



Koronuspæl

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Physical activity and coronavirus diseases recommendations for home-based phys

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ABSTRACT

The novel coronavirus disease 2019 (COVID-19) seems to b impact on physical activity behaviours globally. The panc many people around the world to stay at home and self-isi of time. WHO recommends 60 min/day of moderate-to activity for 6–17-yr-olds, and 75 min/wk of vigorous or moderate physical activity for adults and elderly, including respectively, with muscle and bone strengthe recommendations for staying active at home, with aerobic on a bike or rowing ergometer, bodyweight training, dance gaming, can aid to counteract the detrimental physical effects of the COVID-19 protective lifestyle regulations. provides useful information on home-based physical activ people across the lifespan, including children and adolesce undertaken during the present pandemic or other outbre disease.



Position statement of the Royal Spanish Football Federation for the resumption of football activities after the COVID-19 pandemic (June 2020)

Helena Herrero-Gonzalez,¹ Rafael Martín-Acero,² Juan Del Coso ³, Carlos Lalín-Novoa,⁴ Rafel Pol,⁵ Pilar Martín-Escudero,⁶ Ana Isabel De la Torre,⁷ Christopher Hughes,⁴ Magni Mohr,^{8,9} Francisco Biosca,¹⁰ Rafael Ramos⁷

On 11 March 2020, the WHO declared COVID-19, an infection produced by the virus SARS-CoV-2 with a wide range of symptoms ranging from mild symptoms to severe illness, as a pandemic.¹ The health authorities and governments of several countries declared confinement measures to decelerate the propagation of the disease, which resulted in sport training and competition being suspended. Professional athletes have been unable to train as usual during home confinement, and it is thought that they will have to return to sports competition in most countries once the risk of infection has been adequately reduced.

TASK FORCE TO DEVELOP GUIDELINES

On 20 March 2020, the Royal Spanish Football Federation created a task force, composed of sport physicians, sport scientists, and strength and conditioning coaches to constitute guidelines in order to resume football activities after the COVID-19 pandemic. This task force established a framework based on scientific

evidence to reduce health risks on the return to competition while fostering players' fitness levels from the resumption of training activities for the teams prior to the first official competition.

The framework encompasses guidelines at three levels: (1) clinical measures to assess player's health status after the confinement and procedures to reduce the probability of COVID-19 infection during training and competition, (2) training recommendations to develop strategies for injury prevention and physiological readaptation, and (3) proposal for the competition calendar and allowance of changes of in-game regulations. The aim of this editorial is to make these recommendations public since they may contribute to guideline development by other sporting bodies that are also managing players' return to training and competition.

To minimise health risks and to ensure equality of competition, the task force recommends that football training and competition must only be resumed once the pandemic has been controlled and the country stabilised.¹ The clinical initiatives to avoid COVID-19 infection must be applicable to players, staff and all personnel that participate in the organisation of training and competition. Regarding the recommendations for players, football training must be initiated without any associated health-related issues for players to reach their maximum performance. To achieve this objective, on the first day when players are permitted to attend to teams' training facilities, the medical personnel should conduct a medical examination. This should include recording recent medical history and a precompetition medical assessment, including body temperature recording, blood analysis, and respiratory and cardiovascular screening² (online supplementary material 1).

COVID-19 antigen testing is recommended to detect viral RNA by swab testing and polymerase chain reaction (PCR) in all players.³ In the case of a positive COVID-19 test, the players should be quarantined at home and the medical staff should perform a close medical follow-up. Serology testing is also recommended to confirm immune protection for those who were tested positive for COVID-19 or for those who had suspicious symptoms of the disease within the previous 14 days.⁴ A daily monitoring of symptoms related to COVID-19 should be implemented for all players, staff and team personnel, and PRC or serology testing should be repeated on a weekly basis.

After the football players have been satisfactorily assessed by the medical staff, they will be able to resume training routines with the team, following wide-ranging hygiene protocols. Players should be informed that confinement and its detraining outcomes may have reduced their ability to perform high-intensity exertions over time. Moreover, they should pay greater attention than usual to workload, perception of exertion, and signs and symptoms of injury.⁵

The task force recommends a two-phase mesocycle for the first 4 weeks of training: initially, a short retraining phase followed by a football-specific performance phase. The retraining phase should begin with a basic but broad-spectrum assessment of players' physical condition (power, endurance, joint mobility and body composition). The football-specific tests should be the foundation for development of strategies for injury prevention and physical readaptation of players. Due to the large differences in training routines performed during the confinement, this phase should be individualised, particularly for those players who have tested positive for COVID-19 during confinement or for those who have suspicious symptoms.

Once the intended outcomes of the retraining phase have been achieved, players should be advanced towards a football-specific performance phase, including specific objectives of power, endurance, high-intensity intermittent exercise capacity and speed. It is highly important that players are progressively exposed to training games during this phase. Online supplementary material 2 contains the main aims, the organisation and types of exercises recommended for each phase, and references for optimal load management during each training phase.

The task force proposal for the competition calendar and allowance of alterations of in-game regulations includes a minimum

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COVID-19 lockdown

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nditions for competitive football etitions and leagues have been tly been forced to training in ining in small groups with strict play might occur after only few These special circumstances are d injury risk in the upcoming dical staff, as well as players are d performance, which easily can esent article presents views on overy during these uncommon n return to the competitive field ours around the world. Due to elite football, the long recovery ming reality with many games managers and clubs may face turn to play under the current

KEYWORDS

Fitness training;
performance; fatigue;
recovery; testing; injury;
soccer

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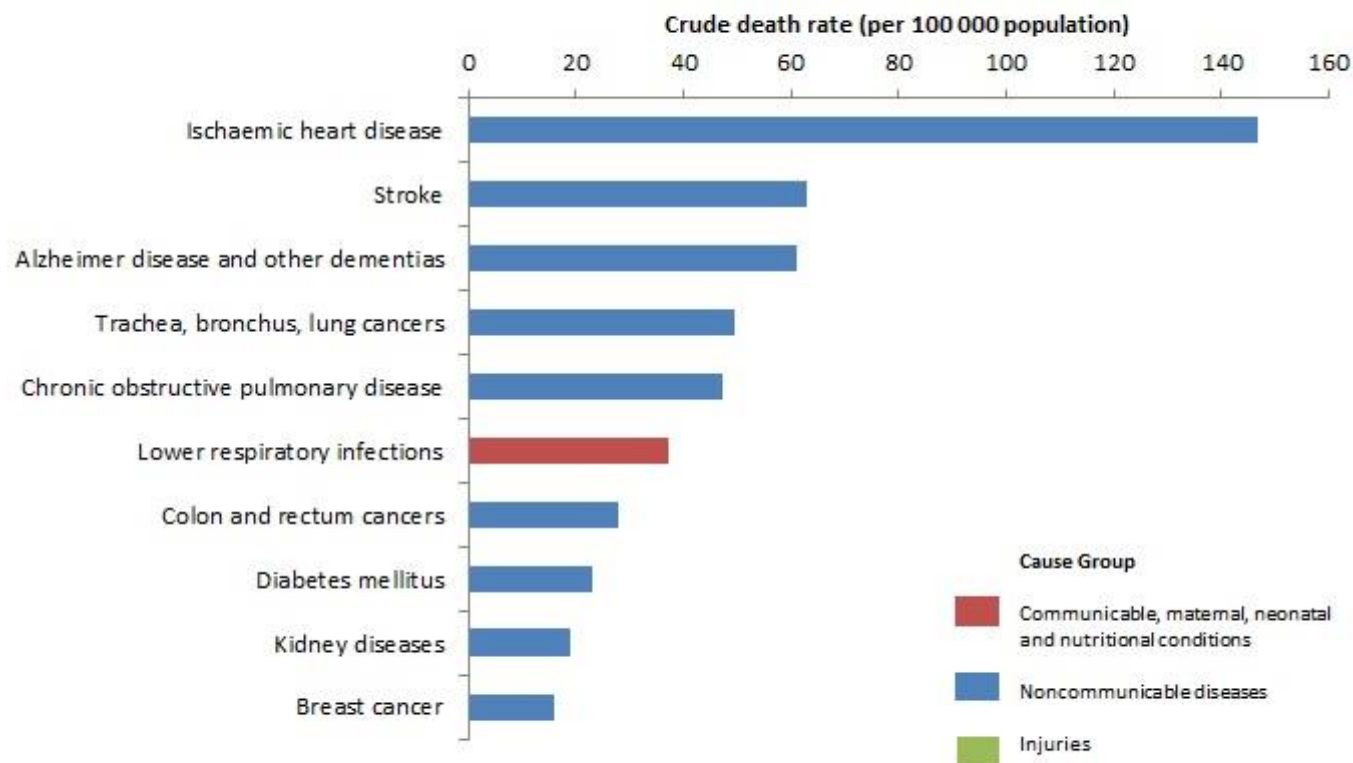
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Deyðsorsøkir í ríkum londum - WHO

Top 10 causes of deaths
in high-income countries in 2016



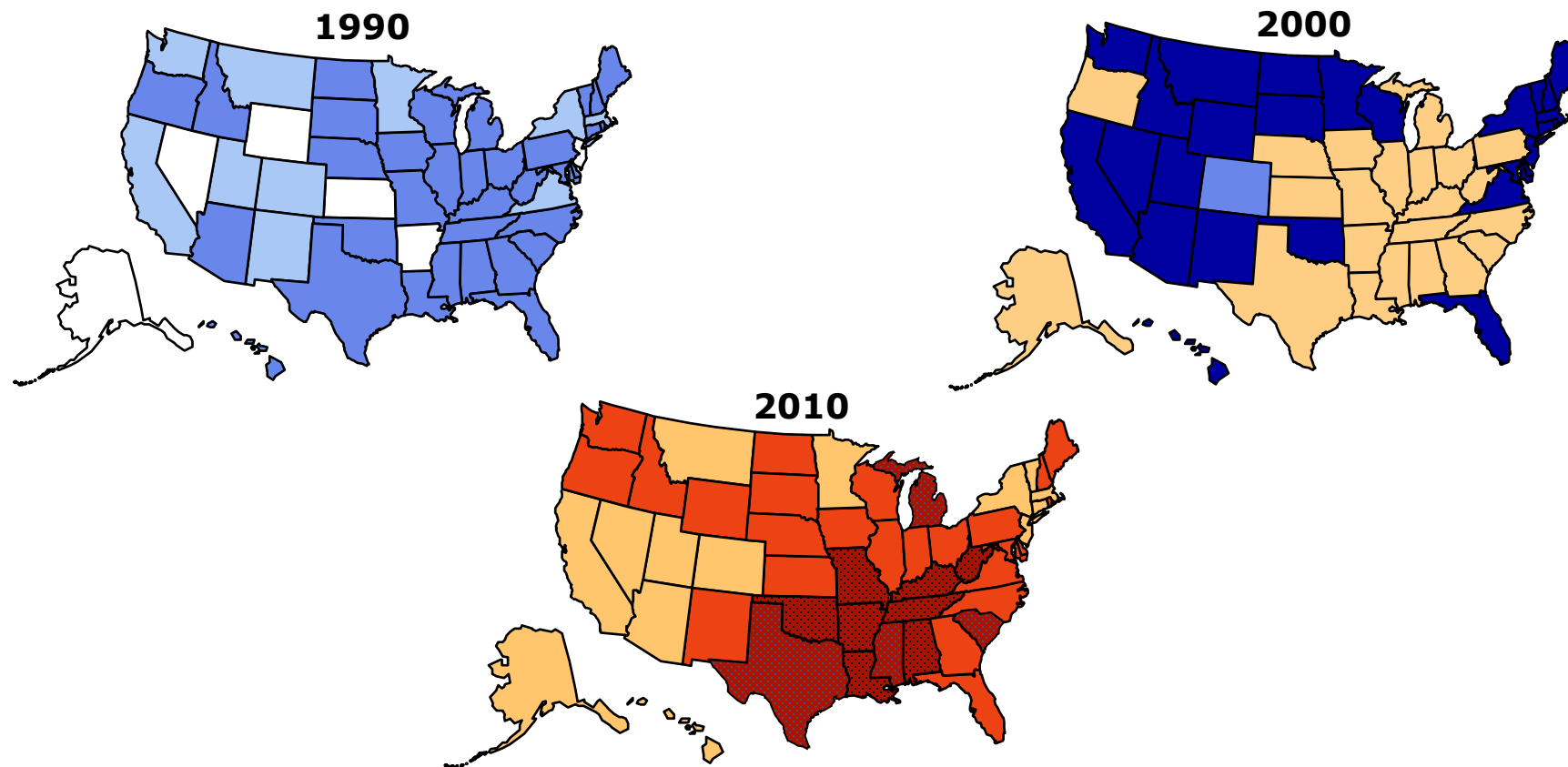
Source: Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018.
World Bank list of economies (June 2017). Washington, DC: The World Bank Group; 2017 (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906319-world-bank-country-and-lending-groups>).



Obesity Trends* Among U.S. Adults

BRFSS, 1990, 2000, 2010

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



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Fólkaheilsuráðið



SDU

Football and Health research 2003-2020

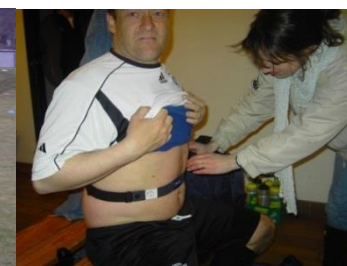
Homeless men

FC Zulu

Low-level seniors

Masters

Pilot studies
2003-2006



20-40-yr men

20-45-yr women

50-60-yr m/w

60-75-yr men

60-70-yr women

7-12-yr girls, boys

RCTs on prevention
2006-2019



Hypertensive men
T2 diabetic men

T2D women

Hypertensive women

FC Prostate

Football Fitness
ABC

RCTs on treatment
2010-2020



Evidence-based sports concepts

Handball Fitness



Football Fitness



FIT FIRST



FIFA 11 for Health in Europe



Football Fitness ABC



FC Prostate Community



Floorball Fitness



Streetfootball for homeless



Osteo-gym



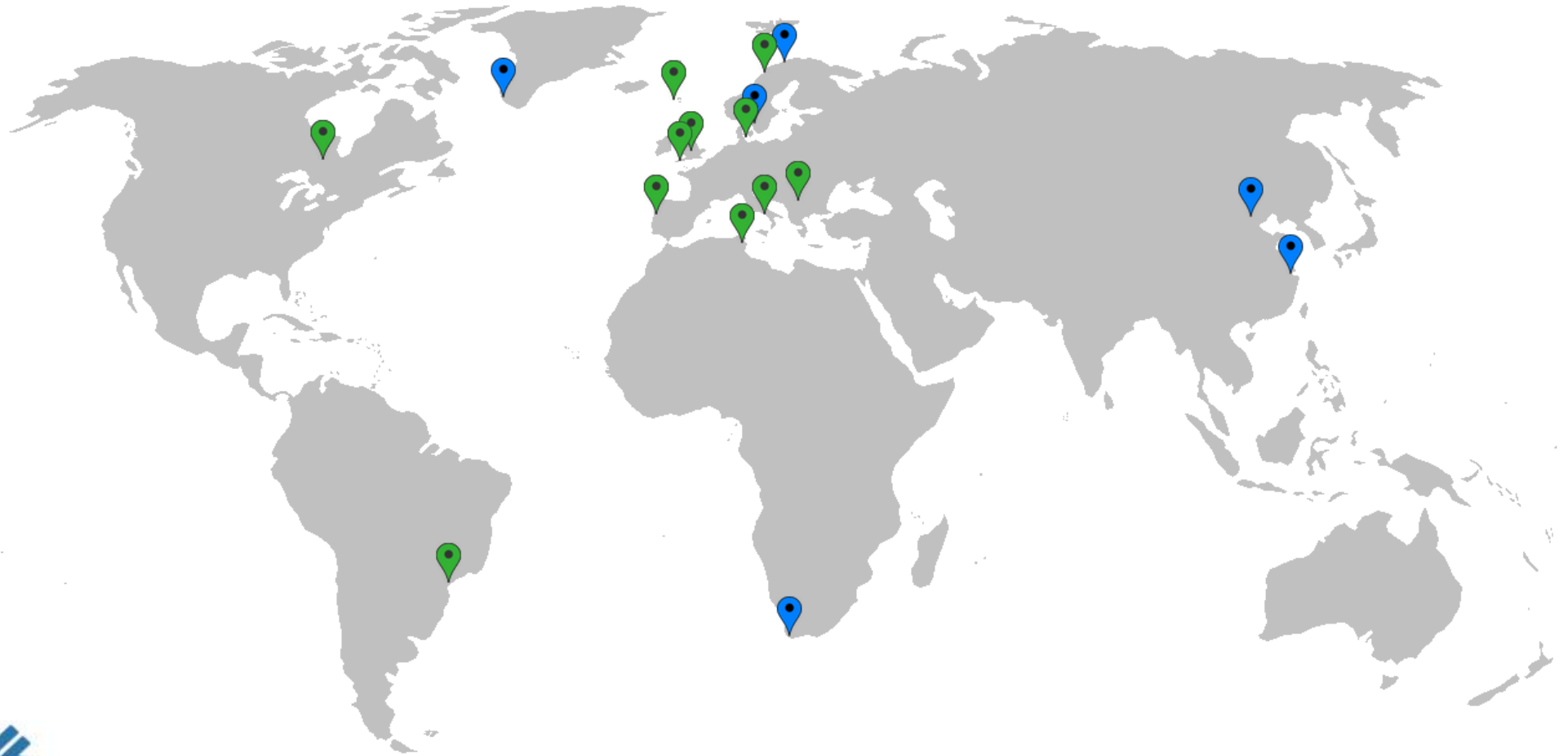
Ball games on prescription



Basketball Fitness

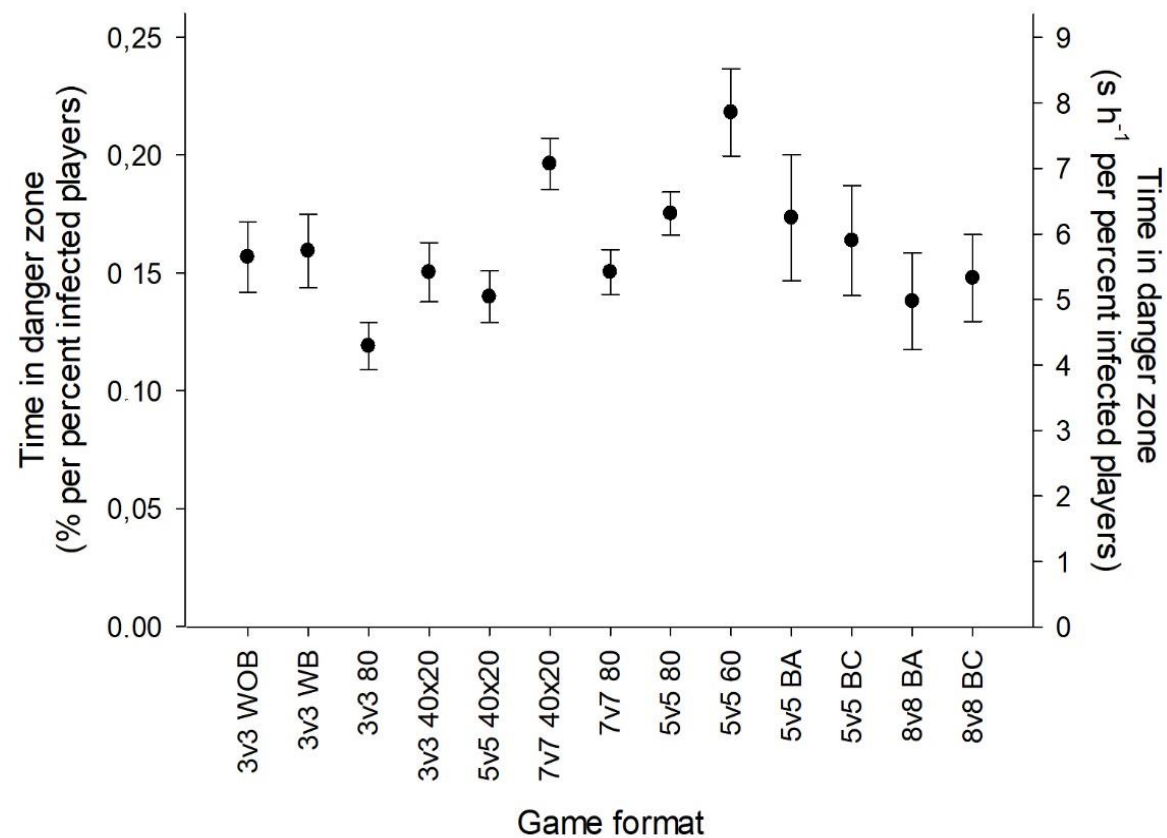


Football Fitness – research and implementation

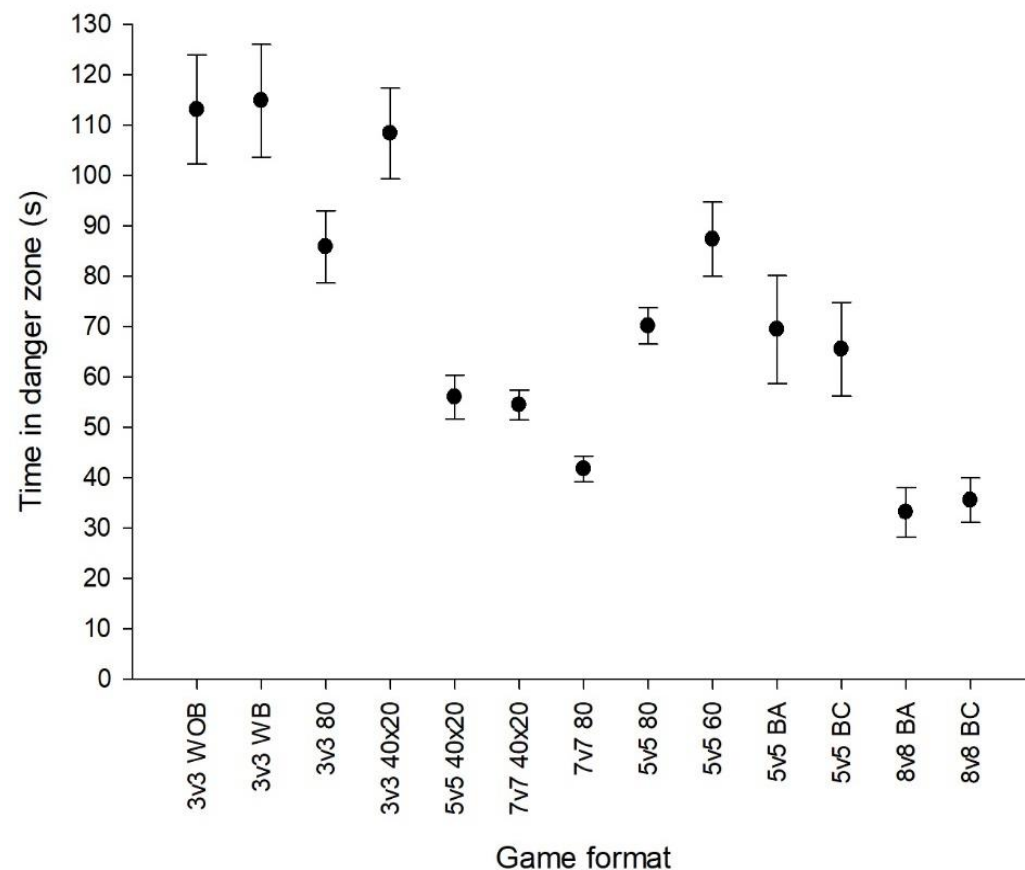


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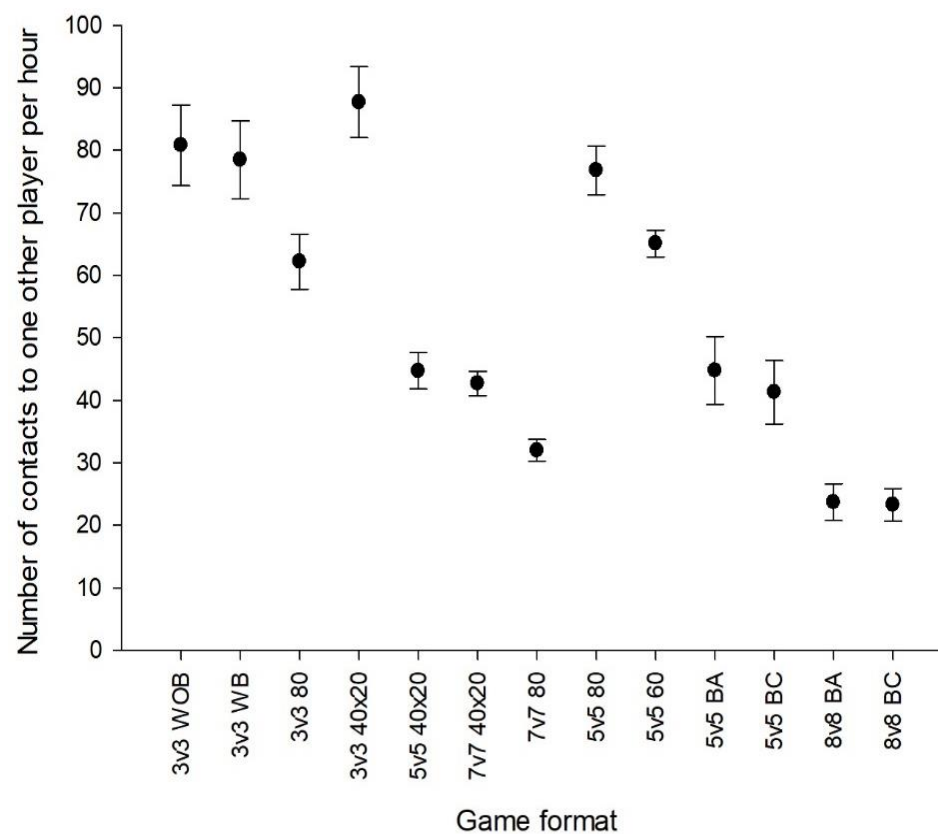
Tíð í vandastøðu (danger zone) undir ymiskum spølum



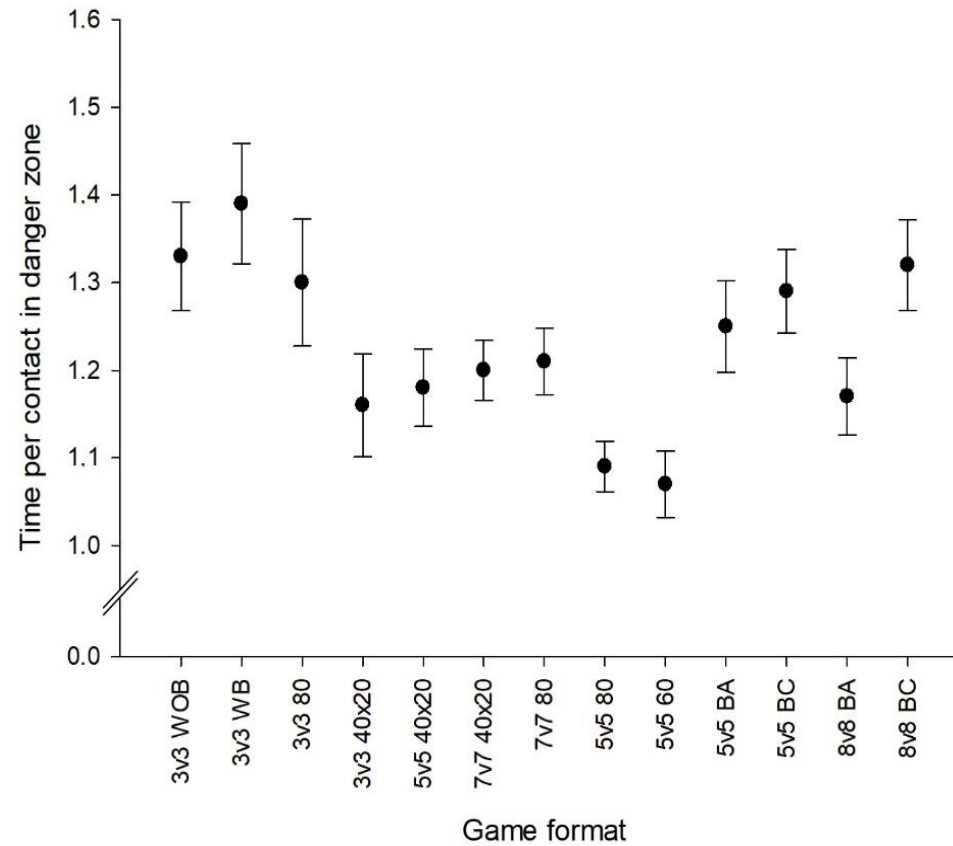
Tíð í vandastøðu (danger zone) undir ymiskum spølum



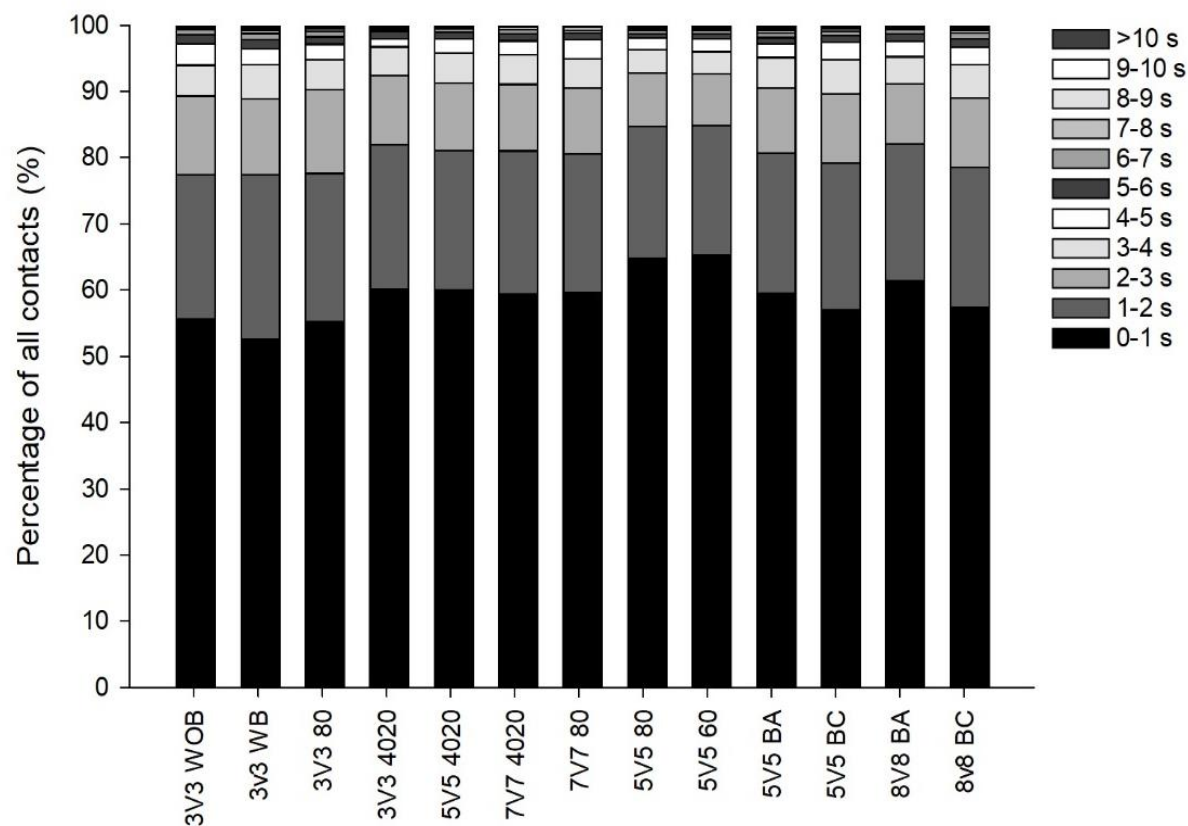
Tal á kropskontaktum undir ymiskum spølum



Kropskontaktíð undir ymiskum spølum



Tal á kropskontaktum undir ymiskum fótbóltsþølum



Ymisk sløg av venjing – trygt koronaspæl

- **The Faroe Islands COVID-19 recreational football study: Player-to-player distance, body-to-body contact, body-to-ball contact and exercise intensity during various types of football training for both genders and various age groups**
-
- Magni Mohr, Tórur Sjúrðason, Eli Leifson Nólsoe, Morten B Randers, Nikolas Sten Knudsen, Manuel Mounir Demetry Thomasen, Jeppe Panduro, Malte Nejst Larsen, Thomas B. Andersen, and Peter Krstrup



Samanbering av ymiskum fótbóltsvenjingum og “korona-spæli”



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Mohr et al., 2020

	Average all participant groups (n=98)			
	CMT	SSG	SMP	Total average
Players (n)	17	17	17	17
Time (min)	20	20	20	60
Total player-to-player touches	0	107	47	156
%front-to-front	0% (0)	9% (9.8)	9% (4.1)	9% (13.9)
Player-to-player touches/player	0	6.2	2.7	9.0
Player-to-player touches/player/hour	0	18.8	8.3	9.0
Front-to-front touches/player/hour	0	1.6	1.0	0.9
Body-to-ball touches	0	22.5	22.3	44.9
Headers	0	5.3	4.5	9.8
Ball-to-hand	0	14.5	16.4	30.9
Body-to-ball touches/player	0	1.3	1.3	3.9
Body-to-ball touches/player/hour	0	4.4	4.0	2.8
Headers/player/hour	0	1.0	0.7	0.6
Ball-to-hand/player/hour	0	2.9	3.1	2.0
Player-to-player touches/player/minute	0	0.31	0.14	0.15
Front-to-front touches/player/minute	0	0.03	0.02	0.01

Niðurstøða

- Fótþóltsspæl kann ikki bólkast sum kontaktítrótt, men sum tilvildarligt (sporadískt) kontaktsþæl.
- Um ein spælari er smittaður við COVID-19 eru leikararnir í “danger zone” økinum í 85 sekund í vanligum fótþóltsdysti.
- Um ein spælari er smittaður við COVID-19 í smáspølum (3v3-8v8) er tíðin í “danger zone 30-110 sekund (hægst við 3v3).
- Tað er 20-80 kropsskontaktir í smáspølum, har 60 og 80% er ávikavíst styttri enn 1 og 2 sekund.
- “Korona-spæl” er munandi tryggari enn vanligt spæl og teknisk smáspøl.
- Fótþóltssvenjing er lutfalsliga trygg kropslig venjing undir koronu pandemiini, serstakliga um hon verður skipað sum “koronasþæl”.

Takk fyri



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