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**NUMBER OF MATCHES PLAYED DETERMINES TEEN
TENNIS PLAYERS' RISK FOR MEDICAL WITHDRAWAL**

Los Angeles, London, New Delhi, Singapore and Washington DC (April 29, 2009) — The number of matches junior tennis players compete in during a tournament directly affects their risk for medical withdrawal during a tournament concluded a study published in the youth focused May/June 2009 issue of *Sports Health: A Multidisciplinary Approach* (published by SAGE). The study, which analyzed data for every match competed at all four 2005 United States Tennis Association (USTA) junior national tennis tournaments, discovered that the risk a player might withdrawal from the tournament due to an injury or illness increased significantly after their fourth match.

"It makes sense that a player would have an increased risk for injury or illness as the tournament continues due to variables such as dehydration, stress (both emotional and physical), and exhaustion," explains lead author Neeru A. Jayanthi, MD, from Loyola University Chicago, "until this point, however, there have been no large-scale studies designed to determine the specific risk factors related to medical withdrawals. This study moves us past that; we now have data to support what was before an intuitive guess."

Medical withdrawal, which is self-reported can occur prior to or during a match and is defined as an injury or illness that prohibits the athlete from continuing to compete. Competitive junior tennis players not only have the opportunity to participate in local and sectional tournaments but also between 48-64 national level tournaments per year. A player may find themselves playing up to ten matches throughout a tournament depending on how far he or she advances and if they participate in doubles matches.

Sixty-four tournaments with evenly distributed match exposure between males and females and among four different age groups (12, 14, 16, and 18-year-olds) were analyzed in the study. In addition to the number of matches played, increased medical withdrawal rates were directly related to the older age divisions, to male players, to singles matches, and to main draw matches. The overall medical withdrawal rate was 15.6/1000 match exposures with 16.9/1000 for males and 14.0/1000 for females.

"Medical withdrawal rates in USTA national junior tournaments are higher than injury rates in other overhead, noncontact sports, such as baseball and softball. On top of that, the rates are closer to that of other intercollegiate contact sports such as soccer. Limiting the number of matches a player plays per day and initiating an extended rest period after the fourth match within a tournament may decrease the risk for withdrawal due to an injury or illness," suggests Jayanthi.

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