



Youth Sport Specialization, training volume, and injury history. Associations with balance, strength, and movement patterns

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Project "The Science of Healthy Sport for Children and Youth"

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Methods

- **Custom-Designed Personal Questionnaire and Interviews, Including:**

Injury history (number, type, and location)

Training-related information (volume)

Sport experience

Age of initiation in the main sport

- **Sport Specialization Scale** based on the **DELPHI Consensus** (Bell et al., 2021; Jayanthi et al., 2018)

Have you ever quit another sport to focus on your main sport?	Is your main sport significantly more important to you than other sports?	Do you train in your main sport for more than 8 months in a year?
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Variables	Total (n=235)	Specialisation		
		Low (n=38)	Moderate (n=125)	High (n=72)
Sex				
Boys	142 (60%)	22 (58%)	76 (61%)	44 (61%)
Girls	93 (40%)	16 (42%)	49 (39%)	28 (39%)
Age	12.33 (1.83)	10.96 (1.84)	12.53 (1.81)	12.72 (1.53)
Experience in main sport	4.85 (2.58)	3.81 (2.43)	5.30 (2.57)	4.62 (2.50)
Weekly training volume main sport	8.96 (4.21)	6.37 (4.46)	9.34 (4.06)	9.66 (3.88)
Weekly training volume all sports	11.50 (4.69)	8.25 (5.39)	11.86 (4.08)	12.61 (4.61)
Geographical Factor				
Urban	185 (79%)	35 (92%)	100 (80%)	50 (69%)
Rural	50 (21%)	3 (8%)	25 (20%)	22 (31%)
Dominant Extremity				
Right	200 (85%)	34 (89%)	107 (86%)	59 (82%)
Left	35 (15%)	4 (11%)	18 (14%)	13 (18%)
InjuryHistory				
Yes	86 (37%)	9 (24%)	50 (40%)	27 (38%)
No	149 (63%)	29 (76%)	75 (60%)	45 (62%)
InjuryHistory>1				
Yes	11 (5%)	0 (0%)	9 (7%)	2 (3%)
No	224 (95%)	38 (100%)	116 (93%)	70 (97%)

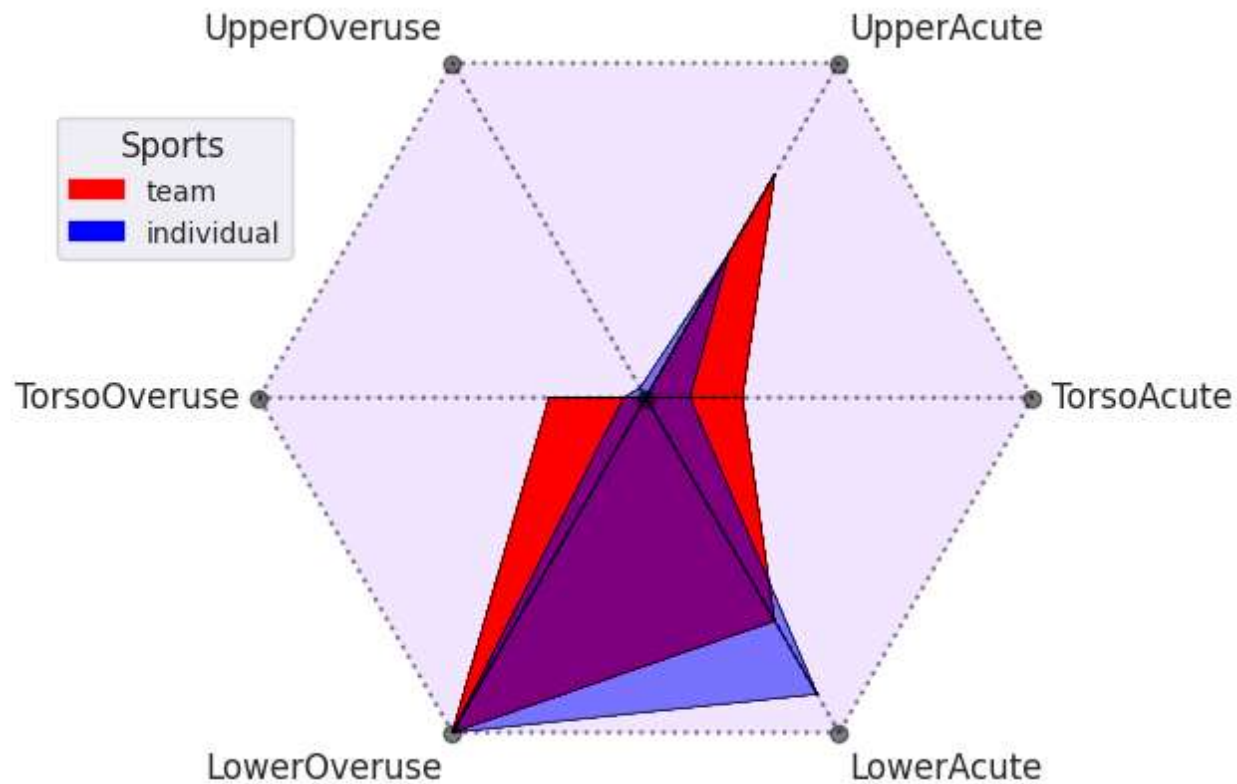
Asymmetry index 1	Low	Moderate	High	p-value
ANT _{YBT}	4.94 (9.04)	4.24 (5.42)	4.40 (4.88)	.866
PM _{YBT}	3.19 (5.81)	3.99 (6.42)	4.02 (3.01)	.638
PL _{YBT}	2.92 (4.65)	3.79 (5.04)	4.60 (5.43)	.494
COMP _{YBT}	2.26 (6.15)	2.81 (3.88)	2.73 (3.01)	.748
HAbd _{HHD}	1.69 (2.68)	1.99 (2.43)	1.61 (2.12)	.571
KF _{HHD}	6.54 (10.56)	7.02 (7.92)	6.03 (10.32)	.967
KE _{HHD}	2.70 (4.41)	4.02 (4.58)	4.16 (5.60)	.389
AP _{HHD}	14.04 (15.74)	9.68 (16.68)	9.84 (13.96)	.526
Asymmetry Index-9				
ANT _{YBT}	-1.03 (9.77)	-1.94 (8.42)	3.22 (10.52)	.0485* ^
PM _{YBT}	-2.98 (8.73)	0.55 (5.82)	-1.64 (5.89)	.066
PL _{YBT}	-0.26 (5.24)	1.02 (6.26)	0.48 (6.33)	.725
COMP _{YBT}	-0.23 (6.96)	0.61 (4.77)	-0.26 (4.05)	.678
HAbd _{HHD}	-3.07 (14.72)	1.43 (13.25)	-0.52 (13.26)	.319
KF _{HHD}	5.61 (13.18)	3.83 (12.76)	4.37 (14.12)	.844
KE _{HHD}	1.52 (11.67)	3.10 (14.36)	1.80 (16.64)	.706
AP _{HHD}	6.13 (18.29)	6.16 (13.82)	3.19 (16.58)	.502

$$Index\ 1 = \frac{B}{A} \cdot 100(1)$$

$$Index\ 9 = \frac{(A - B)}{\max(A, B)} \cdot 100(2)$$

	Dominant Extremity				Non-Dominant Extremity			
	Training volume main		Training volume all		Training volume main		Training volume all	
YBT (n=111)								
	r	r ²	r	r ²	r	r ²	r	r ²
ANT	-.118	-.109	-.024	-.023	-.159	-.118	-.130	-.019
PM	.050	.022	-.001	-.015	-.124	-.124	-.182	-.120
PL	-.030	-.008	-.086	-.036	.037	.051	-.013	-.015
COMP	-.059	-.051	-.070	-.037	-.191*	-.188*	-.175	-.153
HHD (n=173)								
HAbd	.212*	.183*	.131	.123	.040	.031	-.021	-.022
KE	-.001	-.028	.046	.025	.002	-.004	.089	.071
KF	.208*	.230*	.185*	.193*	.163*	.189*	.170*	.145
AP	-.004	-.006	.009	.004	.067	.086	.049	.075
FMS (n=111)								
	Training vol main				Training vol all			
Total score	.206*		.192*		.215*		.207*	

Table 3. Correlation analyses (Pearson and Spearman) between training volume (main and all sports) and sport performance divided into dominant and non-dominant limbs.



References

1. Corder, K. et al. Change in physical activity from adolescence to early adulthood: A systematic review and meta-analysis of longitudinal cohort studies. *British Journal of Sports Medicine* vol. 53 496–503 at <https://doi.org/10.1136/bjsports-2016-097330> (2019).
2. Horn, D. B., O'Neill, J. R., Pfeiffer, K. A., Dowda, M. & Pate, R. R. Predictors of physical activity in the transition after high school among young women. *J. Phys. Act. Heal.* 5, 275–285 (2008).
3. Rugg, C. M., Coughlan, M. J., Li, J. N., Hame, S. L. & Feeley, B. T. Early Sport Specialization Among Former National Collegiate Athletic Association Athletes: Trends, Scholarship Attainment, Injury, and Attrition. *Am. J. Sports Med.* 49, 1049–1058 (2021).
4. Post, E. G. et al. Association of Competition Volume, Club Sports, and Sport Specialization With Sex and Lower Extremity Injury History in High School Athletes. *Sports Health* 9, 518–523 (2017).
5. Pasulka, J., Jayanthi, N., McCann, A., Dugas, L. R. & LaBella, C. Specialization patterns across various youth sports and relationship to injury risk. *Phys. Sportsmed.* 45, 344–352 (2017).
6. Brenner, J. S., LaBotz, M., Sugimoto, D. & Straccioli, A. The psychosocial implications of sport specialization in pediatric athletes. *J. Athl. Train.* 54, 1021–1029 (2019).
7. Malina, R. M. Early Sport Specialization. *Curr. Sports Med. Rep.* 9, 364–371 (2010).
8. Santos, M. P., Gomes, H. & Mota, J. Physical activity and sedentary behaviors in adolescents. *Ann. Behav. Med.* 30, 21–24 (2005).
9. Farooq, A. et al. Failure to launch: Predictors of unfavourable physical activity and sedentary behaviour trajectories from childhood to adolescence: the gateshead millennium study. *Int. J. Environ. Res. Public Health* 18, (2021).
10. Kantomaa, M. T. et al. Suspected motor problems and low preference for active play in childhood are associated with physical inactivity and low fitness in adolescence. *PLoS One* 6, 21–25 (2011).
11. Fenton, S. A. M., Duda, J. L. & Barrett, T. Inter-participant variability in daily physical activity and sedentary time among male youth sport footballers: independent associations with indicators of adiposity and cardiorespiratory fitness. *J. Sports Sci.* 34, 239–251 (2016).
12. Watchman, T. & Spencer-Cavaliere, N. Times have changed: Parent perspectives on children's free play and sport. *Psychol. Sport Exerc.* 32, 102–112 (2017).
13. Barreiro, J. A. & Howard, R. Incorporating unstructured free play into organized sports. *Strength Cond. J.* 39, 11–19 (2017).
14. Agudo-Ortega, A., Salinero, J. J., Sandbakk, Ø., de la Cruz, V. M. & González-Rave, J. M. Training practices used by elite sprint coaches. *Int. J. Perform. Anal. Sport* 24, 170–185 (2024).
15. Kliethermes, S. A. et al. Impact of youth sports specialisation on career and task-specific athletic performance: A systematic review following the American Medical Society for Sports Medicine (AMSSM) Collaborative Research Network's 2019 Youth Early Sport Specialisation Summit. *Br. J. Sports Med.* 54, 221–230 (2020).
16. Bell, D. R. et al. Consensus Definition of Sport Specialization in Youth Athletes Using a Delphi Approach. *J. Athl. Train.* 56, 1239–1251 (2021).
17. Fransen, J. et al. Differences in physical fitness and gross motor coordination in boys aged 6–12 years specializing in one versus sampling more than one sport. *J. Sports Sci.* 30, 379–386 (2012).
18. DiCesare, C. A. et al. Sport Specialization and Coordination Differences in Multisport Adolescent Female Basketball, Soccer, and Volleyball Athletes. *J. Athl. Train.* 54, 1105–1114 (2019).
19. Bonnette, S. et al. Differences in Lower Extremity Coordination Patterns as a Function of Sports Specialization. *J. Mot. Behav.* 55, 245–255 (2023).

20. Mosher, A., Till, K., Fraser-Thomas, J. & Baker, J. Revisiting Early Sport Specialization: What's the Problem? Sport. Heal. A Multidiscip. Approach 14, 13–19 (2022).
21. Miller, M. M. et al. The Effects of Specialization and Sex on Anterior Y-Balance Performance in High School Athletes. Sports Health 9, 375–382 (2017).
22. Wilczyński, B., Radzimiński, Ł., Sobierajska-Rek, A. & Zorena, K. Association between Selected Screening Tests and Knee Alignment in Single-Leg Tasks among Young Football Players. Int. J. Environ. Res. Public Health 19, 6719 (2022).
23. Wilczyński, B., Hinca, J., Ślęzak, D. & Zorena, K. The relationship between dynamic balance and jumping tests among adolescent amateur rugby players. A preliminary study. Int. J. Environ. Res. Public Health 18, 1–10 (2021).
24. Wilczyński, B. et al. Biological Maturation Predicts Dynamic Balance and Lower Limb Power in Young Football Players. Biology (Basel). 11, 1167 (2022).
25. Mitrousis, I. et al. The Effect of a Balance Training Program on the Balance and Technical Skills of Adolescent Soccer Players. J. Sport. Sci. Med. 22, 645–657 (2023).
26. Biały, M., Wilczyński, B., Forelli, F., Hewett, T. E. & Gnat, R. Functional Deficits in Non-elite Soccer (Football) Players: A Strength, Balance, and Movement Quality Assessment After Anterior Cruciate Ligament Reconstruction. Cureus 16, 1–11 (2024).
27. Van Mechelen, W. et al. Subject-related risk factors for sports injuries: A 1-yr prospective study in young adults. Med. Sci. Sports Exerc. 28, 1171–1179 (1996).
28. Sugimoto, D., Whitney, K. E., d'Hemecourt, P. A. & Straccolini, A. Youth Sport Specialization: Current Concepts and Clinical Guides. HSS J. 20, 416–423 (2024).
29. Jayanthi, N. A., Labella, C. R., Fischer, D., Pasulka, J. & Dugas, L. R. Sports-specialized intensive training and the risk of injury in young athletes: A clinical case-control study. Am. J. Sports Med. 43, 794–801 (2015).
30. Ericsson, K. A., Krampe, R. T. & Tesch-Römer, C. The role of deliberate practice in the acquisition of expert performance. Psychol. Rev. 100, 363–406 (1993).
31. Fridén, C., Ekenros, L. & Von Rosen, P. Previous injury, sex and well-being are associated with injury profiles in 422 adolescent elite athletes of age 15–16 years: a 20-week longitudinal study. BMJ Open Sport Exerc. Med. 9, 1–7 (2023).
32. Ekenros, L., Fridén, C. & von Rosen, P. Previous Injury and Lower Well-being Increase Injury Risk in Female Adolescent Athletes. Int. J. Sports Med. 44, 919–924 (2023).
33. Padaki, A. S. et al. Factors That Drive Youth Specialization. Sport. Heal. A Multidiscip. Approach 9, 532–536 (2017).
34. Schwiertz, G., Brueckner, D., Schedler, S., Kiss, R. & Muehlbauer, T. Performance and reliability of the Lower Quarter Y Balance Test in healthy adolescents from grade 6 to 11. Gait Posture 67, 142–146 (2019).
35. Kliethermes, S. A. et al. Impact of youth sports specialisation on career and task-specific athletic performance: a systematic review following the American Medical Society for Sports Medicine (AMSSM) Collaborative Research Network's 2019 Youth Early Sport Specialisation Summit. Br. J. Sports Med. 54, 221–230 (2020).

36. Dobscha, M., Peterson, C., Powers, W. S. & Goetschius, J. Youth sport specialization associated with poorer lower extremity function and pain as young adults. *Phys. Sportsmed.* 51, 254–259 (2023).
37. DiCesare, C. A. et al. Lower extremity biomechanics are altered across maturation in sport-specialized female adolescent athletes. *Front. Pediatr.* 7, 1–11 (2019).
38. Helme, M., Tee, J., Emmonds, S. & Low, C. Does lower-limb asymmetry increase injury risk in sport? A systematic review. *Phys. Ther. Sport* 49, 204–213 (2021).
39. Mian Darbandi, S., Hosseinzadeh, M., Zarei, M. & Behm, D. G. Does ipsilateral and bilateral knee strength status predict lower extremity injuries of elite judokas; a prospective cohort study. *Res. Sport. Med.* 32, 465–478 (2024).
40. Daneshjoo, A., Rahnama, N., Mokhtar, A. H. & Yusof, A. Bilateral and unilateral asymmetries of isokinetic strength and flexibility in male young professional soccer players. *J. Hum. Kinet.* 36, 45–53 (2013).
41. Smith, C. A., Chimera, N. J. & Warren, M. Association of Y balance test reach asymmetry and injury in Division I Athletes. *Med. Sci. Sports Exerc.* 47, 136–141 (2015).
42. Parkinson, A. O., Apps, C. L., Morris, J. G., Barnett, C. T. & Lewis, M. G. C. The calculation, thresholds and reporting of inter-limb strength asymmetry: A systematic review. *J. Sport. Sci. Med.* 20, 594–617 (2021).
43. Bishop, C., Read, P., Lake, J., Chavda, S. & Turner, A. Interlimb Asymmetries: Understanding How to Calculate Differences From Bilateral and Unilateral Tests. *Strength Cond. J.* 40, 1–6 (2018).
44. Post, E. G. et al. The Association of Sport Specialization and Training Volume With Injury History in Youth Athletes. *Am. J. Sports Med.* 45, 1405–1412 (2017).
45. Valente-dos-Santos, J. et al. Longitudinal study of repeated sprint performance in youth soccer players of contrasting skeletal maturity status. *J. Sport. Sci. Med.* 11, 371–379 (2012).
46. Bruzda, R., Wilczyński, B. & Zorena, K. Knee function and quality of life in adolescent soccer players with Osgood Shlatter disease history: a preliminary study. *Sci. Rep.* 13, 1–8 (2023).
47. Wilczyński, B., Taraszkiewicz, M., Tillier, K. de, Biały, M. & Zorena, K. Sinding-Larsen-Johansson disease. Clinical features, imaging findings, conservative treatments and research perspectives: a scoping review. *PeerJ* 12, 1–22 (2024).
48. de Almeida-Neto, P. F. et al. Factors related to lower limb performance in children and adolescents aged 7 to 17 years: A systematic review with meta-analysis. *PLoS One* 16, 1–22 (2021).
49. Mentiplay, B. F. et al. Assessment of lower limb muscle strength and power using hand-held and fixed dynamometry: A reliability and validity study. *PLoS One* 10, 1–18 (2015).
50. Hébert, L. J., Maltais, D. B., Lepage, C., Saulnier, J. & Crête, M. Hand-Held Dynamometry Isometric Torque Reference Values for Children and Adolescents. *Pediatr. Phys. Ther.* 27, 414–423 (2015).
51. Hébert, L. J. et al. Isometric muscle strength in youth assessed by hand-held dynamometry: A feasibility, reliability, and validity study. *Pediatr. Phys. Ther.* 23, 289–299 (2011).
52. Plisky, P. J. et al. The reliability of an instrumented device for measuring components of the star excursion balance test. *N. Am. J. Sports Phys. Ther.* 4, 92–9 (2009).
53. Shefferson, S. W. et al. Y-balance test: A reliability study involving multiple raters. *Mil. Med.* 170, 1064–1070 (2005).



Sports specialization and injury patterns between team and individual youth sports. The project "Science of healthy sports for children and adolescents,,

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Specjalizacja, trening, kontuzje

- **The Earlier, the Better?”**

Early specialization is often linked to improved short-term performance—but also to increased injury risk, burnout, and psychosocial or nutritional issues.

- **“The More, the Better?”**

Training guidelines emphasize the “age-based rule” (training hours per week \leq athlete's age) to avoid overtraining and imbalance.

- **Injury History and Consequences**

Previous injuries are a known risk factor for future injury, reduced performance, and prolonged recovery trajectories.

(AAP, AOSSM, AMSSM), Jayanthi i wsp. 2011, 2013, 2015, Brenner JS 2016, Sabato i wsp. 2016, Rose i wsp. 2008, Grimmer i wsp. 2000, Pasulka i wsp. 2017, Myer i wsp. 2015 i inni

Aims

Youth engaged in **individual sports** tend to show **higher levels of specialization, greater training volume**, and potentially **increased injury risk**—as suggested by Pasulka et al. (2017). This pattern raises concerns about the long-term consequences of early, high-volume, single-sport training, particularly in non-team settings.



The study was approved by the Bioethics Committee for Scientific Research at the Medical University of Gdańsk (approval no. NKBBN/241/2023).

Projekt „*Musculoskeletal Injuries, Sports Performance, Sports Specialization, and Quality of Life in Young Athletes*”, który został **zarejestrowany w bazie ClinicalTrials** (<https://clinicaltrials.gov/study/NCT06325228>)

Hypotheses

- Athletes participating in **individual sports** are more likely to specialize in a single discipline than those engaged in **team sports** (Pasulka et al., 2017).
- **Specialized athletes** in individual sports report a **higher training volume** compared to specialized athletes in team sports (Bell et al., 2016).
- The **number of athletes training their main sport more hours per week than their age** is expected to be greater in individual sports (Jayanathi et al., 2015).
- The **prevalence of injury history** is higher among youth athletes in individual sports than in team sports (Pasulka et al., 2017).

Methods

- **Custom-Designed Personal Questionnaire and Interviews, Including:**

Injury history (number, type, and location)

Training-related information (volume)

Sport experience

Age of initiation in the main sport

- **Sport Specialization Scale** based on the **DELPHI Consensus** (Bell et al., 2021; Jayanthi et al., 2018)

Have you ever quit another sport to focus on your main sport?	Is your main sport significantly more important to you than other sports?	Do you train in your main sport for more than 8 months in a year?
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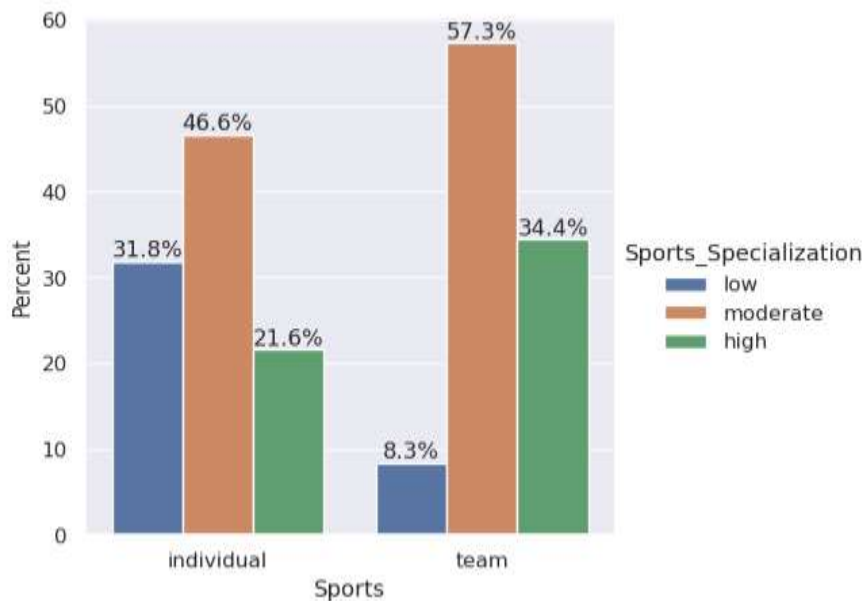
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	total	team	individual	p-value
Participants	280	192	88	
Male sex, N (%)	164 (58.6)	134 (69.8)	30 (34.1)	
Age, y	12.35 ± 1.74	12.94 ± 1.45	11.07 ± 1.62	<.001
Experience main sport, y	4.81 ± 2.51	5.04 ± 2.63	4.30 ± 2.14	.014
Geographic Factor				
Urban	204 (72.9)	125 (65.1)	79 (89.8)	<.001
Rural	76 (27.1)	67 (34.9)	9 (10.2)	

	soccer	handball	swimming	gymnastics	basketball	rugby	chess	taekwondo	motocross	karate
Participants, N (%)	103 (40.6)	57 (22.4)	38 (15.0)	27 (10.6)	19 (7.5)	3 (1.2)	3 (1.2)	2 (0.8)	1 (0.4)	1 (0.4)
Male sex, N (%)	92 (89.3)	26 (45.6)	17 (44.7)	0 (0.0)	7 (36.8)	3 (100.0)	2 (66.7)	0 (0.0)	1 (100.0)	1 (100.0)

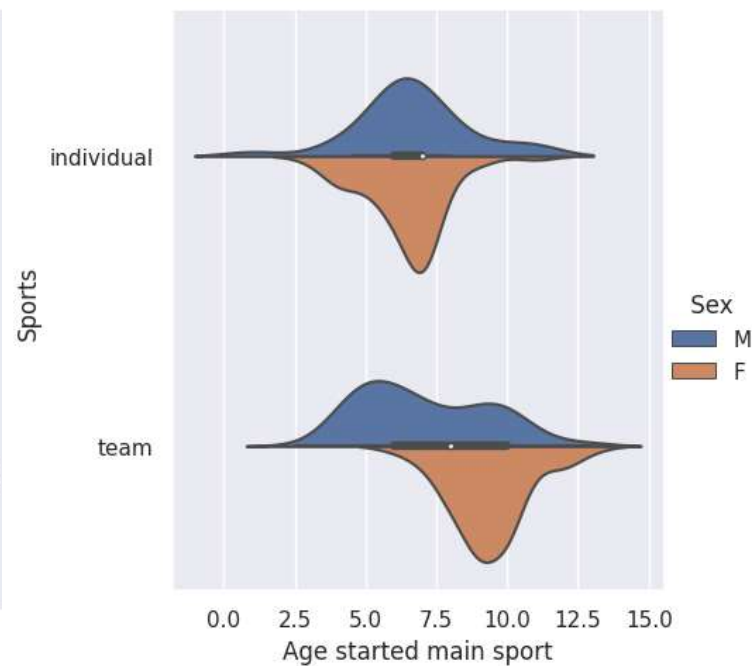
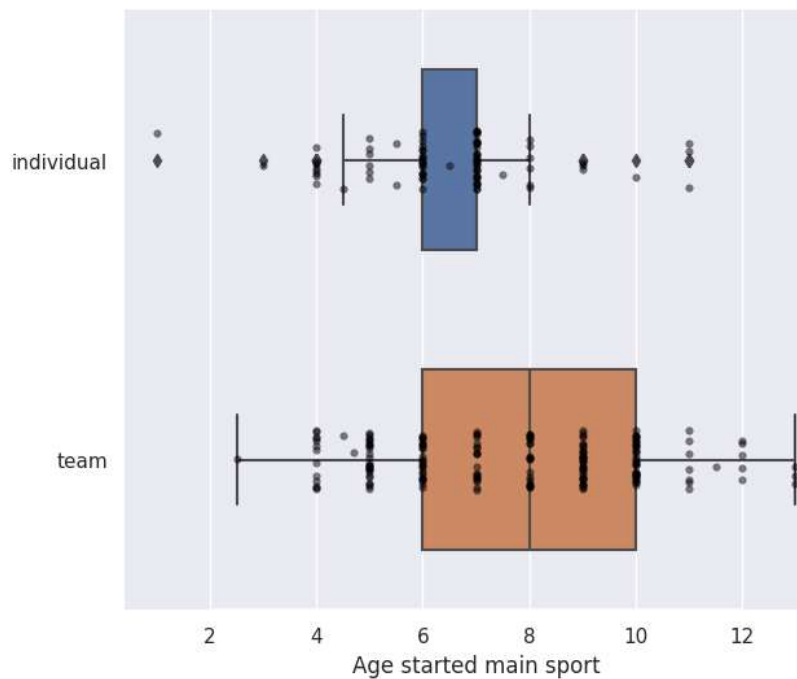
	TOTAL	TEAM	INDIVIDUAL	p-value	p-value (with adjustments)
Sports Specialization (0, 1, 2, 3)	2.12 ± 0.72	2.23 ± 0.65	1.88 ± 0.80	<.001	
High (3)	85 (30.4)	66 (34.4)	19 (21.6)	.032	.258
Moderate (2)	151 (53.9)	110 (57.3)	41 (46.6)	.096	.619
Low (0, 1)	44 (15.7)	16 (8.3)	28 (31.8)	<.000	.022

Logistic regression with/without adjustments: (age, sex, training volume)

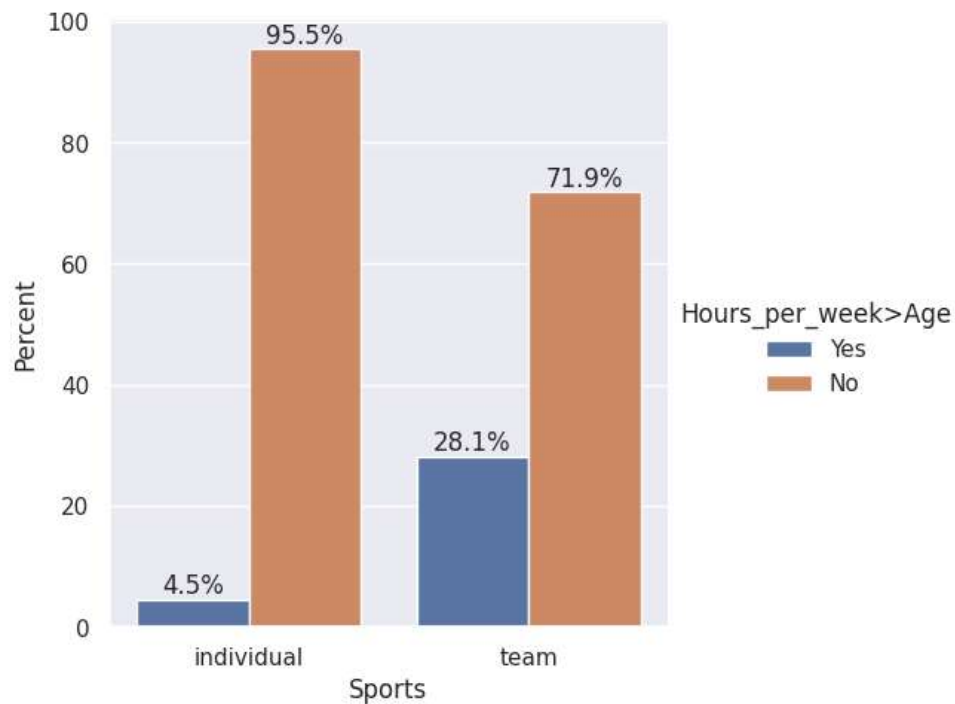


	TOTAL	TEAM	INDIVIDUAL	p-value
Given up a sport for their main, N (%)	98 (35.0)	73 (38.0)	25 (28.4)	.153
Main sport significantly more important than others, N (%)	234 (83.6)	171 (89.1)	63 (71.6)	<.001
Months in a year>8	258 (92.1)	182 (94.8)	76 (86.4)	.028

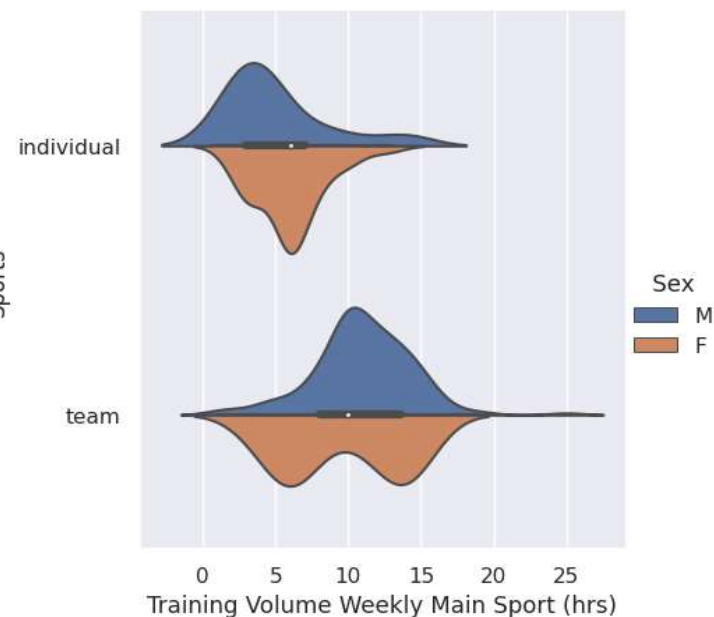
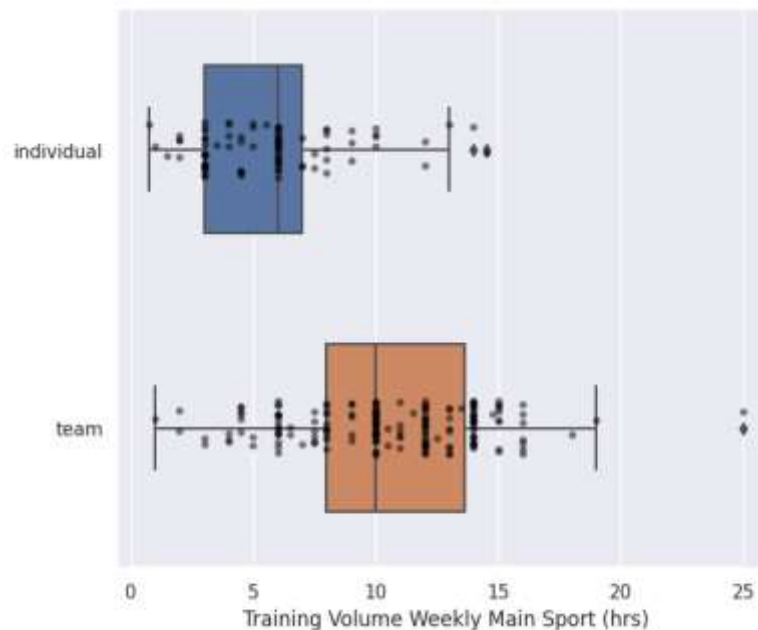
	total	team	individual	p-value
Age started main sport, y	7.36 ± 2.19	7.76 ± 2.29	6.49 ± 1.63	<.001



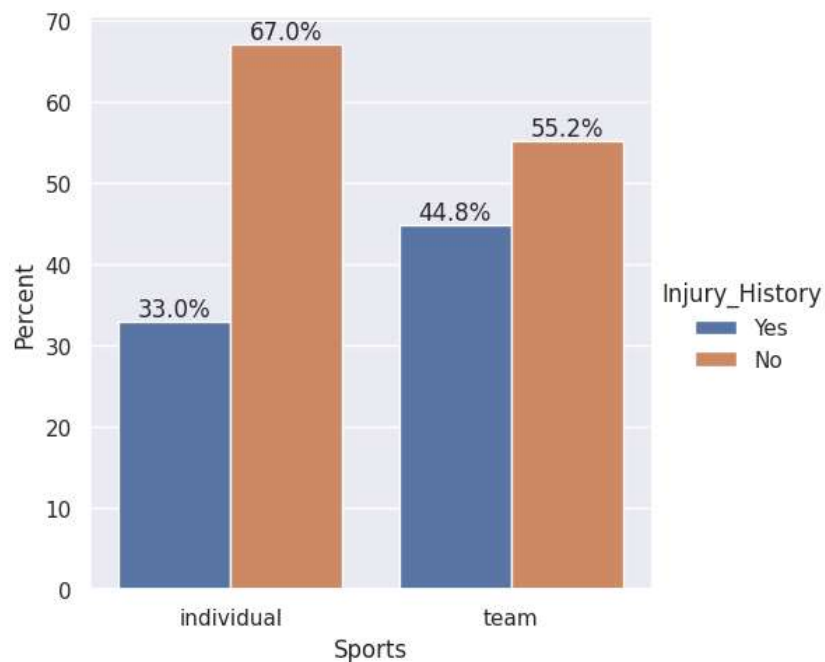
Main sport	total	team	individual	p-value
Hours per week > Age, N (%)	58 (20.7)	54 (28.1)	4 (4.6)	<.001



	total	team	individual	p-value
Training Volume Main Sport, h / week	9.02 ± 4.10	10.57 ± 3.62	5.63 ± 2.87	<.001
Training Volume ALL Sports, h / week	11.67 ± 4.48	12.92 ± 3.97	8.75 ± 4.22	<.001

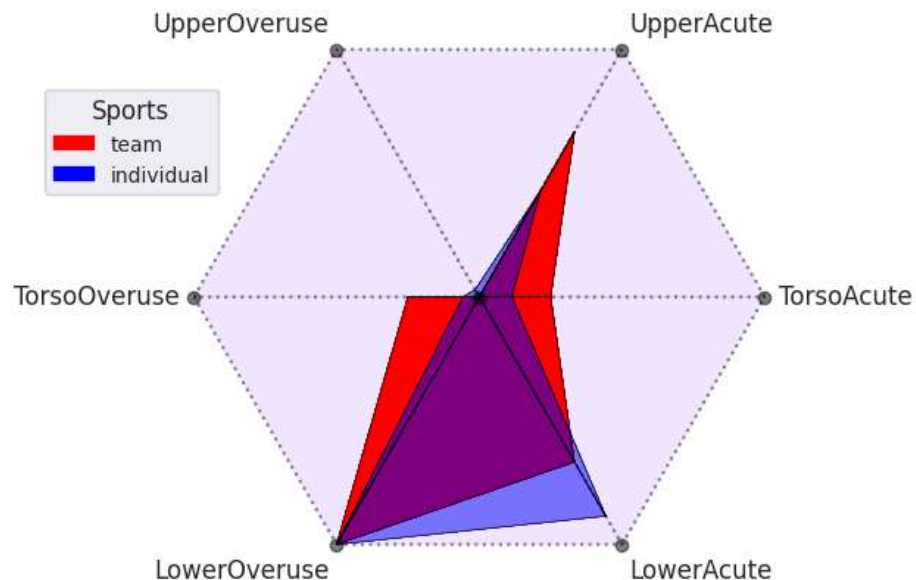


	total	team	individual	p-value
Injury History (last 12 months)	115 (41.1)	86 (44.8)	29 (33.0)	.082
Injury History More Than One (0=no,1=yes)	21 (7.5)	18 (9.4)	3 (3.4)	.272



Logistic regression
with adjustments:
(age, sex, training
volume)

Injury	total	team	individual	p-value	p-value (with adjustments)
Upper	23 (20.0)	15 (17.4)	8 (27.6)	.242	.220
Lower	81 (70.4)	65 (75.6)	16 (55.2)	.040	.866
Torso	11 (9.6)	6 (7.0)	5 (17.2)	.115	.063
Overuse	53 (43.4)	38 (43.2)	15 (44.1)	1	
Acute	69 (56.6)	50 (56.8)	19 (55.9)		





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