A Study of Injury Profiles of Kho-Kho Players

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The present study was designed to survey the incidence of injuries in Indian kho-kho players. The basis of the study was questionnaires, which included points related to personal and injury details. A total of 503 injuries were reported, out of which knee (14%) and back (13%) injuries were noted to be the most common. Participation rate was higher in males (62%) than females (38%). School children participated more (69%) in this game than college (50%) and university (34%) students. The prime nature of injury was noted to be distortion followed by concussion and sprain. No significant (p>0.05) relationship was observed between experience and injury rate. Proper use of protective gear, improvement of the playing grounds, proper physical and mental guidance etc can reduce the incidence of injuries.

key words: Injuries, kho-kho, Indian players

Introduction

Among the traditional sports in India, kho-kho is one of the most important. According to most historians, the game is a modified form of ‘Run-Chase’, which mainly includes the act of chasing and touching a person (of opposite team). This game is simple, inexpensive and highly enjoyable, so it is very popular in a developing country like India. It is a game of fitness, timing, reflex and stamina. To catch by pursuit-to chase, rather than run- is the main theme of kho-kho. This game also involves a sense of sportsmanship, loyalty between team members, obedience and discipline.

Regarding the details of kho-kho, each team consists of twelve members, but only nine players are on the field during the play. Kho-kho requires a very small, evenly surfaced piece of ground, rectangular in shape measuring 27m x 15m. The
only equipment required is the two poles. The total time of the game is 37 minutes. Each match consists of two innings. An inning consists of chasing and running turns of 7 minutes each. Eight members of the chasing team sit in their eight squares on the central lane, alternatively facing the opposite direction while the ninth member of that team is an “active chaser,” and stands at either of the posts, ready to begin the pursuit. Members of the chasing team have to put their opponent out, touching them with their palms, but without committing a foul. There are three ways to dismiss a defender; firstly, if he is touched by an active chaser with his palm without committing a foul; secondly, if he goes out of the limits on his own; thirdly, if he enters the limit late. Defenders enter the limit, in batches of three. After the third and the last defender are out, the next batch must enter the limits, before the successful active chaser gives a ‘kho’. Defenders have freedom of movements on both sides of the central lane, but the active chaser cannot change the direction to which he is proceeding. The chaser cannot cross the central lane. An active chaser can change position with a seated chaser by touching him from behind with the hand, and uttering the word ‘kho’ loudly. At the end of one inning there is an interval of 2 minutes in between the turns. Each side alternates between chasing and defence.

According to the literature survey, there are no detailed epidemiological studies on the incidence and aetiology of injuries related to kho-kho. In 1992, Sharma and Sukla who did study on menarcheal age among Indian sportswomen, included kho-kho players in that study. The popularity of kho-kho at the school level was found to be clear from the study of Sen.et.al. (2003). This work also involved a partial study of injury pattern in kho-kho. A survey on Indian college students (Sen and Sensarma, 2004) revealed decreased participation in kho-kho and other active games. Comparison of the results of the present study is difficult due to the scarcity of data in this specific arena of investigation. To the best of the author’s knowledge, this is the most comprehensive injury profile study of kho-kho players. The test data do provide a good baseline and reference for coaches, sport physiologists and future research workers.

Materials and Methods

The present survey study was done with the help of a questionnaire which