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**TO EVALUATE THE PERCEPTION OF PHYSIOTHERAPY SERVICES AMONG
FOOTBALL PREMIER CLUBS IN LUSAKA, ZAMBIA.**

BY

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**A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
BSc DEGREE IN PHYSIOTHERAPY IN THE DEPARTMENT OF PHYSIOTHERAPY,
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DEDICATION

Am profoundly honored and exceedingly humbled to dedicate this study to my mother, Cathreen Masuwa for her efforts in raising me to this level though under difficult conditions and for her encouragements, physical and spiritual support and not to forget her motherly love. I will always remember her in my life. I further dedicate my work to my best friend, classmate and brother late Lance Nicky who contributed much to my stay in school before his death. May his soul rest in eternal peace.

ACKNOWLEDGEMENT

I would like to thank the almighty God who has made it possible that I reach this level. Further, I would like to recognize the efforts of the following people:

- The National Sports Council of Zambia (NSCZ) for allowing me to proceed with my research.
- The Football Association of Zambia (FAZ) for according me chance to go ahead with my research and the football premier clubs for giving the necessary information required for the research.
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- The Masuwa family of Manyinga, Kabompo district, Zambia for their support in my study.
- Mr. Mahando a very close brother for being helpful and answering to my calls always.
- All the fifth year physiotherapy students of 2011/12 academic year.

I would also like to give special thanks to my supervisor Mr. Mulenga Davie for his inspiration, encouragements and academic help throughout the stages of this research development. The government of the republic of Zambia also deserves my appreciation for the financial support.

Without all these people, this study would have not succeeded.

DECLARATION

I **Kasoka Morgy** hereby declare that the research report entitled “to evaluate the perception of physiotherapy services in football premier clubs in Lusaka, Zambia,” submitted for the partial fulfillment of the bachelors of Physiotherapy at the University of Zambia, School of Medicine is my own original work and has not previously been submitted to any other institution of higher learning. I further declare that all sources cited or quoted are indicated and acknowledged by means of a comprehensive list of references.

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CRONOMNS AND ABBREVIATIONS

AP...American Academy of Pediatrics.

PTA...American Physiotherapy Association.

SP... Chartered Society of Physiotherapy.

ESAPD... Department of Economic and Social Affairs Population Division.

AZ...Football Association of Zambia.

FSP...International Federation of Sports Physiotherapy

FSP...International Federation of Sports Physiotherapy.

ISF...International Sports Federations.

MoH...Ministry of Health.

PT...Physiotherapy.

NSCZ...National Sports Council of Zambia.

SPA...Sports Physiotherapy for All.

UEFA...Union of European Football Association.

UNZA...University of Zambia.

US...United States.

USA...United States of America.

WCPT...World Confederation of Physiotherapists.

WHO...World Health Organization.

ZSP...Zambia Society of Physiotherapy.

KEY WORDS

- PERCEPTION
- PREMIER CLUB
- PHYSIOTHERAPY SERVICES.

DEFINITION OF TERMS

PERCEPTION

“The ability to see, hear, or become aware of something through the senses or is a way of regarding, understanding, or interpreting something” (Concise Oxford dictionary, 2010).

PREMIER

“First in importance, order, or position. It can be taken also as something which is earliest in creation,” (Concise Oxford dictionary, 2010).

PHYSIOTHERAPY

“A profession concerned with promotion of health, with prevention of physical disabilities, with evaluation and rehabilitation of persons disabled by pain, disease, or injury, and with treatment by physical therapeutic measures as opposed to medical, surgical, or radiologic measures,” (Williams and Wilkins, 2000).

SERVICE

“A period of employment with a company or organization,” (Williams and Wilkins, 2000).

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ABSTRACT

As the level of competition in soccer is increasing, the prevalence of injuries also has increased. This calls for more rehabilitation facilities to be employed by the football clubs. The main role of physiotherapy in football is injury treatment and prevention, education, rehabilitation, physical training and research. However, for physiotherapists to be involved in these processes, the decision makers for the team need to have a good perception about having physiotherapists in their clubs. This goes hand in hand with having good knowledge about the role of physiotherapists in football.

This research was intended to evaluate the perception of physiotherapy services in football premier league in Lusaka, Zambia. Further to specifically determine the level of knowledge of the clubs about the role of physiotherapy in football, to compare the number of physiotherapists they have engaged in clubs with their perception and level of knowledge.

The research was a qualitative non-intervention, descriptive method using an interview guide using non-probability convenient sampling method to select officials of clubs then the data was analyzed using condensation, categorization, narrative structuring, interpretation and an ad hoc approach with the guide of the interview guide.

The officials of football clubs (who are the decision makers) were found to have a good perception about having physiotherapists in football clubs and were knowledgeable about the role of physiotherapists in football. However, it was observed that there was limited knowledge about the role of physiotherapy in football and the treatment modalities that they offer. In this vain, only 40% of clubs had a physiotherapist and were on part time. Meanwhile, the services of the physiotherapists have been appreciated by the officials. They were satisfied with the attitude and work culture of physiotherapists.

In conclusion this study reviewed that the officials of premier football club in Lusaka Zambia had a good perception about physiotherapy services in football. Additionally, they were knowledgeable about the role of physiotherapists in football though few physiotherapists were engaged in football clubs.

CHAPTER ONE

1.0 INTRODUCTION

Soccer, commonly known as football, is one of the most popular team sports in the world and continues to provide many young people with an opportunity for healthy exercise (AAP, 2000). Today everywhere you go in the world, soccer is a common activity for all ages in the society. The increase in popularity of soccer and expectations from players contribute to significant numbers of soccer injuries conceivable. Concerns have been expressed about the demand placed on the modern football and how it translates these physical and mental demands into injuries (Azubuike, 2008). The occurrence of injuries call for intervention from the medical practitioners. Physiotherapy is among the health practitioners directly engaged in the management of sports related (musculoskeletal) injuries. "It is acknowledged that physiotherapy offers benefits to those affected with sports injuries," (Mohd, 2006). Though this is the case, many people still question the need for physiotherapy services in sports. In general, there are mixed perceptions in people about the physiotherapy profession (Jody et al, 2006). This can be demonstrated by the number of researches that have been done. For example it has been shown that only 45% of the public in Boston's Kansa's city (USA) know that physical therapists needed a college degree and could treat most of musculoskeletal conditions (Kacie, 2010). A research that has been done confirmed that 88.4% of physicians are aware that physiotherapists are trained well enough to make own clinical decisions on the treatment of their patients, but there was a question why it was still used as a prescription not as an autonomous profession (Odebiyi, 2008). However, another research was done in Rwanda on players to determine their perception of physiotherapy treatment. It was found that among all the methods of treatment, physiotherapy was regarded to be the third option after medical and self treatment (Janvier, 2010). This situation of even individuals who may be direct beneficiaries like soccer players being without information could be detrimental to the profession. In 2004, the teams that attended the commonwealth games in Greece showed that involvement of physiotherapy services in sports was low in Africa because these teams did not go with a medical team and so depended on the physiotherapy that was near the playing venue (Kapreli, 2004).

Meanwhile, low perception about physiotherapy in some areas has been related to poor awareness, physiotherapeutic infrastructure, economic, social and cultural factors and poor communication (marwaha, 2010). There are significant medical and economical costs associated with sports injuries, (Stephen, 2010). In the recent years, the prevalence of sports injuries has increased. Hawkins and Fuller (1999), described soccer to have one of the highest prevalence rates of injuries out of all types of sports and that its prevalence rate was around 1000 times higher than for industrial occupations generally regarded as high risk. Prevalence rates of sports injuries in Africa are as high as 81.6% and it is further stated that sprains are the leading injury type, while the ankle is the most affected (Azubuike, 2008). Meanwhile in 2004, Zambia experienced an estimate of 42,258 out of 11,025,690 populations of sports related injuries (US Census Bureau, 2004).

Sport in Zambia is governed by the National Sports Council of Zambia (NSCZ). It ensures that all sports disciplines registers with it. Among the 27 associations registered with NSCZ, is the Football Association of Zambia (FAZ). FAZ is in full control of all football clubs in the country (Arnfinn, 2010).

With the injury prevalence mentioned above and the mixed perceptions about the physiotherapy profession, Zambia is not spared. On record, there are no written documents or studies that have been done in Zambia to review the perception of people about the physiotherapy profession. Therefore, this research will ascertain the perception of the football club administrators in Lusaka about physiotherapy service and analyze the expectations of these clubs and if physiotherapists meet the client's needs.

1.2 STATEMENT OF THE PROBLEM

Soft tissue injuries are common complaints in sports. According to an eight (8) year study in Norway, out of the 2,234 injuries recorded, Soccer accounted for 44.8% of all sports injuries (Ytterstad, 2011), this has shown how much is supposed to be paid to soccer just like also in 2005, the Union of Europe Football Association (UEFA) after carrying out a series of researches described the overall risk in football for players to be 1000 times higher than high risk industrial occupations (Hagglund, 2005).

Elsewhere the Australian National Healthy Survey, (2001), estimates an approximate number of 367,000 Australians to have suffered a recent sports injury from an organized sport. In another study conducted by Azubuike and Okojie, (2008), in Benin, Nigeria, found a total of 204 injuries in one season of seven premier clubs. Further it was realized that there were more injuries during matches (46.1%) than during training (36.8%). However, epidemiological studies of football injuries have been described to be very difficult because of the inconsistent manner in which injury is defined and data are collected. Projects have been initiated to study the incidence and causes of injury in football, but there is no uniformly accepted reporting system (Hagglund, 2005). As much as there are injuries, the need to have physiotherapists cannot be overemphasized. Thus, the World Confederation for Physical Therapists (WCPT) in conjunction with International Federation of Sports Physiotherapy (IFSP), have initiated a program to improve the quality of sports physiotherapy in all International Sports Federations (ISFs) and other professional organizations (SPA, 2011).

In developed countries, almost every club has a physiotherapist while it's the opposite with the developing countries. After the commonwealth games in Greece in 2004, it was found that most of African countries did not have qualified physiotherapists while those from other countries had. Out of the 457 patients that visited the physiotherapy department, 40.6 % were from Africa alone and 59.4 % were from the other continents. The role of physiotherapy was not realized until during the tournament reports Kapreli, (2004). In another research done in Rwanda to determine the need for physiotherapy intervention in sports, it was reported that 70 % of players and officials were aware of the importance of physiotherapy in the treatment of sports related conditions (Janvier, 2004). While these and many more researches have shown mixed perceptions about physiotherapy in sports, there has not been any research done in Zambia to map the perception of football clubs officials, players or even the public about sports physiotherapy.

In Zambia, Lusaka being the capital city has the highest number of football clubs. Most of the clubs had employed staff who may not have had the necessary qualification while others did not even have a medical team at all. At times, players would be encouraged to use warm water or rub-on at home when they were injured.

There is enough manpower of physiotherapists and physiotherapy technologists who graduate from both the University of Zambia and Evelyn Hone College of Health Sciences respectively every year. The existence of these graduates in the management of sports injuries in clubs is dependent on the perception of physiotherapy services by the decision makers of premier league clubs in Zambia.

1.3 JUSTIFICATION

The importance of having sports physiotherapist in sporting clubs cannot be overemphasized. This is because injuries will always be there and in the end the same players will have to be referred for physiotherapy treatment before they are ready to play again. This is to say players need quality health and not just basic health. Actually, treatment of many conditions in health uses a multi-disciplinary approach that involve more than one health profession of which physiotherapy is one of them.

The researcher noted when he was doing an attachment at Konkola Mine Hospital during a vacation that many patients referred for physiotherapy with sports related conditions came to the department at a time after the injury was already mismanaged or at the chronic stages of the injury. The researcher also noted in Lusaka that two teams during a game relied on one team physiotherapist. This brought a question whether there were enough physiotherapists in the clubs and/or the administrators of these clubs see it fit to employ physiotherapists. Further, it was not clear whether clubs had enough knowledge about the importance of having physiotherapists in their clubs. Thus the results of this research would be cardinal in addressing the problem of the perception of these clubs about physiotherapist.¹¹ This would mean adequate advice to the Ministry of Health (MoH), Ministry of Sports, Zambia Society of Physiotherapy (ZSP), sporting clubs, the University of Zambia (UNZA), Evelyn Hone College, and students.

1.4 RESEARCH QUESTION

How is the perception of physiotherapy services among the premier football clubs in Lusaka, Zambia?

1.5 OBJECTIVE

To evaluate the perception of physiotherapy services among the premier football clubs in Lusaka, Zambia.

Specific Objectives

- To determine the level of knowledge of football clubs in Lusaka about physiotherapy.
- To compare their level of knowledge and perception about physiotherapy with the number of physiotherapists they have involved in football.
- To determine if they are satisfied with physiotherapy service if they have any.

1.6 HYPOTHESES

Null hypothesis

Premier football clubs in Lusaka are knowledgeable and have a good perception about physiotherapy services in football.

Alternative Hypothesis

Premier football clubs in Lusaka are not knowledgeable and do not have a good perception about physiotherapy services in football.

CHAPTER TWO

LITERATURE REVIEW

2.1 PHYSIOTHERAPY

Physiotherapists play a very important role in the management of sports injuries. Physiotherapy commonly known as physio is a health care profession concerned with human function and movement and maximizing potential by the use of physical approaches to promote, maintain and restore physical, psychological and social well-being, taking account of variations in health status. Physiotherapists also use the exercise of clinical judgment and informed interpretation and not to be forgotten is the fact that it is science based in all its areas of practice (CSP, 2008). The history of physiotherapy dates back to a time 460 BC. In any case it is as old as medicine itself, dating back to Ancient Greece in the era of Hippocrates. Since then, physiotherapy has evolved from simple massage to a complex portfolio of therapies with many specialized applications. By 1894, the UK recognized physiotherapy as a specialized branch of nursing regulated by a Chartered Society. Developments in the physiotherapy profession continued with the formation of Physical Therapy Association in the USA in 1921 where physiotherapy was restricted to the hospital environment until now where physiotherapy is involved in clinics, nursing homes, private practice and schools not to forget involvement in research and sports (Adnan, 2011; Roosevelt Warm Springs Institute, n.d.).

In order to achieve the goal of treating conditions, physiotherapeutic modalities are many. These may include electrotherapy, cold therapy, massage, exercise e.t.c. These modalities are science based and physiotherapists have a scientific explanation to both the treatment and assessment of what so ever kind. Many physiotherapeutic modalities use the principle of the “pain gate theory” postulated by Melzack in 1965. The explanation of the theory is that sensory nociceptive stimuli is carried to the brain for analysis through either slow (15 pulses per second) fibers or fast (40 pulses per second) fibers. Only one out of these fibers can transmit impulses at a time at the substantial gelatinosa of the spinal cord. Further the theory suggests that for pain to pass through the gate there must be unopposed passage for nociceptive information arriving at the synapses of the substantial gelatinosa.

However, if the gate is concurrently receiving impulses produced by thermoreceptors or mechanoreceptors (with high speed), then the traffic predominates the transmission with resultant pre-synaptic inhibition of small diameter nociceptive information (Melzack, 2004; Christina, 2007; Ronald, 2010). This is what prevents the feeling of pain. Many of the physiotherapeutic agents like interferential, ice, massage, vibration and movement produce a reduction of pain by closing the gate (CPA, 2008; Medic8, 2012; bailliere, 1980). Regular physical activity is also reported to decrease markers of inflammation thereby reducing pain (George et al, 2006; Smith, 1999).

Physical therapy has many specialties including cardiopulmonary, geriatrics, neurologic, orthopedic, sports and pediatrics. Physiotherapists practice in many settings, such as outpatient clinics or offices, inpatient rehabilitation facilities, skilled nursing facilities, extended care facilities, private homes, education and research centers, schools, hospices, industrial workplaces or other occupational environments, fitness centers and sports training facilities (APTA, 2008). Not to be forgotten is the fact that physiotherapists also like any other health professionals can work in health policy, health insurance, health care administration, health care executives and they are involved in the medical-legal field serving as experts, performing peer review and independent medical examinations (SPA, 2011; Gail, 2011)

2.2 SPORTS PHYSIOTHERAPY

Sports is defined as 'a competitive physical activity by an individual or a group involving physical exertion or skill, governed by rules, and sometimes engaged in professionally (Encarta, 2009). There are many different types of sports in the world. This includes: Football, Netball, Volleyball, Golf, Judo, Rugby, Athletics, Tennis, Squash, to mention but a few. The field of physiotherapy that directly deals with sports related conditions is called sports physiotherapy. According to Sports physiotherapy for All (SPA), Sports Physiotherapists work with people of all ages and abilities to prevent injury, restore optimal function and enhance sports performance. They work in a variety of different settings from recreational sports and the leisure industry to national, international and Olympic level sport (SPA, 2011). Further it is the mandate of sports physiotherapists to help sportsmen and sportswomen reach peak performance, advise them on injury prevention and recovery from injuries, examining and diagnosing injuries,

planning treatment programs, advising on timescales for returning to sport after injury, keeping full records of patients' treatment and progress (APTA, 2008). From what has been said above, the work and the level of involvement of physiotherapists in sports cannot be overemphasized. It is cardinal that all sporting clubs include physiotherapists in their football teams.

2.3 SPORTS IN ZAMBIA

Zambia is a country situated in the southern region of Africa. It has a total of nine provinces and Lusaka is the capital city. It has a surface area of approximately 752614km² and a population of 12,935,000 (CSO, 2009; DESAPD, 2009). Lusaka as a capital city has an approximated population of about 1.7 million according to census done 2010 (CSO, 2010). Most of this Zambian land is rural but has urban areas where most of the industries are found.

Among most of this population, sport is a major activity. The National Sports Council of Zambia (NSCZ) is the mother body that coordinates all sports disciplines in Zambia. There are many different types of sports in Zambia. On record, 27 associations registered with the National Sports Council of Zambia (NSCZ) exist (Arnfinn, 2010). Out of all types of sports, football has the highest number of both participants and supporters. Football in Zambia is governed by the Football Association of Zambia (FAZ). Zambia has an approximate number of 918 clubs in total. Out of these, 36 are in division one and 20 are in the premier league. The distribution of these premier clubs is in four out of nine provinces of Zambia. The Copperbelt province has nine clubs, Lusaka province has seven, southern province has two and central province has two clubs. Out of the four football competitions in Zambia, the Zambian Premier League is the top division of the Football Association of Zambia that has about 20 member clubs (Hans, 2011).

2.4 PHYSIOTHERAPY PERCEPTION

Perception according to Encarta dictionary is the ability to see, hear, or become aware of something through the senses or it is a process of regarding, understanding, or interpreting things using senses. Despite all sorts of literatures that have been written about physiotherapy's involvement in sports, mixed perceptions still revolve around the minds of many. The levels of involvement seem to differ from one country to another.

In 2004 during the Olympic Games in Greece, the physiotherapy department did a research on the patients that were referred for physiotherapy. It was noted that 40.6 % and 59.4 % of the patients were from African countries and from other continents respectively (Kapreli, 2004). What was significant here is that the African teams did not have qualified medical and physiotherapy personnel while the other teams had. It seemed they did not see any need to engage physiotherapists not until during the tournament. Twizere, (2004) did another research in Rwanda to determine the need for physiotherapy intervention in sports. 70 % of players and officials showed that they were knowledgeable about the need for physiotherapy in sports. However it was not established why physiotherapy was classified as third in the treatment line after medical and self treatment. It was also found that some players expressed ignorance about physiotherapy because they had no physiotherapists in the team. In another study conducted in Australia to determine the perception of the general public about physiotherapy, 47 % somewhat were familiar with physiotherapy and 38 % were very familiar with the profession of physiotherapy, (Lorrain, 1994). What was known was that physiotherapy was cardinal in the treatment of musculoskeletal conditions. Sports injuries are musculoskeletal conditions. Thus there is a mixed perception about the importance of physiotherapy in sports. Meanwhile, other researches to determine the perception of different people have been done and have demonstrated that the general public had a limited understanding of the scope of physical therapy (Jody et al, 2006; Lorrein, 1994). Struber in his (2003) study pointed out that some patients and clients still depend on referrals from physicians to go to physiotherapy (Struber, 2003, cited on Odebiyi, 2010). In Zambia, there has not been any research about the perception of either the general public or football clubs about physiotherapy in sports, and thus the researcher finds it fit to do such a research.

CHAPTER THREE

METHODOLOGY

3.10 RESEARCH DESIGN

Research design involves plan of activities which guide a researcher in collecting, analyzing, and interpreting data, (Burns and Groove, 2009). This research used a qualitative non-intervention, descriptive method using an interview guide. This method was chosen because the research was going to describe the perception, knowledge, attitudes, beliefs and opinions of premier clubs' officials in Lusaka.

3.11 RESEARCH SETTING

The research was carried out at the Football Association of Zambia (FAZ) administrative office for football management located in the capital city of Zambia, Lusaka. It boasts of seven premier clubs. Therefore this research was conducted in Lusaka for convenience and easy administration of the research process.

3.12 STUDY POPULATION

The study population in this research comprised of all FAZ registered premier football clubs in Lusaka.

3.13 SAMPLING METHOD

According to Ader, Mellenbergh, & Hand, (2008) Sampling is the part of statistical practice concerned with the selection of a subset of individuals from within a population to yield some knowledge about the whole population, especially for the purposes of making predictions based

on statistical inference. In this research a non-probability convenient sampling method was used looking at the number of clubs that were available.

3.14 SAMPLE SIZE

The sample size of a statistical sample is the number of observations that constitute it. The sample size is an important feature of any study in which the goal is to make conclusions about a population from a sample (Bartlett et al, 2001). For the purpose of this research, the sample size was thirty five (35). Five (5) participants were selected from each club using convenience sampling method and gave a total of 35 since there were seven (7) premier clubs in Lusaka then.

3.15 INCLUSION CRITERIA

In this study all premier clubs registered with the Football Association Zambia in Lusaka were included. The participants of this research were the administrators (decision makers) of the football teams.

3.16 EXCLUSION CRITERIA

This research excluded all clubs that were not in the premier league and those that were not registered with the Football Association of Zambia then.

3.17 DATA COLLECTION METHODS

This research was a qualitative non-intervention, descriptive one. An interview guide was used to capture data as indicated in appendix IV page 41. Probing questions were also used to clearly understand the participants' views. Participants were interviewed individually.

3.18 DATA ANALYSIS METHODS

The researcher used the following approaches to analyze; condensation, categorization, narrative structuring, interpretation and an ad hoc approach with the guide of the interview guide. In order to ensure efficiency and accuracy of the results, the supervisor had gone through them thoroughly. The results were displayed also in form of tables and figures.

3.19 VALIDITY

According to William, (2006), validity is the degree to which conclusions are reached about the relationships in a research and if data are reasonable. In this research it was upheld by ensuring that the tool was not too long to bore the participants who would get tired and pull out of the study. The tool was also checked by the supervisor.

3.20 RELIABILITY

This is a measure of how reliable the results of a research are such that they can yield the same results when repeated under the same conditions or it can be said to be the dependability with which an instrument measures the attributes. This was upheld by ensuring that each section of the data collection tool measured the same variables such as perception, knowledge, and attitude. Further the questions were as brief as possible for easy understanding by the interviewee.

3.21 ETHICAL CONSIDERATION

Ethical consideration involves consideration of voluntary participation, informed consent, participant's safety, confidentiality, anonymity, right to withdraw at any time (William, 2006). He also said that there needs to be a procedure that assures that researchers will consider all relevant ethical issues in formulating research plans. In order to meet these standards, the researcher:

- Sought approval from UNZA's Bioethics committee.

- Sought authorization from National Sports Council of Zambia.
- Sought permission from the Football Association of Zambia
- Used numerical representation in respect of anonymity and confidentiality.
- Used informed consent from all study participants.

3.22 PLAN FOR DESSEMINATION OF FINDINGS

The final copy of the research was made in four copies. One copy was submitted to the Department of Physiotherapy, another to the UNZA Medical library and the third copy taken to the Football Association of Zambia. Additionally, a summary of the study and recommendations were taken to other relevant authorities like the Ministry of Sport, Youth and Child development, MoH and ZSP.

CHAPTER FOUR

RESULTS

4.1 INTRODUCTION

Results of this study were displayed in five sections i.e. demographic characteristics of club officials (a and b), demographic data about the clubs, knowledge about physiotherapy (a and b), perception about physiotherapy in football and the work culture/attitude of physiotherapists.

4.2 DEMOGRAPHIC CHARACTERISTICS OF OFFICIALS' PARTICIPATION

a) RESPONSE RATE

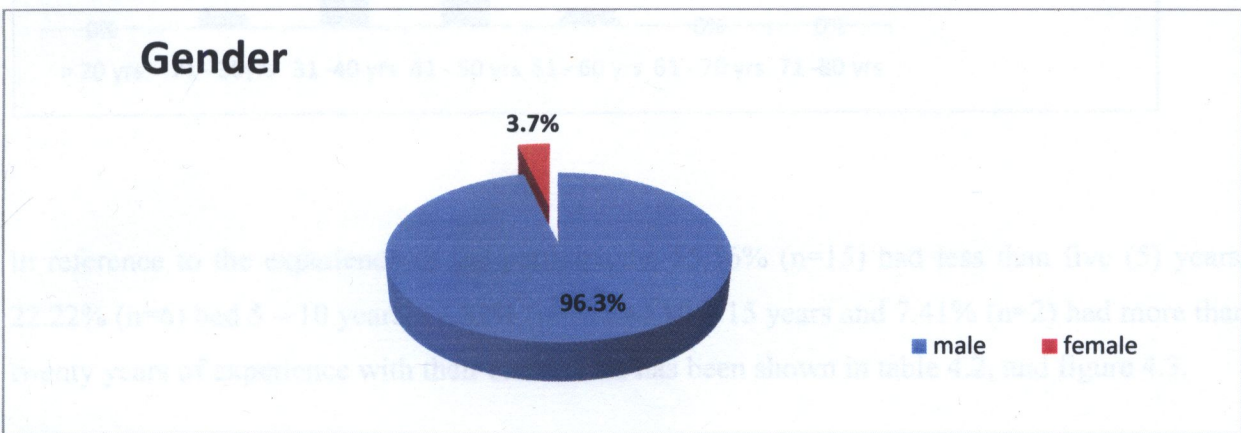
The research was initially supposed to involve seven premier league clubs such that five (5) participants from each club were to be chosen to make a total of thirty five (35). Unfortunately, only five (5) clubs participated and six (6) participants were chosen from each club to make a total of thirty (30) participants. Out of the thirty (30) participants that were anticipated, only twenty seven (27) were interviewed. This gave an overall participation rate of 90% (n=27). The observed difference was due to the fact that at time of data collection:

- Two premier clubs had been relegated to a lower division according to the letter from Football Association of Zambia (FAZ) to the approved premier clubs in Lusaka.
- It was a pre-season time so some officials had gone for holidays so the researcher could not reach out for all of them.
- Some officials of some clubs had been sent for other official duty outside the city as being at the club was just a part time job.

b) **DEMOGRAPHIC DATA OF PARTICIPANTS**

The majority of the participants were male. They constituted 96.3% (n=26) while 3.7% (n=1) were female (figure 4.1)

Figure 4.1: the gender of the participants

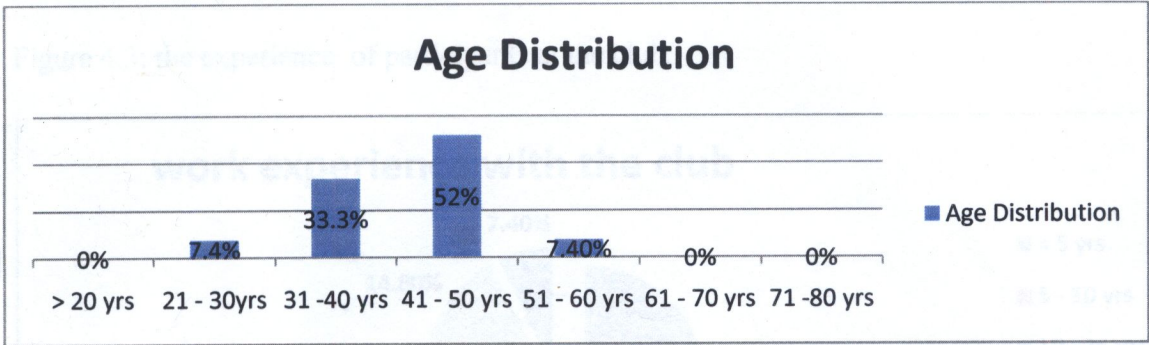


The interviewees were aged between twenty one (21) and sixty (60) with 51.85% (n=14) participants being between 41 – 50 years, 33.33% (n=9) being between 31 – 40 years, 7.41% (n=2) being between 21 – 30 years and 7.41% (n=2) being between 51 – 60 years (table 4.1, figure 4.2).

Table 4.1: the age distribution of participants

Age	Frequency	Percent	Cumulative percentage
Below 20	0	0	0
21 – 30	2	7.41	7.41
31 – 40	9	33.33	40.74
41 – 50	14	51.85	92.59
51 – 60	2	7.41	100
61 – 70	0	0	100
71 – 80	0	0	100
Total	27	100	100

Figure 4.2: The age distribution of participants

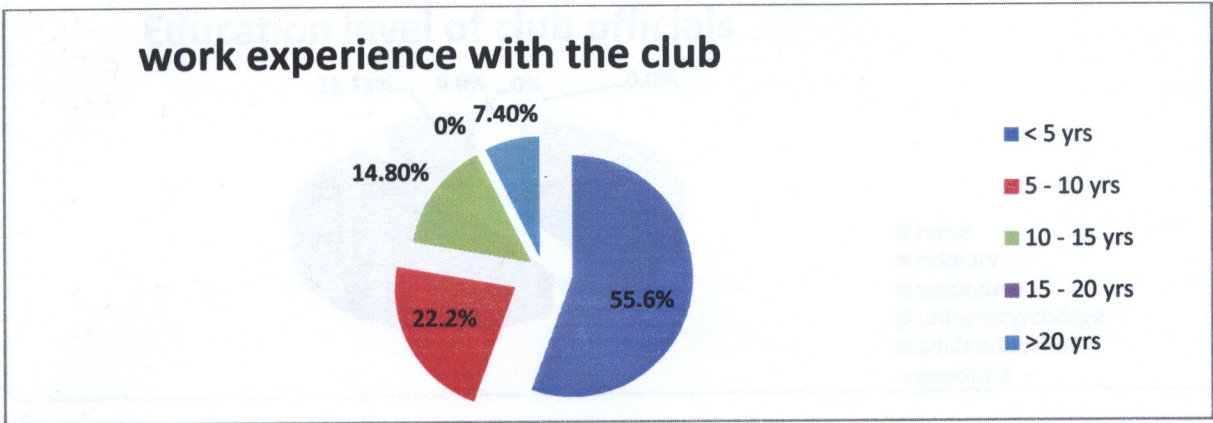


In reference to the experience of the participants, 55.56% (n=15) had less than five (5) years, 22.22% (n=6) had 5 – 10 years, 14.82% (n=4) had 10 – 15 years and 7.41% (n=2) had more than twenty years of experience with their clubs. This has been shown in table 4.2, and figure 4.3.

Table 4.2: work experience of participants at the club.

Experience	Frequency	Percent	Cumulative percent
Less than 5	15	55.56	55.56
5 – 10	6	22.22	77.78
10 – 15	4	14.81	92.59
15 – 20	0	0	92.59
More than 20	2	7.41	100
Total	27	100	100

Figure 4.3: the experience of participants at the club.

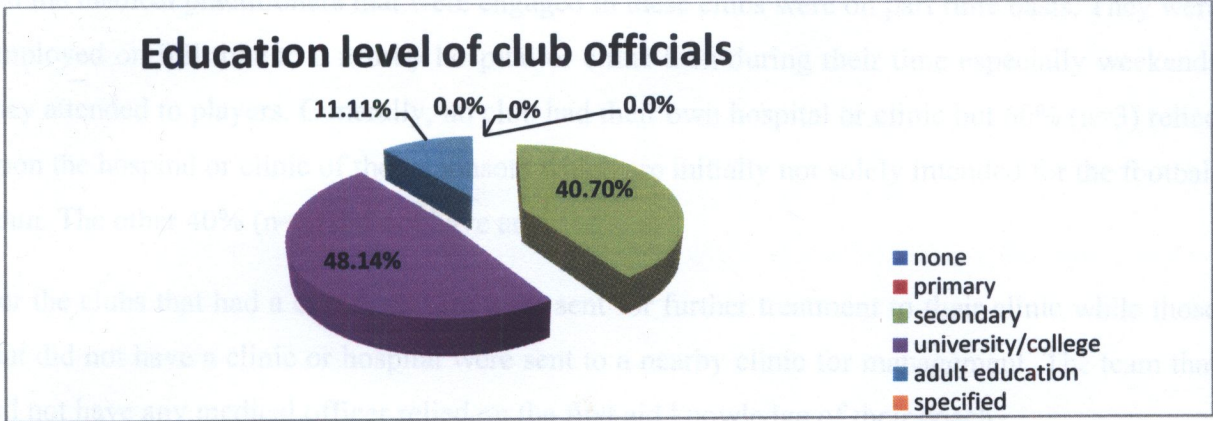


In terms of the level of education of the participants, 48.15% (n=13) had reached university or a college, 40.74% (n=11) had reached up to secondary level while 11.11% (n=3) had acquired adult education as illustrated in table 4.3 and figure 4.4 below.

Table 4.3: The level of education of the participants.

Education level	Frequency	Percent	Cumulative percent
None	0	0	0
Primary	0	0	0
Secondary	11	40.74	40.74
University/college	13	48.15	88.89
Adult education	3	11.11	100
specified	0	0	100
Total	27	100	100

Figure 4.4: Education level of participants.



4.3 DEMOGRAPHIC DATA ABOUT THE CLUBS

The participants were selected from the five (5) premier clubs in Lusaka which included Green Buffalos Football club, NAPSA Football club, Red arrows football club, ZANACO Football club and National Assembly Football club. 60% (n=3) of these clubs had two teams comprising a junior team and a senior team, 20% (n=1) had only a senior team and 20% (n=1) had three teams i.e. a senior team, an under 14 team and a female team. It should be noted that only the senior teams were in the premier league and therefore only officials attached to the senior teams were legible to participate in the research.

Out of the five clubs, 40% (n=2) had 35 players, 40% (n=2) had 30 players and 20% (n=1) had 36 players in their senior teams. With reference to the previous season, only 40% (n=2) clubs had recorded hospitalization of one player each due to sports injury. Meanwhile, none of the clubs had some players who never played because of injury. This could be due to the fact that every season, every club called for trials of all players and those that were not fit or without the necessary football skills were not picked thereby reducing the chances of having reserved players due to injury.

Most of the clubs had engaged medical personnel that attended to injured players. 80% (n=4) had engaged clinical officers who were usually called team doctors while 20% (n=1) had no medical

personnel. Meanwhile 40% (n=2) of the clubs shared a physiotherapist while the other 60% (n=3) clubs did not have a physiotherapist to assist in the management of sports injuries.

All the medical practitioners that were engaged in these clubs were on part time basis. They were employed on full time to a nearby hospital or clinic then during their time especially weekends they attended to players. Generally, no club had their own hospital or clinic but 60% (n=3) relied upon the hospital or clinic of their sponsors which are initially not solely intended for the football team. The other 40% (n=2) did not have any.

For the clubs that had a clinic, players were sent for further treatment to their clinic while those that did not have a clinic or hospital were sent to a nearby clinic for management. The team that did not have any medical officer relied on the first aid knowledge of their coach.

4.4 KNOWLEDGE ABOUT PHYSIOTHERAPY

This sub-title will be divided into knowledge about what physiotherapy is and knowledge about the role of physiotherapy services in football.

a) KNOWLEDGE ABOUT WHAT PHYSIOTHERAPY IS

The interviewees expressed their views freely in their own words. They described physiotherapy as a health profession that dealt with bones, muscles and fractures. Additionally, they deal with all people who have weakness in the body such as those who suffer a stroke. They take care of the knocks at the pitch. All the participants had heard about physiotherapy as a program. They had heard and seen physiotherapists in the hospital and at the football pitch. Physiotherapists were known to use hands and a number of other equipments both in the hospital and at the pitch. At the football pitch, the majority of the physiotherapists were seen to use a sprayer, ice, deep heat and massage. Not to forget were the sticks or splints and bandages. There was lack of knowledge why physiotherapists used these equipments and the use of electrotherapy. However, a minority of the respondents were aware of physiotherapy services in the hospital but had never seen them in football, therefore, did not know what physiotherapists used in football. This group described physiotherapy as a profession that had knowledge about the skeleton.

b) KNOWLEDGE ABOUT THE ROLE OF PHYSIOTHERAPISTS IN FOOTBALL

Physiotherapists were known to have a role to play in football. “Just as expected in sports, the occurrence of injuries was very common and there was need to have players treated so that they continue with their careers.” One of the respondents said. For physiotherapists, what was known to be their role in football clubs was:

- To take care of the fractures that took place during games or training sessions.
- To assess the players who are injured during a game or training and advise the coach on their health. This was to be followed by therapeutic management of the injury by reducing the pain. These were described as soft tissue injuries.
- To massage players before and after the game.
- Advise players on diet.
- Suturing open wounds.

What was also noted from a smaller group of participants was that they did not know the role of a physiotherapist in football because from their experience it was a team doctor who attended to players when they were injured, so whether they were doctors or physiotherapists by profession they did not know. Every time when there was a game, the type of treatment modalities used to injured players and the professionalism of the staff were the same. For example, Mr P.M said, “whoever I see attending to players during a game is a team doctor”.

When asked if it was the role of physiotherapists to promote physical fitness and build up strength to players, the interviewees responded that the people who were known to be involved with physical strength development were the physical trainers and most coaches had some knowledge about physical training.

4.5 PERCEPTION ABOUT PHYSIOTHERAPY SERVICES IN FOOTBALL

There was an overwhelming response about the perception of physiotherapy services in football. The majority of the respondents supported the idea of having physiotherapists in football. “It is a good idea to have physiotherapists in football since they are health practitioners,” Mr K.K responded.

This was due to the fact that injuries happened any time whether it was during training or a game and that players' health was cardinal. Now another thing that was worthy consideration was how often their services were needed in football.

Physiotherapy services in football were not needed all the time. As far as employment was concerned, they were regarded to be employed on part-time basis. According to the respondents, the reasons that were given were:

- The clubs in Zambia were under-funded and this led to reduction in man power. Additionally, physiotherapists were expensive when employed on full time basis.
- The level of football in Zambia had not yet developed enough to standards that would seriously need every health practitioner to be with players. But when asked if there was consideration given to complications that would arise due to delayed treatment, the response was that consideration was there but was not given first priority.
- Most of the clubs already had clinical officers who they had engaged to look at the injuries that take place in their clubs.

Additionally, regarding their perception if physiotherapist were trained enough to handle injuries in football, club officials viewed physiotherapists to have adequate training and that's why it was expensive to hire them. Shortage of the required equipments was found to be one of the challenges. One of the machines that they needed was an electric massager. Meanwhile, a minority of participants were not sure if they are adequately trained because physiotherapists, doctors and clinical officers looked to be the same and so could not distinguish who did what and what they could not do.

Additionally, the expectations of football club officials about the services of physiotherapists were high. Putting all the professional divisions of labour aside, what they expected from physiotherapists was:

- To be social, kind and friendly to all the players such that they should be approachable. Many were times when players had personal complaints that they would be uncomfortable to review to their coach. This affected the performance of the players during training and games. The sociological aspect would also offer psychological comfort to the players.

- To attend to players every time they were injured. This meant being with the team during games and training. Avoid absconding training sessions.
- Pharmacological knowledge about some common drugs. In football, like in any other sport, players can have other problems apart from just soft tissue injuries. For example many are time when players would have diarrhea and headache.
- First aid qualification. The officials had worked more with people with first aid qualification so they had more confidence to consider one with a first aid background than one without it at all.
- Have knowledge on how to suture open wounds.
- To have experience in the same capacity in order to understand sports injuries properly.

4.6 ATTITUDE/WORK CULTURE OF PHYSIOTHERAPISTS IN FOOTBALL

The participants expressed their satisfaction with the services of physiotherapists. Though some never had physiotherapists in their clubs, they had an experience to see them work when they played other teams that had one. For other clubs, physiotherapy services were hired with a pre-arranged clinic or hospital where players were taken after a game. This arrangement was meant to avoid delaying procedures and protocols that were found in many of the hospitals and clinics.

It was found that physiotherapists had a good work culture and attitude. They were described to be helpful to anyone who needed their services. “They have passion for their work and they are willing to help. Sometimes they even help the opponents’ players if they do not have a medical team,” one of the respondents said.

They associate more with players giving them an opportunity to freely say out what was in their mind and how they were feeling. This makes them to know and understand players very well. The players also have confidence that personal information that is shared with a physiotherapists or any other medical professional is kept confidentially.

Physiotherapists practicing in football have also been seen to be polite to other club officials and supporters. They are dedicated to portray professionalism and are motivated to work.

For example, they would not interfere with the coach in deciding players' performance but let the coach do so.

However, there were some reports of isolated cases where a coach would accuse a physiotherapist of interfering with their work. Monetary motivation towards work has also been observed in some physiotherapists. However, it was noted that the physiotherapists in football did not attend to players all the time i.e. during the game and training sessions. This was due to the fact that they were on part-time. For this reason, they either attended to players when they were called upon especially during matches which mainly took place over weekends or when they were free. They took advantage of the fact that physiotherapists worked only during week days.

CHAPTER FIVE

DISCUSSION

5.1 INTRODUCTION

This study sought to evaluate the perception of physiotherapy services in premier football clubs in Lusaka, Zambia. This chapter focuses on; Demographic information of premier club officials, knowledge about physiotherapy, perception about physiotherapy, limitations of the study and summary.

It was evident that there was shortage of published studies which related to the perception of football club officials about physiotherapy services in Zambia. This makes the current study the first of its kind. However most of the researches that have been done concerning physiotherapy in sports have dealt mainly on the role of physiotherapy in prevention and treatment of sports injuries (Jonsson, et al., 2005; and Olsen et al, 2003). It is necessary for decision makers of football clubs to have good perception about physiotherapy services in football clubs. It is obvious that when decision makers have good insight, understanding and knowledge of the role of physiotherapy in football then they would engage them and thereby preventing and properly managing the injured players in their clubs. The response rate was overwhelming. Jack, (2008) has recommended that a 60% and above response rate is good enough for a study. In this study 90%, (n=27) people participated so the response rate was within the acceptable limits.

5.2 FINDINGS ON DEMOGRAPHIC CHARACTERISTICS

The study reviewed that 96.3% (n=26) of the participants were male while 3.7% (n=1) were female (figure 4.1). Studies that have been done by Shaw, (2006) have also reviewed and therefore supported these findings. They have shown that, most of team managers are male. The contributing factors to this can be attributed to the fact that most of the officials were former players or very strong supporters who in most cases were male.

Football uses a lot of strength and this discourages many females from participating. In our Zambian setting, very few females play football and this keeps them at a distance from administrative roles in football.

The majority (55.6%) of the officials had less than 5 years experience (table 4.2, figure 4.3) while the minority (45.4%), had atleast more than 5 years experience with the clubs. In the view of the researcher, duration of the officials with the club did not have a bearing on their perception about physiotherapy services if the club did not have a physiotherapist. They cannot know what physiotherapists are able to do not until they see them work. In this study it was observed that only 40% (n=2) of the clubs had physiotherapists. In any case it is supposed to be 20% (n=1) because the two clubs shared the same physiotherapist. What can influence their perception is education. In this study, it was established that the majority 48.5% (n=13) had atleast college or university background as compared to the closest secondary education 40.7% (n=11) (table 4.3, figure 4.4)

5.3 KNOWLEDGE ABOUT PHYSIOTHERAPY

Premier clubs in Lusaka are aware that physiotherapists are needed and play a big role in football. This was observed in this study where participants new something about physiotherapy though some had never seen physiotherapists in football. They knew the role of physiotherapy in football; however, there was limited knowledge about the role of physiotherapists. What was known to be their role was treatment of soft tissue injuries and fractures, massaging players before the game, advising players on the necessary diet and suturing open wounds. This is not adequate information and does not bring out the whole functional picture of physiotherapy in football. According to Shaw, (2006), physiotherapists in football apart from the outlined duties can bring in factors that prevent occurrence of injuries, ensure functional rehabilitation after injury, research and contribute to planning and development of the sport, carry out fitness tests and be involved in pre and post operative stages of open wounds. Further, the use of electrotherapy (ultrasound, interferential, infrared e.t.c.) and exercises are essential for therapeutical purposes. Electrotherapy was viewed to be convenient in hospital settings and exercises were thought to be useful for muscle strengthening purposes only which is not the case.

However, the findings of this study were in agreement with Shimpachiro and Masafumi, (2005) who suggested that those who have done science based programs are more likely to have knowledge about physiotherapy and are likely to read more about it than those who are from a

non-health related profession just like was the case with the participants of this study and mass media and literature were pointed out to have been the main source of information while in this study many respondents cited the hospital and football pitch to be places where they heard about or saw physiotherapists.

This study also established that club officials were aware of some treatment modalities used by physiotherapists in football. Massage, ice, heat and use of splints were the commonly mentioned modalities. Despite the limitation in knowledge about the use of these modalities, this study established that team managers of premier clubs in Lusaka had good basic knowledge about the role of physiotherapy in football. This has been supported by Motha, (2009) and Sheppard, (1994). According to these authorities, physiotherapy involvement in sports related conditions was obvious and that massage was used as only one form of treatment as opposed to the common misconception as the only available treatment modality but still with limited knowledge for its use. However, the limitation in knowledge and modalities used can be attributed to the financial status of our football clubs in Zambia since lacking equipments were a common song for everyone. Since they had only seen physiotherapists in the hospital and football, the modalities they could mention were only those they had seen being used not what existed in literature.

5.4 PERCEPTION ABOUT PHYSIOTHERAPY SERVICES IN FOOTBALL

It was very encouraging to note that premier club officials had a good perception about physiotherapy services in football. They were viewed to be trained enough to handle sports injuries. Some reports had reviewed that in some areas physiotherapy is used as a prescription and not as an autonomous body capable of diagnosing and treating patients, (odebiyi, et al., 2010) which are in contradiction with this one. It was expected that with good perception about physiotherapy in football, even the number of physiotherapist they engaged was supposed to increase. This study established that officials of football clubs had good basic knowledge and good perception about services of physiotherapists in football.

On the contrary, they had engaged few (40%) physiotherapists in their clubs on part-time. These results were different from the situation in other countries. For example, Stephen (2000), reviewed that in the Scottish Premier League, 100% of the clubs have a full time physiotherapist

while only 25% of clubs in the English Premier League have part time and 75% have full time physiotherapists. This could be because, there were no standardized regulations from the football governing body [also supported by Motha, (2009)] of the country on the type and qualification of the health practitioners required in football. In Britain for instance, Football Association (F.A.) Premier League rules (1999) concern with medical provisions. These state that “each club shall appoint at least one part time team doctor, a part time crowd doctor and one full time physiotherapist,” (Stephen, 2000). This is totally different from the Zambian premier league situation since all health practitioners in sports were on part time including physiotherapists. Due to lack of standards anyone informally could be employed and on part time and call them a physiotherapist. This is again supported by Waddington, et al, (2001) who in a study entitled “Methods of appointment and qualifications of club doctors and physiotherapists in English professional football: some problems and issues,” has indicated that, “In almost all clubs, methods of appointment of doctors and physiotherapists are informal and reflect poor employment practice often without interview, and often by the manager without involving anyone who is qualified in medicine or physiotherapy.” To this effect, shortage of adequate finance has been the culprit for this gap.

The researcher wondered if the good knowledge expressed by the club’s decision makers was translated into players’ benefit in terms of injury prevention and management since the complications that result from delayed treatment or premature return to sports by a player may not be in the best interest of the players and supporters at large. This is supported by Anderson (n.d) who have indicated that premature return of players to sports leads to disability in future and Rahnama et al, (2002) also supported in her study that players may either be demoralized or feel rejected following repeated injuries in addition to financial implications. The limitation in knowledge could be one of the factors contributing to the lack of demand for physiotherapists in football. For example, the job of physically training players to strengthen and building their muscles had solely been entrusted in the hands of physical trainers by officials of football clubs meanwhile physiotherapists are trained enough to physically train players’ muscles and building their strength depending on the nature of the activity that they were to achieve. Whiteside, (1996) had outlined that the first contact person to a footballers’ injury is a physiotherapist. This confirms why physiotherapists are supposed to be engaged with the clubs on full time basis. Elsewhere Dalley and Sim, (2001), reviewed that, “in a rehabilitation centre nurses perceived the

role of physiotherapists as being concerned with mobility and movement only and valued their knowledge and skills in these areas.” This is the kind of limited knowledge that was observed even in this research. Therefore, there was need to set awareness campaigns that would promote the physiotherapy program.

The research confirmed the satisfaction of football club officials with physiotherapy services so far. This should have emanated from the good work culture and attitude that had been portrayed by the physiotherapists that were practicing in sports.

However, as much as it sounds to be good news for the profession, the researcher viewed it with a pinch of salt in view of their expectations. Among their expectations that came out strongly were suturing and attending to players all the time during training and games. Firstly, physiotherapy is a professional body which would endeavor to stick to treatment modalities within their outlined jurisdictions of labour. It was encouraging that they knew physiotherapists could be involved in surgery (suturing) which could be divided into pre-operative and post-operative physiotherapy but qualified physiotherapists may not be doing the actual suturing. Therefore, expecting a physiotherapist to perform the actual surgery may be an over-expectation. Secondly, as much as a physiotherapist is expected to attend to players all the time, it is quiet unfair to expect everyday physiotherapy services when he/she is on part time which the researcher was sure never used to happen. Physiotherapists practicing in football may not have satisfied the officials in these two areas of practice. The researcher suggests that the responses from officials may have been influenced by the presence of the researcher who was from the physiotherapy department. Probably, the instrument was on this part limiting their freedom to express themselves.

5.5 LIMITATIONS

- Comparison to similar studies was difficult due to shortage of published articles. This led to use of some articles that talked about physiotherapy perception in general and not physiotherapy perception in premier football clubs specifically.
- Future studies should consider extending the study setting to the whole country to capture all the views and opinions.

5.6 SUMMARY

In general, this study was meant to evaluate the perception of physiotherapy services in premier football clubs. The results indicated that the officials (who are the decision makers) of these clubs had a good perception about having physiotherapists in football. They had good basic knowledge about the role of physiotherapists in football clubs. However, the researcher observed that there was limited knowledge in terms of the job description of physiotherapists in football and the different roles that a physiotherapist can play. Further, it was established that club officials were satisfied with the physiotherapy services so far in the football industry who have been viewed to have good work culture and conduct themselves professionally.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

This was the first study of its kind to be conducted in Lusaka, Zambia about the perception of physiotherapy services in football clubs. The objective of the research was to evaluate the perception of physiotherapy services among the premier football clubs. The specific objectives were to determine the level of knowledge of football clubs in Lusaka about physiotherapy, to compare their level of knowledge and perception about physiotherapy with the number of physiotherapists they have involved in sports and to determine if they were satisfied with physiotherapy service if they had any. The research evaluated that officials in premier football clubs had a good perception about physiotherapy in football. They acknowledged that physiotherapy played an important role in the management of soccer injuries. Since injuries could happen any time, physiotherapists services were required all the time. It was further clear that the officials had good basic knowledge about physiotherapists' roles in football. They were seen to be involved in the whole process of rehabilitation of the injuries, performing fitness tests and giving advice to the technical bench on players' health. They were further aware of the modalities used by physiotherapists in the treatment of injuries among them were ice, heat and massage. Lack of equipment, however, had been noticed to influence performance. The researcher noted the need for further education of the officials to have a full understanding of the valuable roles of physiotherapists in football. They could not distinguish the roles of the health care team that deals with sports related injuries e.g., doctors, physiotherapists or nurses.

Despite the good perception and knowledge, financial instability of clubs seemed to frustrate the efforts to recruit highly performing services as they journeyed to quality health provision not just basic health to the players.

Lastly, the majority of the officials were satisfied with the services of physiotherapists. They described physiotherapists to be social and friendly to the players. They had good work culture and attitude and above all politeness to the club officials.

6.2 RECOMMENDATIONS

- 1) There was need for promotion of the physiotherapy program on the various roles patterning to sports and football in particular. This can be done through the media, circulation of valuable literature about the profession and giving talks to football club officials.
- 2) There was need for the football governing body of the country (FAZ) to make it mandatory for all clubs to have qualified physiotherapists as this would protect the health of players and their careers.
- 3) Though financial instability was an everyday song for everyone, there was need for more partners to come to the aid of football clubs.
- 4) The physiotherapists practicing in sports needed to explore and execute all their duties within their professional jurisdiction to clearly outline the perimeter of the profession.
- 5) There was need for health practitioners to specialize in areas that specifically deal with sports as it was observed that all practitioners were not specialized.
- 6) The football clubs in Zambia were supposed to be inviting physiotherapists whenever they had workshops to have a deeper understanding of the profession.
- 7) Football clubs needed to have the guidelines from the Professional Health Council on the job descriptions of health workers to guide them on what they were to expect from the professionals they engaged.

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APENDICES

I

WORK PLAN YEAR 2011

MONTH ACTIVITY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
TASK							
Project proposal Writing and presentation							
Submission for Approval							
Sourcing for Resources							
data collection							
Data analysis							
Report writing							
Submission of research project							
Making final correction							
Binding and final submission							

II

INFORMATION SHEET

Dear Participant,

I want to thank you for taking the time to meet with me today. I am a final year student at the University of Zambia, School of Medicine studying physiotherapy. As partial fulfillment of my Bachelor of Science in Physiotherapy, I am expected to undertake a research in any area of health care that will contribute meaningfully to the provision of quality care and improve on the body and knowledge. I would like to talk to you about physiotherapy services and your perception of the services at premier club level. As one of the components of the overall physiotherapy program evaluation we are assessing service delivery in order to capture lessons that can be used in future interventions and provide quality health care to sports men and women in Zambia.

Your participation in this study is purely voluntary and the information that will be given shall be handled confidentially. In order to enhance anonymity, I shall not write down your name or your initials during the interview. Be notified that this study is purely academical and there are no monetary benefits. You are being requested to answer questions during the interview. If you have any questions feel free to contact the researcher or the secretary of the Research Ethics Committee.

Your support will be highly appreciated.

Research Ethics Committee
University of Zambia
Box 50110
Lusaka
Tel 02 256067

Kasoka Morgy
University of Zambia
Physiotherapy Department
Box 50110
Lusaka
onemorgy@gmail.com
Mobile – 0979-764403, 0966-375322

III

INFORMED CONSENT

Having had the aims and benefits of this study explained to me. I am aware of my rights in not taking part in the study and that it will not affect my work. I am also aware that I can withdraw from the study at any point without giving any notice.

I have therefore agreed / disagreed to take part in the research with my own free will

Participant’s signature/Thumb print.....

Date.....

Witness.....

Date.....

Researcher’s signature

Date.....

IV

THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF PHYSIOTHERAPY

INTERVIEW GUIDE

I want to thank you for taking the time to meet with me today. My name is **Kasoka Morgy** and I would like to talk to you about physiotherapy services and your perception of the services at premier club level. Specifically, as one of the components of the overall physiotherapy program evaluation we are assessing service delivery in order to capture lessons that can be used in future interventions. The interview will take less than one hour.

SECTION A – DEMOGRAPHIC DATA

1) What is your gender?

(a) Male []

(b) Female []

2) Age in years:

(a) Below 20years []

(b) 21 – 30 years []

(c) 31 – 40 years []

(d) 41 – 50 years []

(e) 51 – 60 years []

(f) 61 – 70 years []

(g) 71 – 80 years []

3) What position do you have in the club?

(a) Player []

(b) The owner of the club []

(c) Coach []

(d) Committee member []

(e) Others(Specify)

.....

- 4) How long have you been with the club?
- (a) Less than five (5) years []
 - (b) 5 – 10 years []
 - (c) 10 – 15 years []
 - (d) 15 – 20 years []
 - (e) More than 20 years []

- 5) What highest level of education have you acquired?
- (a) None []
 - (b) Primary education (1 -7) []
 - (c) Secondary education (8 – 12) []
 - (d) University/ college []
 - (e) Adult education []
 - (f) Others (Specify)

- 6) Are you part of the decision makers for your club?
- (a) Yes always []
 - (b) Yes sometimes []
 - (c) No []

SECTION B: KNOWLEDGE ABOUT THE CLUB.

- 1) How many teams does your club have?
- (a) One – senior team only []
 - (b) Two – a senior and a junior team []
- 2) How many players do you have?
- (a) 11 []
 - (b) 22 []
 - (c) 36 []
 - (d) Am not sure.
 - (e) Others (specify)
- 3) With reference from last season up to date, have you had hospitalized players due to sports injury?
- 4) How many?
- (a) Less than 10 []
 - (b) 10 – 20 []
 - (c) 20 – 30 []

- (d) Am not sure []
- (e) Others (specify)

5) Who attends to your players when they are injured at the time of playing or training?

- (a) A nurse []
- (b) A first aider []
- (c) A doctor []
- (d) A physiotherapist []
- (e) Players themselves []
- (f) Nobody []
- (g) Others (specify)

6) Does your club have its own medical clinic?

- (a) Yes []
- (b) No []

7) Where do you refer your players when they are injured?

- (a) They are encouraged self treatment []
- (b) They are taken to the nearest clinic or hospital []
- (c) They are taken to a pre- arranged hospital or clinic. []
- (d) Others (describe).

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8) Are there some players who do not play because of injury?

- (a) Yes []
- (b) No []

SECTION C: KNOWLEDGE ABOUT PHYSIOTHERAPY

1) Have you ever heard of physiotherapy?

- (a) Yes []
- (b) No []

2) Where have you heard or seen them?

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.....

3) What do they use to do their work?

.....

4) What do you know about physiotherapy?

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5) Is there a role for physiotherapists in football

(a) Yes []

(b) No []

6) If the answer to the previous question was yes, state atleast two roles of physiotherapists in football.

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SECTION D: PERCEPTION ABOUT PHYSIOTHERAPY

1) Does your team have a physiotherapist?

(a) Yes []

(b) No []

2) If the answer to the previous question was **NO**, please state why.

(a) They are expensive for our club. []

(b) There is already someone who does what they can do. []

(c) They do not apply to our team. []

(d) Others (specify)

.....

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.....

3) Do you think your club requires physiotherapy services? State why?

- (a) Yes (but not always) []
- (b) Yes (always) []
- (c) No []

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.....

4) What is your perception about having physiotherapists in football clubs?

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5) If you where the employment officer, will employ a physiotherapist on part time or full time? State why?

.....
.....

6) Do you think physiotherapists are trained enough to be attending to players when they are injured?

- (a) Yes []
- (b) No []

ABOUT PHYSIOTHERAPY SERVICE

1) Does your team have or ever had a physiotherapist?

- (a) Yes []
- (b) No []

2) How often do the physiotherapist attend training and game sessions

- (a) He/she attends always. []
- (b) He/she attends when invited. []
- (c) He/she attends but does abscond. []
- (d) He/she does not attend. []

3) How would you describe the attitude of physiotherapists to the treatment of sports injuries.

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4) Personally, how would you describe the work culture of physiotherapists in football.

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5) What change in terms of their work in football would you like to see in physiotherapists?

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THANK YOU VERY MUCH FOR YOUR PARTICIPATION.

Feel free to add any more comments that you think are relevant to this study

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Department of Physiotherapy,
University Of Zambia,
School of Medicine,
P.O Box 50110,
Lusaka.

5th January, 2012

The University of Zambia,
Research Ethics Committee
P.O Box 50110,
Lusaka.

The chairperson,

**REF: A STUDY TO DETERMINE THE PERCEPTION OF PHYSIOTHERAPY SERVICES
AMONG REGISTERED PREMIER CLUBS OF THE FOOTBALL ASSOCIATION OF ZAMBIA
IN LUSAKA, ZAMBIA.**

Am a fifth year physiotherapy student at the university of Zambia pursuing Bachelor of Science in Physiotherapy. As partial fulfillment of the degree program, am expected to carry out a research project as outlined in the reference above and the objectives are:

- To determine the level of knowledge of football clubs in Lusaka about physiotherapy.
- To compare their level of knowledge and perception about physiotherapy with the number of physiotherapists they have involved in sports.
- To determine if they are satisfied with physiotherapy service if they have any.

Am therefore applying to the research Ethics committee to review my project proposal before I go for data collection.

Yours faithfully,

Kasoka Morgy

VI

Department of Physiotherapy,
University Of Zambia,
School of Medicine,
P.O Box 50110,
Lusaka.

January 5th, 2012.

The President,
Football Association of Zambia,
Lusaka.

Dear Sir,

REF: PERMISSION TO COLLECT DATA FROM PREMIER FOOTBALL CLUBS IN LUSAKA.

As partial fulfillment of my Bachelor of Science in Physiotherapy, I am expected to undertake a research study that will contribute meaningfully to the provision of quality health care and improve on the body of knowledge.

My research topic is 'to determine/establish the perception of physiotherapy services among premier football clubs in Lusaka, Zambia.'

I hereby request for your permission to collect data for my research. Data will be collected using a structured interview to the administrators of these clubs.

Your consideration will highly be appreciated.

Yours faithfully,

Kasoka Morgy

VII

Department of Physiotherapy,
University Of Zambia,
School of Medicine,
P.O Box 50110,
Lusaka.

January 5th, 2012.

The Chairperson,
National Sports Council of Zambia,
Lusaka.

Dear Sir/Madam,

**REF: PERMISSION TO COLLECT DATA FROM FOOTBALL ASSOCIATION OF
ZAMBIA REGISTERED PREMIER FOOTBALL CLUBS IN LUSAKA.**

As partial fulfillment of my Bachelor of Science in Physiotherapy, I am expected to undertake a research study that will contribute meaningfully to the provision of quality health care and improve on the body of knowledge.

My research topic is ‘to determine/establish the perception of physiotherapy services among premier football clubs in Lusaka, Zambia.’

I hereby request for your permission to collect data for my research. Data will be collected using a structured interview to the administrators of these clubs.

Your consideration will highly be appreciated.

Yours faithfully,

Kasoka Morgy

VIII: Approval letter from the Bioethics Committee



THE UNIVERSITY OF ZAMBIA

BIOMEDICAL RESEARCH ETHICS COMMITTEE

Telephone: 260-1-256067
Telegrams: UNZA, LUSAKA
Telex: UNZALU ZA 44370
Fax: + 260-1-250753
E-mail: unzarec@unza.zm
Assurance No. FWA00000338
IRB00001131 of IORG0000774

Ridgeway Campus
P.O. Box 20110
Lusaka, Zambia

4th January, 2012.

Your Ref: 020-01-12.

Mr. Mory Kasoka,
School of Medicine,
Department of Physiotherapy,
Lusaka.

Dear Mr Kasoka,

RE: RE-SUBMITTED RESEARCH PROPOSAL: "TO EVALUATE THE PERCEPTION OF PHYSIOTHERAPY SERVICES AMONG FOOTBALL PREMIER CLUBS IN LUSAKA, ZAMBIA"

The above-mentioned research proposal was re-submitted to the Biomedical Research Ethics Committee with recommended changes. The proposal is approved.

CONDITIONS:

- This approval is based strictly on your submitted proposal. Should there be need for you to modify or change the study design or methodology, you will need to seek clearance from the Research Ethics Committee.
- If you have need for further clarification please consult this office. Please note that it is mandatory that you submit a detailed progress report of your study to this Committee every six months and a final copy of your report at the end of the study.
- Any serious adverse events must be reported at once to this Committee.
- Please note that when your approval expires you may need to request for renewal. The request should be accompanied by a Progress Report (Progress Report Forms can be obtained from the Secretariat).
- Ensure that a final copy of the results is submitted to this Committee.

Yours sincerely,

Dr. J.C Mupthali
CHAIRPERSON

Date of approval: 04 January, 2012

Date of expiry: 03 January, 2013

IX: Approval letter from the Football Association of Zambia



FOOTBALL ASSOCIATION OF ZAMBIA

(Affiliated to FIFA, CAF, COSAFA, NSCZ & ZOCAGA)

P.O. Box 34751, Tel: +260 211 250940, Fax: +260 211 250946/254835, E-mail: faz@zamnet.zm, website: www.faz.co.zm

Patron: H.E. Michael Chilufya Sata, President of the Republic of Zambia

FROM : ADMIN OFFICER-LEAGUE
TO : LUSAK BASED SUPER DIVISION
DATE : 10TH JANUARY, 2012
SUBJECT : INTRODUCTION OF MR. KASOKA

We have been requested to seek permission from you on behalf of Mr Kasoka a student at the University of Zambia School of Medicines who is carrying out a research on "the Perception of Physiotherapy Services" among Premier League Clubs based in Lusaka.

The student will interview administrators and physiotherapists at your clubs. Kindly avail him with necessary information that will assist him understand fully the topic he is researching on. The student has been advised to contact the following super division clubs officials:

- | | | | | |
|----------------------|---|---------------|---|-------------|
| 1. Zanaco Football | - | Mr .G. Maliti | - | 0976.262082 |
| 2. Red Arrows | - | Col Chilando | - | 0977.772372 |
| 3. Green Buffaloes | - | W/O Ngula | - | 0979.486480 |
| 4. National Assembly | - | Miss Mtine | - | 0966.753974 |
| 5. Napsa Stars | - | Mr R. Nawa | - | 0977.802554 |

OFFICIAL SPONSORS



We thank for your anticipated assistance leading to Mr Kasoka by allowing him to access you.

RALIPHY C.SYACHILUBI



President: Kalusha Bwalya, **Vice President:** Boniface Mwamelo, **Treasurer:** Kelvin Mutafulu,
Committee Members: Lenny Nkhuluwa, Marcha Chitemena, Keegan Chipango, Elijah Chileshe, James Mpooma, Miles Sampa
General Secretary: George M. Kasengele

X: letter from National Sports Council of Zambia

NATIONAL SPORTS COUNCIL OF ZAMBIA

*All Correspondences should
be addressed to
The General Secretary
P.O. Box 33474
LUSAKA, ZAMBIA*



*Tel/Fax: 260 1 250 321
E-mail: sportsCouncilZambia@gmail.com*

NSCZ /FAZ/9/40

17TH January 2012

The General Secretary
Football Association of Zambia
P.O Box 34751
LUSAKA

**COLLECTION OF DATA FROM FAZ REGISTERED PREMIER FOOTBALL
CLUBS IN LUSAKA: MORGY KASOKA**

Reference is made to the subject matter.

Mr. Morgy Kasoka is a student at the University of Zambia studying a Bachelor's Degree in Physiotherapy. In order to fulfill his programme he is expected to undertake a research study that will contribute meaningfully to the provision of quality health care and improve on the body of knowledge. His research topic is "to determine/establish the perception of physiotherapy services among premier football clubs in Lusaka.

With the foregoing, kindly be informed that Mr. Morgy Kasoka has been cleared to undertake his study in respect of your Association. You are advised to give him all the necessary assistance required to attain the desired goals.

Thanking you in anticipation.

**Rodgers Chipili
General Secretary**

Cc: Chairman - NSCZ
Cc: Vice Chairperson - NSCZ

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