



Minutes Per Game and Usage Rate Associated with Time Loss after Ankle Injury

A Characterization of Foot and Ankle Injuries and Associated Risk Factors in National Basketball Association Athletes

Sailesh V Tummala MD¹, Landon Morikawa MA², Joseph Brinkman MD¹, Tom J Crijns MD¹, Neeraj Vij BS³, Vikram Gill BS¹, Todd A. Kile¹, Karan Patel MD¹, Anikar Chhabra MD MS¹

¹Department of Orthopaedic Surgery, Mayo Clinic, Phoenix, AZ ² John A. Burns School of Medicine, University of Hawai'i, Honolulu, HI ³Phoenix Children's Hospital, Phoenix, AZ

DISCLOSURES

• The authors' have no relevant disclosures

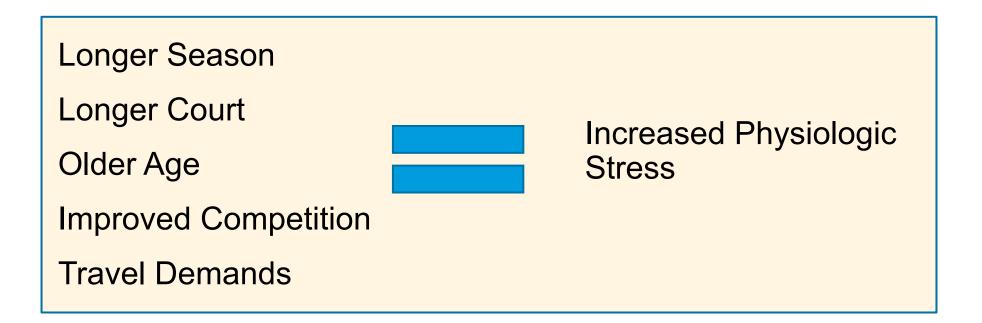
BACKGROUND

- Ankle injuries are among the most common in high school, collegiate and professional basketball players
- Limited evidence regarding the frequency and risk factors of ankle injuries among modern NBA Athletes



WHY IS THIS IMPORTANT?

• NBA players have a unique risk profile for injury





PURPOSE



Marcio Jose Sanchez | AP Photo

- To <u>characterize</u> ankle injuries in NBA players
- To identify <u>specific risk factors</u> associated with structural ankle injury and games missed in NBA players
 - 2015-2020 seasons



METHODS

- Publicly available player records of all NBA players from 2015-2020 seasons
 - Pro Sports Transactions was used to identified all active players with knee injuries missing >1 game
 - Each injury event verified using The Sports Network, Rotowire and Basketball-Reference
- 2019 season excluded due to abrupt suspension due to COVID pandemic











VARIABLES COLLECTED

- Player Demographics
- Position

MAYO CLINIC

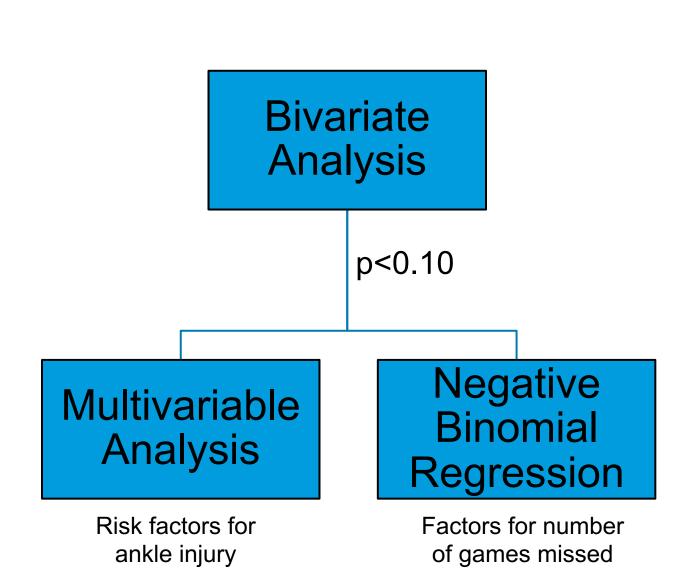
- Anthropometric measurements
- Injury Characteristics as reported
- History of other lower extremity injuries
- General Basketball Statistics
- Advanced statistics included:
 - Player Efficiency Rating (PER)
 - True Shooting Percentage (TS%)
 - Usage Rage (USG)



NBA Media Ventures, LLC

STATISTICAL ANALYSIS

- Descriptive Statistics
 - Injury events evaluated by type, position, age, and games lost
 - Reported per 1000 game exposures
- Advanced Statistics
 - Bivariate Analysis
 - Player demographics, basketball statistics, and a history of other lower extremity injuries
 - All variables with p<0.10 moved to multivariable regression and negative binomial analysis
 - <u>Multivariable Regression Analysis</u>
 - Evaluated risk factors for ankle injury
 - Negative Binomial Regression
 - Evaluated factors associated with the increased number of games missed





RESULTS - EPIDEMIOLOGY

- 554 Ankle Injuries in 5 season cohort
 4.06 per 1000 GEs
- Sprain/Strain was common injury type
 3.71 per 1000 GEs
- Most ankle injuries were moderate in severity
 - Missed 2-10 Games
 - 2.22 per 1000 GEs

IABLE I								
Ankle Injury Totals and Incidences								
	No. of	Injury Incidence						
Injury Type	Injuries	(per 1000 GEs)						
Sprain/Strain	506	3.71						
Contusion	7	0.05						
Inflammation	8	0.06						
Ligament tear	2	0.01						
Plantar fasciitis	0	0.00						
Fracture	6	0.04						
Impingement	5	0.04						
Bone spurs	3	0.02						
Dislocation	1	0.01						
Management/Unspecified	16	0.12						
Total	554	4.06						

TARIE 1



RESULTS – LIKELIHOOD OF SUSTAINING AND ANKLE INJURY

- The *likelihood* of sustaining an ankle injury was significantly associated with:
 - Greater number of games played (p=0.029)
 - Previous injury to the hip, hamstrings or quadriceps (p=0.004)

Table 3. Multivariable logistic regression analysis of factors associated with having an ankle injury
among National Basketball Association (NBA) players.

	Odds Ratio (95% Confidence Interval)	Standard Error	<i>p</i> -value	Pseudo R ²
Variables	,			0.20
Followup duration (years)	1.5 (1.3 to 1.7)	0.10	<0.001	
Number of games played (<i>total</i>)	1.01 (1.00 to 1.02)	0.0048	0.029	
Minutes per game (total)	1.0 (0.96 to 1.1)	0.029	0.52	
Performance metrics				
Usage rate	1.0 (0.98 to 1.1)	0.027	0.28	
Player efficiency rating	0.99 (0.95 to 1.0)	0.023	0.73	
True shooting percentage	1.0 (0.99 to 1.0)	0.014	0.31	
Points per game	0.99 (0.90 to 1.1)	0.051	0.90	
Block percentage	1.0 (1.0 to 1.0)	0.0030	0.77	
Total rebound percentage	1.0 (0.92 to 1.2)	0.065	0.52	
Games missed due to injury	1.02 (1.00 to 1.04)	0.0099	0.023	
Other lower extremity injury†				
Foot	1.4 (0.91 to 2.2)	0.31	0.13	
Knee	0.80 (0.55 to 1.2)	0.16	0.27	
Calf or shin	0.86 (0.57 to 1.3)	0.18	0.45	
Hip, hamstring, or quadriceps	1.7 (1.2 to 2.4)	0.30	0.004	
* Bold indicates statistical signific †Not having a specific foot, calf/s reference standard.		ing/quadriceps	s injury was	used as a



RESULTS – RISK OF INCREASED LENGTH OF ABSENCE

- Increased *length of absence* due to ankle injury was associated with:
 - Greater height (p=0.019)
 - Minutes per game (p<0.001)
 - Usage rate (p=0.025)
 - Points per game (p=0.011)
 - Prior history of foot (p=0.003), ankle (p<0.001), and knee injuries (p<0.001)

Table 4. Multivariable negative binomial regression analysis of factors associated with the number of games missed due to ankle injury among National Basketball Association (NBA) players.

	Regression Coefficient (95% Confidence Interval)	Standard Error	<i>p</i> -value	Pseudo R ²		
Variables				0.024		
Height (<i>meters</i>)	2.3 (0.37 to 4.2)	0.97	0.019			
Weight (<i>kilograms</i>)	0.010 (-0.0024 to 0.023)	0.0065	0.11			
Years of experience	0.057 (-0.018 to 0.030)	0.012	0.64			
Followup duration (years)	-0.094 (-0.17 to -0.014)	0.041	0.021			
Minutes per game (total)	0.072 (0.038 to 0.11)	0.017	<0.001			
Performance metrics						
Usage rate	0.031 (0.0039 to 0.058)	0.014	0.025			
Player efficiency rating	-0.0089 (-0.036 to 0.018)	0.014	0.52			
True shooting percentage	0.012 (-0.0020 to 0.026)	0.0071	0.095			
Points per game	-0.076 (-0.13 to -0.017) -0.0018 (-0.0056 to	0.030	0.011			
Block percentage	0.0019)	0.0019	0.35			
Total rebound percentage	-0.096 (-0.19 to -0.0058)	0.046	0.037			
Lower extremity injury						
Foot	0.42 (0.15 to 0.69)	0.14	0.003			
Ankle	0.40 (0.20 to 0.60)	0.10	<0.001			
Calf or shin	0.14 (-0.11 to 0.38)	0.13	0.28			
Hip, hamstring, or quadriceps	0.22 (-0.0014 to 0.44)	0.11	0.052			
Knee	0.68 (0.45 to 0.92)	0.12	<0.001			
* Bold indicates statistical significance, <i>p</i> <0.05.						



CONCLUSIONS/LIMITATIONS

- The incidence of ankle injuries was 4.06 per 1000 GEs in professional basketball players
- Games played and previous history of hip, hamstrings or quadriceps injuries were found to be risk factors for ankle injuries
- Factors associated with *physiologic burden* such as minutes per game and usage rate were associated with an increased time loss after injury

<u>Limitations</u>

- Injuries identified limited to those reported in media
 - Minor injuries may have been underreported
- Injuries could not be confirmed with official medical records
- Offseason and Practice Injuries not quantified



REFERENCES

- 1. Allahabadi S, Su F, Lansdown DA. Systematic Review of Orthopaedic and Sports Medicine Injuries and Treatment Outcomes in Women's National Basketball Association and National Basketball Association Players. Orthop J Sports Med. 2021;9(2):2325967120982076.

2. Andreoli CV, Chiaramonti BC, Biruel E, Pochini A de C, Ejnisman B, Cohen M. Epidemiology of sports injuries in basketball: integrative systematic review. *BMJ Open Sport Exerc Med.* 2018;4(1):e000468.
 3. Belk JW, Marshall HA, McCarty EC, Kraeutler MJ. The Effect of Regular-Season Rest on Playoff Performance Among Players in the National Basketball Association. *Orthopaedic Journal of Sports Medicine*. 2017;5(10):2325967117729798.
 4. Borowski LA, Yard EE, Fields SK, Comstock RD. The epidemiology of US high school basketball injuries, 2005-2007. *Am J*

Sports Med. 2008;36(12):2328-2335.

Sports Med. 2008;36(12):2328-2335.
 5. Bullock GS, Ferguson T, Vaughan J, Gillespie D, Collins G, Kluzek S, Temporal Trends and Severity in Injury and Illness Incidence in the National Basketball Association Over 11 Seasons. Orthop J Sports Med. 2021;9(6):23259671211004096.
 6. Chauhan A, Stotts J, Ayeni OR, Khan M. Return to play, performance, and value of National Basketball Association players following Achilles tendon rupture. Phys Sportsmed. 2021;49(3):271-277.
 7. Chilvers M, Manoli A. The Subtle Cavus Foot and Association with Ankle Instability and Lateral Foot Overload. Foot and Ankle Charles and

Clinics. 2008;13(2):315-324.

8. Cumps E, Verhagen E, Meeusen R. Prospective Epidemiological Study of Basketball Injuries During One Competitive Season: Ankle Sprams and Overuse Knee Injuries. J Sports Sci Med. 2007;6(2):204-211.
 9. Deitch JR, Starkey C, Walters SL, Mośeley JB. Injury risk in professional basketball players: a comparison of Women's National Basketball Association and National Basketball Association anthletes. Am J Sports Med. 2006;34(7):1077-1083.
 10. Dick R, Hertel J, Agel J, Grossman J, Marshall SW. Descriptive Epidemiology of Collegiate Men's Basketball Injuries: National Collegiate Athletic Association Injury Surveillance System, 1988–1989 Through 2003–2004. J Athl Train. 2007;42(2):194-201.
 11. Dizon JMR, Reyes JJB. A systematic review on the effectiveness of external ankle supports in the prevention of inversion ankle surveing emong adjust and recention players. J Sci Med Sport 2010;13(2):309-317.

sprains among elite and recreational players. J Sci Med Sport. 2010;13(3):309-317.

12. Drakos MC, Domb B, Starkey C, Callahan L, Allen AA. Injury in the National Basketball Association. Sports Health. 2010;2(4):284-290.

13. Els E, Schröter R, Schröder M, Gerss J, Rosenbaum D. Multistation proprioceptive exercise program prevents ankle injuries in basketball. *Med Sci Sports Exerc.* 2010;42(11):2098-2105.
 14. Emery C, Tyreman H. Sport participation, sport injury, risk factors and sport safety practices in Calgary and area junior high schools. *Paediatr Child Health.* 2009;14(7):439-444.
 15. Farwell KE, Powden CJ, Powell MR, McCarty CW, Hoch MC. The effectiveness of prophylactic ankle braces in reducing the sport and sp

incidence of acute ankle injuries in adolescent athletes: a critically appraised topic. *J Sport Rehabil.* 2013;22(2):137-142. 16. Herzog MM, Mack CD, Dreyer NA, et al. Ankle Sprains in the National Basketball Association, 2013-2014 Through 2016-

2017. Am J Sports Med. 2019;47(11):2651-2658.

17. Hollinger: What is PER? UPDATED. ESPN.com.
 18. Hubbard TJ, Hicks-Little CA. Ankle Ligament Healing After an Acute Ankle Sprain: An Evidence-Based Approach. J Athl Train. 2008;43(5):523-529.

19. Jildch TR, Meta F, Young J, et al. Concussion Is Associated With Increased Odds of Acute Lower-Extremity Musculoskeletal Injury Among National Basketball Association Players. *Arthrosc Sports Med Rehabil*. 2020;3(1):e219-e225.
 20. Klein J, Höher J, Tiling T. Comparative study of therapies for fibular ligament rupture of the lateral ankle joint in competitive basketball players. *Foot Ankle*. 1993;14(6):320-324.

21. Larsen J, Burzotta J, Bruzetti V. Ankle dislocation without fracture in a young athlete. J Foot Ankle Surg. 1998;37(4):334-338.
 22. Leanderson J, Wykman A, Eriksson E. Ankle sprain and postural sway in basketball players. Knee Surg, Sports traumatol, Arthroscopy. 1993;1(3-4):203-205.
 23. Leanberwood WE, Dragoo JL. Effect of airline travel on performance: a review of the literature. Br J Sports Med.

2013:47(9):561-567.
24. Lewis M. It's a Hard-Knock Life: Game Load, Fatigue, and Injury Risk in the National Basketball Association. J Athl Train. 2018;53(5):503-509.

25. Lytle JB, Parikh KB, Tarakemeh A, Vopat BG, Mulcahey MK. Epidemiology of Foot and Ankle Injuries in NCAA Jumping Athletes in the United States During 2009-2014. Orthop J Sports Med. 2021;9(4):2325967121998052

• 26. McHill AW, Chinoy ED. Utilizing the National Basketball Association's COVID-19 restart "bubble" to uncover the impact of travel and circadian disruption on athletic performance. Sci Rep. 2020;10(1):21827.
 27. McInnes SE, Carlson JS, Jones CJ, McKenna MJ. The physiological load imposed on basketball players

during competition. J Sports Sci. 1995;13(5):387-397.

• 28. McKay GD, Goldie PA, Payne WR, Oakes BW. Ankle injuries in basketball: injury rate and risk factors. *Br J Sports Med.* 2001;35(2):103-108.

- 29. Meeuwisse WH, Sellmer R, Hagel BE. Rates and risks of injury during intercollegiate basketball. *Am J Sports Med.* 2003;31(3):379-385.
- 30. Messina DF, Farney WC, DeLee JC. The incidence of injury in Texas high school basketball. A prospective study among male and female athletes. *Am J Sports Med.* 1999;27(3):294-299.
- 31. Morse KW, Hearns KA, Carlson MG. Return to Play After Forearm and Hand Injuries in the National Basketball Association. *Orthop J Sports Med.* 2017;5(2):2325967117690002.
 32. Nelson AJ, Collins CL, Yard EE, Fields SK, Comstock RD. Ankle Injuries Among United States High

School Sports Athletes, 2005–2006. J Athl Train. 2007;42(3):381-387.
33. Newman JS, Newberg AH. Basketball injuries. Radiol Clin North Am. 2010;48(6):1095-1111.
34. O'Malley M, DeSandis B, Allen A, Levitsky M, O'Malley Q, Williams R. Operative Treatment of Fifth Metatarsal Jones Fractures (Zones II and III) in the NBA. Foot Ankle Int. 2016;37(5):488-500.

35. Riva D, Bianchi R, Rocca F, Mamo C. Proprioceptive Training and Injury Prevention in a Professional Men's Basketball Team: A Six-Year Prospective Study. J Strength Cond Res. 2016;30(2):461-475.

36. Smith RW, Reischl SF. Treatment of ankle sprains in young athletes. Am J Sports Med. 1986;14(6):465-

30. Smith Kw, Keisen Sr. Treatment of ankle sprans in young analysis of points in young analysis of the points of the points in young analysis of the points of t

Associated Risk Factors in National Basketball Association Athletes. ASMAR. 2022;0(0).

• 41. Verhagen E a. LM, Bay K. Optimising ankle sprain prevention: a critical review and practical appraisal of the literature. *Br J Sports Med.* 2010;44(15):1082-1088.

 42. Verrelst R, Van Tiggelen D, De Ridder R, Witvrouw E. Kinematic chain-related risk factors in the development of lower extremity injuries in women: A prospective study. Scandinavian Journal of Medicine & Science in Sports. 2018;28(2):696-703.
 43. Zwiers R, Vuurberg G, Blankevoort L, Kerkhoffs GMMJ. Taping and bracing in the prevention of ankle

sprains: current concepts. Journal of ISAKOS, 2016;1(6):304-310.