilitation) stretches (18.2%) were the next most common forms of treatment. Mobilisation techniques (9.6%) and dry needling (8.8%) made up a far lower percentage of treatments, with Transact and Voltaren making up as little as 0.3% and 2.6% respectively. Other forms of treatment such as cryotherapy (ice) and strapping, collectively accounted for 11% of treatments.

Crosstabulations were applied to the following statistics in order to reflect the comparison between variables relating to region of complaint, clinical impressions and treatment and the biographical variables such as age, gender, type of patient and type of complaint.

The lumbar spine was the most common region of complaint between the under 21 age group through to the 31-35 year old age group. Myofascial conditions were the most common clinical impression within these age groups. The over 35 year old age group differed somewhat, as the cervical spine was the most common region of complaint, and tendonitis was the most common clinical

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impression. Thoracic and lumbar spine complaints were the most common complaints amongst new and repeat care patients, as well as new and continuation of care patients.

Massage and manipulation were the most common treatments amongst type of patient and complaint; however, manipulations were performed on predominant younger age groups. All of the above crosstabulated statistics were gender non-specific.

When cohort tracking was applied, it was found that 61% of surfers attended the Chiropractic treatment facility at the Mr. Price Pro for more than one year out of the nine years analyzed in this study, with some surfers attending as many as eight times between the years 2000 and 2008. Visits over the period of two or three years between 2000 and 2008 were the most common. Lumbar spine complaints (67%) were the most common among those surfers coming back for repeat treatments between the year 2000 and 2008. Thorax (51%) and neck (44%) were also fairly common. Myofascial complaints (86%) were the most common among those surfers coming back for repeat treatments between the year 2000 and 2008. Lower back and thoracic spine complaints were also very common. No lacerations were reported.

Chronic injuries made up for 52.7% of surfing injuries, with the spine and surrounding musculature being the most commonly affected regions. The independently significant risk factors associated with injury were the repetitive nature of certain aspects of surfing and the age of the surfer.

6.3 Recommendations

- It is suggested that an integrated approach be taken with regards to research on surfing injuries. Thus the acute injuries that first aiders are more likely to treat, and the chronic injuries that Chiropractors are more likely to treat, can be combined. This will lead to more accurate findings.

- Throughout the year surfers are exposed to many different surfing environments. They experience the smaller waves and soft sand of Durban, as well as larger waves and reefs at other surfing destinations. Sometimes they surf in crowded surfing venues, and other times they are one of four in the water. It is therefore recommended that studies like the one conducted at the Mr. Price Pro be combined with studies conducted in other surfing venues with different environments. Thus all risk factors can be taken into account when creating an injury profile.

- Generally speaking, surfers do not follow any specific training or conditioning programs. They do however spend between 2 and 7 hours a day surfing, at least 5 days a week (Mendez-Villanueva and Bishop, 2005). This amount of surfing could make them vulnerable to overuse injuries. It is therefore recommended that surfers follow appropriate supportive training programmes that are responsible for maintaining cardiovascular fitness as well as general and specific muscle tone, in order to prevent injuries from occurring. Secondly, a programme that is rehabilitative in nature should be followed for injuries previously encountered in order to prevent secondary injuries from occurring and to promote correct healing of the present injury (Everline, 2007; Mendez-Villanueva *et al.*, 2005; Nathanson, 2007).

- It is recommended that more studies focusing on the specific muscle groups that are commonly used by surfers be carried out. This will provide a more

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accurate view of what muscles are most prone to be affected by injury, and thus help with prevention strategies to prevent overuse injuries of these muscles.

- No other chiropractic based studies on surfing injuries could be found to compare data with. Thus, it is recommended that more studies of this nature be done.
- It is recommended that the Chiropractic interns responsible for filling out these questionnaires, before treating the surfers, be taught the importance of filling out the entire questionnaire. As leaving blank spaces on the questionnaire lets inaccuracies creep into the research process.
- It is suggested that more studies of this nature be done, where surfers are tracked over a number of years, and not just involved in one off studies. This would lead to vaster amounts of knowledge with regard to chronic injuries, rather than focusing on acute injuries.

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