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Anterior cruciate ligament injuries in Australian football: should women and girls be playing? You’re asking the wrong question

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ABSTRACT

Anterior cruciate ligament (ACL) injuries have been a rising concern in the early years of the women’s Australian Football League (AFLW), eliciting headlines of a ‘knee crisis’ surrounding the league. There has been a focus on female biology as the primary factor driving the high rate of ACL injuries in the AFLW. Emphasising Australian football (AF) as being dangerous predominantly due to female biology may be misrepresenting a root cause of the ACL injury problem, perpetuating gender stereotypes that can restrict physical development and participation of women and girls in the sport. We propose that an approach addressing environmental and sociocultural factors, along with biological determinants, is required to truly challenge the ACL injury problem in the AFLW. Sports science and medicine must therefore strive to understand the whole system of women in AF, and question how to address inequities for the benefit of the athletes.

The Australian Football League (AFL) is the major elite men’s competition for Australian football (AF) and represents the pinnacle of the sport. In 2017, the AFL took the step of introducing an elite women’s league (ie, the Australian Football League Women’s (AFLW)) to their competition. While the introduction of this league has been viewed as a success,1 the high rate of injury in the competition has not gone unnoticed. In particular, anterior cruciate ligament (ACL) injuries are acknowledged as a rising concern in the AFLW, with rates 6.2 and 9.2 times higher in the women’s first two seasons compared with the men’s AFL across the same years (4.31 vs 0.7 and 6.47 vs 0.7 per 1000 player hours in 2017 and 2018, respectively). The AFLW saw a drop in the rate of ACL injuries in the 2019 season (5.14 per 1000 player hours); however, this rate remains substantially higher than other female sports.2,3 The high rate of ACL injuries in the AFLW has been a drawcard for media attention. The 2019 AFLW season elicited media headlines of a ‘knee crisis’4 after five ACL injuries in the first five rounds. A similar scenario appears to be playing out in the 2020 season, where three players sustained season ending ACL injuries in the first round of competition, and a total of 12 have been recorded in the first four rounds of the season. Female biology is often stipulated as a primary factor in the ACL injury problem in the AFLW. Comments suggesting athletes with female biology are ‘made differently’ and ‘more prone to do knees’,3 or that ‘female hormones may be related to injury’5 are promoted as explanations. AF and the AFLW are important vehicles for ongoing participation of women and girls in sport. Women and girls account for nearly one-third of the 1649178 AF players nationally, with the number of clubs with women’s or girl’s teams doubling from 2016 to 2018.1 Media attention emphasising AF as being dangerous for women and girls due to their ‘biology’ may be misrepresenting a root cause of the ACL injury problem, perpetuating gender
A biological problem, or something else?

A higher rate of ACL injuries in women over men has been observed in other sports, with the supposition that differences due to biological sex leads to hazardous neuromechanical strategies being employed during sporting tasks. However, this notion has been questioned in systematic reviews of the evidence and takes a myopic view that biological differences would solely explain such disparity, with no consideration of environmental and sociocultural differences due to gendered experiences.

The relative infancy of participation by women and girls in AF results in many AFLW players having limited no AF experience during their youth. In 2019, AFLW teams were also required to have at least two ‘cross-code rookies’ (ie, not played organised AF for the past 3 years), a stark contrast to the typically lifelong developmental experience of men in the AFL. The combination of reduced sport-specific motor skill development acquired through deliberate practice, along with very short preseason training periods for the AFLW, could create a ‘perfect storm’ of athletes with higher risk of ACL injury in a ‘new’ sport encompassing high-risk tasks.

AFLW players earned between $A13,400 and $A24,600 in the 2018 season. The AFLW involves a condensed schedule (eg, in 2019, the AFLW season included seven rounds plus 2 weeks of finals compared with the 23 rounds plus 4 weeks of finals in the men’s competition), and subsequently AFLW salaries meet the minimum pay standards of the men’s competition on a pro rata basis. However, a significant pay gap still exists between the two competitions. Even the highest payment tier of an AFLW salary does not meet the minimum wage requirement in Australia (ie, $A719.20 per week, equating to $A37,398.40 per annum), whereas the minimum base payment ($A75,000) and average wage ($A362,471) for the AFL substantially exceeds minimum wage. AFLW players are likely managing training commitments with other employment, leading to reduced access to facilities, training opportunities, and professional staff. Additional financial support and access to environments that bridge the gap between men’s and women’s AF can maximise opportunities to prepare players to meet the sport demands.

What questions should we be asking?

 Participation of women and girls in AF and the knee crisis has brought ACL injuries to the forefront of sports medicine in Australia. Other team sports (eg, basketball and soccer) with longer histories have already encountered this problem. Despite persistent efforts across sports, the disparity in ACL injury rates between female and male athletes has persisted for decades. A continued focus on biological sex determinants is problematic. Evidence suggests that an approach encompassing environmental and sociocultural factors, along with biological determinants, is required. If we continue to catastrophise ACL injury in AFLW, we may discourage women and girls from participating in the sport. Women in sport has been catastrophised before; until 1972, women could not officially enter the Boston marathon for fear their physiology could not withstand the demand! AF must avoid repeating these mistakes. Sports science and medicine must strive to better understand the whole of system development of female athletes in AF, but also other sports where sex disparities in ACL injuries are observed (eg, soccer, basketball, and handball). We must question how to address the inequities in player development and training opportunities, financial support, and access to environments that bridge the gap between men’s and women’s AF can maximise opportunities to prepare players to meet the sport demands.
women in AF so that women and girls can continue to play, and do so safely. Only after maximising long-term development opportunities for these players can we begin to address any outstanding ACL injury problem.

i. AF refers to the football code, while AFLW and AFL refer to names of the elite women’s and men’s competitions, respectively.

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