Walking Football – The Hidden Dangers 1st April 2018

Since its inception around 2011, walking football has been steadily growing throughout the UK with new clubs setting up on a regular basis, unconfirmed reports estimate around 1200 clubs are currently operating. Although Chesterfield FC Community trust have been credited with creating the idea of the sport, there is evidence of walking football being played as early as 1932 in a match between Derby Railway Veterans and Crewe Railway Veterans.
Andrew Ward (1999). *Footballs Strangest Matches*. London: Portico

The recent growth in the popularity of participating is due to a TV advertisement by Barclays bank which featured walking football and introduced the concept to a wider National audience which unfortunately resulted in many unqualified and uninformed people starting sessions based on their perception of what they think they saw happening during the advert. They have then set up "old men's 5 a side" football clubs and ignored the basic safety principals that were the foundation of this newish Sport.

Football has already been proven to increase many health benefits in participants with reported weight losses, Cardio vascular fitness, lowered cholesterol and increased proprioception, joint strength and mobility. Bo Kousgaard. (2015). *football-strengthens-the-bones-of-men-with-prostate-cancer/.* Available: www.holdspil.ku.dk/english/news. There are numerous studies regarding the health benefits of regular physical activities with football and one recent pilot study specifically involving Walking football in the over 50 age group. J.T. Arnold, S. Bruce-Low, and L. Sammut. (2015). *the impact of 12 weeks walking football on health and fitness in males over 50 years of age.* Available: bmjopensem.bmj.com. Which demonstrates the physical improvements over a 12-week period.
There are potentially large public health implications in this developing sport and mostly positive, physical, mental, social and emotional benefits but it is imperative that it is made safe.

Most footballers play adult football between the ages of 18-35 years old then the more physically active revert to veteran's football from the age of 35 till around their late forties. Very few continue after this age due to the physical demands of the sport and the exertions involved. Walking Football is a perfect solution for an opportunity to continue playing the sport they love. The lack of running and less need for twisting "cutting" movements means that less physical abilities are required to play with less stress on the muscles and joints due to the modified rules.

There are risks of injury with any sport and amongst this older group of untrained athletes they are more vulnerable due to their less physically fit state and recovery from injury will take longer with more challenging costs and complications.

The Society of Sports Therapists believes that there should always be trained Medical personnel attending every sports activity and this should be an unequivocal requirement for these ageing athletes, along with medical equipment and an automated portable defibrillator.

There is no universally recognised governing body for Walking Football and therefore no established rules or recommendations. This has led to groups of self-appointed "Experts" setting up websites and their interpretations of what the rules should be with no medical training and in most cases no experience in dealing with health issues. The English Football Association have also failed to take the lead or ownership and have also based their understanding of this new phenomenon on being Politically correct and inclusive by stating that anyone of any sex may participate in tournaments or matches. The recent "peoples cup" included matches between mixed sex football teams over 50 years of age with games being played in "Cages" and playing surfaces surrounded by brick walls. They are obviously oblivious to the hidden dangers and physical differences between men and women.

The following are factual scientific and medically based recommendations to enable a safe competitive level of play.

Starting play: Firstly, Players must be medically screened and deemed fit to play by a health professional, whether it is a Doctor, Qualified Sports Therapist or other. It is important to know whether the participant has had previous injuries, heart conditions or any other medical issues such as diabetes. Their fitness should be monitored carefully over the first 6 weeks as they try to increase their fitness as many of them will probably not have taken any regular exercise for several years and almost all will not have played football for a long time. This could be done with the use of heart monitors and by taking regular breaks from play and hydrating. The sessions should always follow a proper warm up protocol.

Surface: where possible the playing surface should ideally be a 3rd or 4th Generation Astroturf which has rubber crumb to cushion any falls. It should be

played within a marked playing area away from brick walls or metal cages which could injure anyone who collides with these immovable objects.

Walking Football is a semi- contact sport and not "non-contact" as reported on the internet. There will be tackling involved although if these "Safer Walking Football" rules are applied the game will be played with limited touches during passages of play. By playing 2 or 3 touch football this reduces the amount of tackling by 60% (study trials carried out by Hampshire FA). Shoulder barging or over physical robust challenges should be discouraged. This requires strong willed qualified referees to control the levels of physicality and we would recommend two referees for each competitive match with one on either touchline. Shin guards should be worn as a precaution in case of accidental clashes. Multi touch football encourages over physicality.

Walking football should be a six a side game. Five a side is too physically demanding and more than seven increases the chances of bad tackling and less controlled match play. The game is "Not" based on five a side football as most people misconceive but due to its aged participants the ball should remain below the height of the crossbar to lessen the incidents of head collisions. Most outdoor soccer centres now use goalposts around 6 feet in height. The match ball should be a size 4 football which with its reduced bounce will also lessen the chances of the ball being played too high and encourage a more fluent passing game

Walking: When one foot is in contact with the ground then biomechanically you are walking, both feet must leave the ground before you are classified as running. This is empirical peer reviewed classifications. S Ounpuu. (1994). the Biomechanics of Walking and Running. *Clinics in sports medicine*. 13 (4), 843-63.

The game can be played at a faster pace than people expect to see. Again, there are ridiculous statements on various websites about *"if the knees are bent you are running".* At present there are constant arguments in clubs up and down the land regarding who is running and who is not. The referee needs to be the judge on these parameters and must understand the biomechanical definition of Walking. It is not based on Olympic Walking rules as many would have you believe. Olympic walking rules require a straight leg when striking the ground which is an unacceptable risk in playing football due to leaving the leg susceptible to serious damage if external forces were applied.

One way of reducing the running during sessions is to introduce the "Blue card" system like Futsal, where running is punished by issuing a blue card and

when the team accumulate Five Blue cards, a penalty will be awarded against the offending team. Each subsequent blue card is a penalty award,

Physical Differences: The decision by the English FA to encourage all comers to compete together is a ludicrous and potentially very dangerous situation to police. Firstly, there should be different age categories to enable fair competition. We suggest over 50 and over 65 levels and Men and Women only teams. Unfortunately, the ill-advised clubs unregulated clubs are allowing 18-year olds to participate with the seventy-year olds by declaring because if the 18-year-old had a previous injury he is only as physically active as the seventy year olds. No one unless medically qualified can make this assessment and the responses and decision making of an 18-year-old are ultimately much quicker than an old age pensioner.

Older females should not be playing competitive football against men. It's normal for women to gradually lose bone density from the age of about 35. But after the menopause bone loss speeds up. Women can lose up to 20% of their bone density in the five to seven years after the menopause. This makes post-menopausal women more at risk of osteoporosis (weak bones) and fractures. Ethel S. Siris, MD; Paul D. Miller, et al, (2001). Identification and Fracture Outcomes of Undiagnosed Low Bone Mineral Density in Postmenopausal Women Results from the National Osteoporosis Risk Assessment. *The Journal of the American Medical Association*. 286 (22), 2815-2822
There are also worrying statistics regarding mortality levels after hip fractures, about 20% of people who fracture their hips are dead within a year and many of those who recover from hip fracture require additional assistance in daily living. *Quality of life related to fear of falling and hip fracture in older women BMJ 2000; 320:341*

The anatomy of female knees means the intercondylar notch is smaller than a male knee which could restrict the movement of the Anterior Cruciate ligament, this in addition to women having wider hips than men can affect the alignment of the knee causing Genu Valgum where the knees turn inward and puts extra stress on the ACL especially when turning. women’s knees tend to be more flexible than men’s, leaving them more prone to hyperextend the knee and put strain on surrounding muscles, tendons, and ligaments. This would leave the knee very vulnerable should an overweight unfit man land on it. Carrie DeVries. (2015). *Why Are Women at Greater Risk for ACL Injuries?* Available: www.sports-health.com.

Due to the physical differences it is therefore not advisable to play same sex football after all we do not see mixed volleyball or Netball matches due to the physical differences.

The issue is again down to people's own perception of what walking football is about. "Real walking football" is a safe competitive way of playing football which will obviously have levels of player's different abilities and skills. At the higher end we will have ex-players who still have the competitive streak and wish to try and win matches, although they do need reminded that they are more advanced in years and whilst the mind is willing the body is not as strong as it was in their heyday. There are also other people with little skill levels or ability who still want the social interaction and camaraderie amongst friends and they too are entitled to play their own even slower version of the game. These tend to be the clubs who have mixed sex football, with wives and children involved, but are also the clubs who complain that everyone else is not walking as they do not understand the biomechanical definition.

They obviously have a right to do whatever they see fit for their purpose, but the difference is comparable to playing Cricket at Lords against playing "Rounder's" in the back garden.

Every walking football club in the UK and further afield need to have a look at the safety and structure of their own club and realise the dangers that they are gambling with each time they enter the field of play. In November 2017 there were four reported Heart attacks playing walking football, three people died and the one who survived was the only one with direct access to a Defibrillator. There are significant risks that are being ignored and someone must regulate this rapidly growing International new sport before it is too late.

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