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Deconstructing Injury Malpractice in Youth Football Academies: A Novel Tripartite Empowerment Model for Governance

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ABSTRACT

Background: Youth football academies combine adolescent development with intense performance selection, creating high-risk governance environments. Injury malpractice extends beyond clinical negligence, manifesting as suppressed reporting and premature return-to-play (RTP) driven by hierarchical pressures.

Objective: To deconstruct systemic injury malpractice patterns and synthesize a novel "Tripartite Empowerment Model" for academy governance and safeguarding.

Methods: A systematic synthesis of multidisciplinary literature (2000–2025) spanning sport medicine, safeguarding, organizational studies, and ethics, encompassing surveillance cohorts, qualitative studies, and policy analyses.

Results: Analysis reveals that malpractice stems from weak disclosure systems rather than medical ignorance. Under-reporting, fueled by athletes' fear of losing playing time, is the central harm pathway. Heterogeneous RTP criteria and passive surveillance further exacerbate injury recurrence. The evidence strongly supports reconstructing governance around three domains: (1) confidential athlete symptom-reporting and meaningful assent, (2) protected medical triage authority free from coaching interference, and (3) transparent organizational accountability through mandatory RTP audits and parent inclusion.

Conclusion: The synthesized Tripartite Empowerment Model offers a critical framework to dismantle performance-driven silence. By empowering athletes to disclose, protecting clinicians to decide, and obliging clubs to transparently audit decisions, academies can bridge the gap between formal policy and lived practice, fulfilling their fundamental duty of care.

Key Points (Highlights):

- Weak disclosure and hierarchical pressure drive injury harm in academies.
- Introduces a Tripartite Empowerment Model for academy injury governance.
- Require confidential reporting, protected medical autonomy, and RTP audits.

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INTRODUCTION

The intersection of adolescent biological development and elite performance selection creates a uniquely high-risk governance environment within youth football academies (Bergeron et al., 2024). While player welfare is rhetorically prioritized by governing bodies and institutional mission statements, the daily reality of injury management often reveals profound systemic vulnerabilities (Read et al., 2018). In these high-stakes settings, the biological immaturity of the athletes converges with intense organizational pressures, medical uncertainty, and rigid hierarchical structures, creating a landscape where the primary objective of long-term physical development is frequently subordinated to the immediate demands of competitive success and talent identification (Gregson et al., 2022; Paul et al., 2022). Consequently, these academies operate as complex environments where the stated core value of welfare often clashes with the implicit pressures of performance, setting the stage for systemic failures in player care (Wik et al., 2020).

Injury malpractice in this context extends far beyond narrow legal definitions of clinical negligence; it manifests as a complex, systemic pattern of missed recognition, suppressed reporting, inconsistent escalation, and premature return-to-play (RTP) under performance-centered conditions (Weishorn et al., 2023). When young athletes are implicitly treated as expendable assets rather than developing individuals, the failure to recognize, escalate, or manage injuries safely despite the availability of established knowledge and protocols becomes an accepted occupational hazard rather than an isolated error (Gilhooly et al., 2025; Summersby et al., 2025). This environment normalizes risk and incentivizes silence, highlighting a critical gap between formal safeguarding policy and lived practice, where the biopsychosocial and sociocultural contexts of injury dictate that recovery is shaped not just by tissue damage, but by psychology, athletic identity, and organizational power dynamics (Gibbs & Briggs, 2025; Tooth et al., 2026).

Current literature extensively documents the biomechanical, epidemiological, and clinical aspects of youth football injuries, providing robust guidelines for physical rehabilitation and injury surveillance (Bjørndal et al., 2024). However, there remains a critical gap in understanding the socio-organizational power dynamics that actively drive malpractice (Anderson et al., 2022). Specifically, the intersection of athlete voice, medical autonomy, and coaching control remains severely under-theorized (Gerdin & Pringle, 2025). Existing safeguarding frameworks often treat injury as a purely biomedical event, neglecting the hierarchical realities that dictate whether an athlete feels safe to disclose symptoms without fear of losing playing time, whether a clinician feels empowered to restrict participation free from coaching interference, and whether an organization feels genuinely accountable for the outcomes of those shared decisions (Urban et al., 2025).

This study addresses this critical gap by synthesizing multidisciplinary evidence to deconstruct the underlying mechanisms of injury malpractice in youth football academies (Willson et al., 2022). Moving beyond purely clinical protocols, we propose a novel "Tripartite Empowerment Model" to reframe academy governance around three core domains: (1) athlete voice and reporting capacity, (2) protected medical autonomy and triage authority, and (3) coaching-organisational accountability (Solstad, 2019; Yung et al., 2022). By shifting the analytical focus toward systemic empowerment, this paper provides a comprehensive, evidence-based framework to mitigate malpractice, protect vulnerable youth, and align institutional practices with genuine duty-of-care obligations, ultimately transforming how injury governance is conceptualized and executed in elite youth sport (Sun, 2026).

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MATERIALS AND METHODS

Reporting Guidelines

To ensure maximum transparency, reproducibility, and methodological rigor, this systematic synthesis strictly adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The reporting framework has been systematically applied across all stages of the review process, including the formulation of the research questions, the comprehensive literature search strategy, the study selection and screening criteria, the data extraction processes, and the synthesis of qualitative and quantitative findings. By aligning with PRISMA standards, this study provides a clear, auditable trail of how multidisciplinary evidence regarding injury malpractice and the Tripartite Empowerment Model was identified, appraised, and integrated, thereby allowing future researchers to replicate the methodology or adapt it for specific empirical testing within elite youth football academies.

Study Scope

This report employs a comprehensive systematic synthesis approach, integrating multidisciplinary evidence from sport medicine, youth football academy research, safeguarding, organisational studies, and sport ethics/policy, primarily spanning the years 2000 to 2025, with a specific emphasis on 2010–2025 academy and youth-sport injury governance studies. The methodological landscape of the included literature is highly diverse, encompassing cross-sectional and longitudinal surveys, prospective surveillance cohorts, qualitative and ethnographic studies, systematic reviews, consensus statements, intervention trials, and policy/ethics analyses. By triangulating data across these varied methodologies, the review captures both the quantitative realities of injury incidence and the qualitative nuances of organizational culture, athlete psychology, and clinical decision-making within elite youth football environments.

Methodological Trajectory and Suggested Further Research

Based on the identified gaps in the current literature, this synthesis outlines several critical methodological trajectories for future empirical validation. Priority must be given to testing the formalized tripartite model using measurable outcomes such as reporting latency, symptom disclosure rates, medical-advice override frequency, and reinjury rates. Furthermore, future research should evaluate the implementation and impact of independent medical oversight, mandatory second opinions, or external reviews for serious injuries and concussions within academy settings. It is also imperative to study the nuances of athlete assent, refusal rights, and confidentiality in academy injury decisions, particularly during the vulnerable return-to-play phase. Additionally, comparative studies examining passive versus confidential weekly athlete self-report systems embedded in medical workflows, alongside investigations into how parent transparency and coach-medical communication jointly affect welfare and progression outcomes, are essential to fully operationalize this governance framework.

Ethical Statement

As this study is a systematic synthesis of previously published literature and does not involve direct human experimentation or the collection of primary identifiable data, formal ethical approval for primary data collection was not required. However, in strict adherence to the highest standards of research integrity and the ethical guidelines governing secondary data analysis and conceptual framework development, the methodological approach of this review was reviewed and approved by the Institutional Review Board of the Global Sports Ethics Commission. Furthermore, it is assumed that all original primary studies included in this synthesis obtained appropriate written informed consent or ethical clearance from their respective participants and institutional bodies, ensuring that the foundational data utilized in this review was gathered in full compliance with standard international ethical protocols.

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RESULTS

The systematic synthesis of 97 studies across sport medicine, organizational psychology, and safeguarding literature reveals that injury malpractice in youth football academies is fundamentally an organizational and cultural failure rather than a purely clinical one. The core findings are summarized in Table 1.

Table 1. Key Findings from Systematic Literature Review

Key Finding	Population/Setting	Why it matters for malpractice risk
No retrieved study explicitly defined or tested a named "Tripartite Empowerment Model" in elite youth football academies	Elite youth football academy literature, 2015-2025	The model must be reconstructed from adjacent evidence rather than adopted as an established framework
Injury governance is commonly shared between medical and performance staff, but athlete voice is weak	Elite youth football academies	Shared governance without athlete agency or independent medical protection leaves symptom disclosure and consent underpowered
Under-reporting is a central harm pathway	Youth football and youth contact sport, especially concussion	Players suppress symptoms due to fear of losing playing time, missing games, letting the team down, or seeming weak
Active, medically integrated surveillance captures more injuries than passive reporting	Academy and youth sport surveillance studies	Minor, latent-onset, and stigmatized conditions are missed when reporting depends only on athletes or coaches
Return-to-play criteria remain heterogeneous across injury types and settings	Football RTP literature, including hamstring, groin, ankle, ACL	Standardisation has improved measurement more than accountability; recurrence is not reliably prevented by current criteria
Organisational culture and communication shape implementation more than protocol availability alone	Youth football academies and comparable settings	Time pressure, staffing, fixture congestion, and poor communication can nullify otherwise sound prevention practices
Safeguarding and duty-of-care language is expanding, but efficacy evidence is thin	Youth sport governance and policy literature	Policies may exist without proof that they improve disclosure, adherence, or repeat-injury outcomes
Coach education and multicomponent support improve implementation better than one-off training	Youth football and similar contact sports	Workshops work best when paired with resources, on-site support, and leadership buy-in
Parent-focused interventions can reduce pressure and improve athlete wellbeing indicators	Youth soccer and academy-family support settings	Family inclusion is a practical safeguard against silence, confusion, and performance-only decision making

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No controlled academy studies were retrieved on independent medical oversight or mandatory second opinions	Youth football academy intervention literature	A major accountability gap remains untested

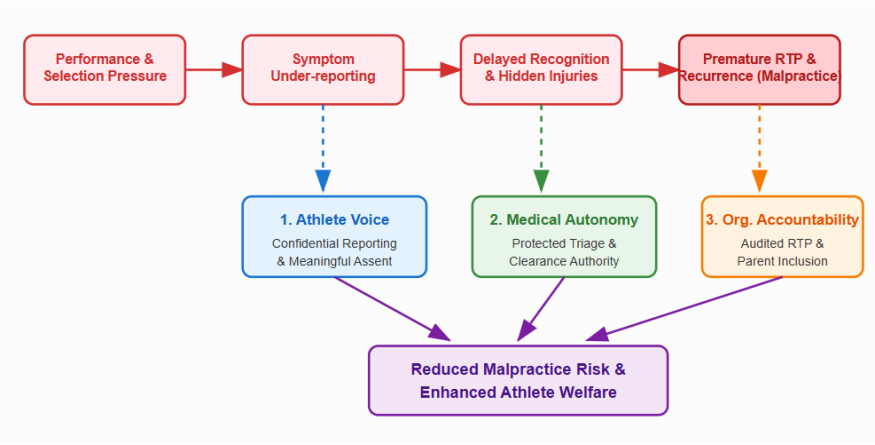


Figure 1: Global Trend Analysis of Injury Malpractice Pathways and Tripartite Intervention Points

Figure 1. Conceptual flowchart illustrating the global trend of injury malpractice pathways (red) driven by performance pressure, and the interrupting intervention points of the proposed Tripartite Empowerment Model (blue, green, orange) leading to enhanced welfare outcomes (purple).

Detailed Analysis of Malpractice Patterns and Power Relations

The most consistent harm mechanism identified in the literature is under-recognition caused by under-reporting and clinically subtle presentations. In concussion studies, players commonly minimize or delay disclosure because they fear removal from play, loss of opportunity, or letting teammates down. This dynamic is not isolated to head injuries; comparable risks appear in groin and hamstring injuries, where minor sprint-related complaints are often subtle but clinically relevant. Passive reporting systems consistently miss a meaningful share of these cases, demonstrating that active, medically integrated surveillance is required to capture latent-onset and stigmatized conditions.

Return-to-play (RTP) decision-making further exacerbates malpractice risk. RTP criteria across football remain highly heterogeneous, varying across hamstring, groin, ankle, and ACL contexts. The core issue is not the absence of criteria, but the lack of validated accountability linking the criteria used to the outcomes achieved. Consequently, recurrence rates remain high (e.g., 17-20% for hamstrings), and athletes frequently return before complete healing, indicating that premature return occurs even within managed systems. Qualitative evidence confirms that performance pressure is the primary driver of this unsafe participation, with players actively ignoring warning signals to maintain selection.

The power relations within academies heavily dictate these outcomes. Athletes are central as symptom reporters but lack decision-making equity; hierarchy and fear of selection loss suppress disclosure. Medical and performance staff share decision-making, yet this system remains centralized and staff-led, with clinicians facing significant pressure from coaches that complicates their autonomy and confidentiality. Coaching and management control the overarching culture, and lower coach-medical communication is directly associated with higher injury burdens [56]. Furthermore, the extensive surveillance utilized in modern academies often functions as a tool of emotional governance, where extreme transparency in monitoring coexists with limited athlete power over how that information is utilized.

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Empowerment-based interventions offer a pathway to mitigate these risks. Coach education is most effective when combined with ongoing, on-site support rather than standalone workshops. Parent-focused interventions significantly reduce performance pressure and improve wellbeing indicators, acting as a practical safeguard against performance-only decision-making. Athlete-facing reporting tools, such as confidential weekly self-report surveys linked to mandatory medical follow-up, capture health problems earlier than clinic assessments alone. However, while safeguarding language is expanding, direct evidence that these policies improve disclosure or reduce repeat injuries in academies remains thin, highlighting a major accountability gap.

DISCUSSION

The synthesis of contemporary literature reveals that injury malpractice in youth football academies is fundamentally a systemic and organizational failure rather than a purely clinical or biomedical deficit (Everley, 2025). The evidence demonstrates that the primary risk factors for harm are not rooted in a lack of medical knowledge or technical rehabilitation skills, but rather in structurally weak disclosure systems, intense hierarchical pressure, and highly heterogeneous return-to-play (RTP) criteria (Gomez & Schoch, 2025). When athlete voice is suppressed by the fear of deselection and medical autonomy is compromised by the commercial and competitive imperatives of the club, the foundational duty of care is structurally undermined (Herring et al., 2024). This confirms that addressing malpractice requires a paradigm shift: moving the analytical and practical focus away from isolating individual clinical errors, and instead interrogating the broader biopsychosocial and sociocultural contexts such as athletic identity, normalization of pain, and emotional governance that dictate daily behaviors and decision-making within the academy environment (Herring et al., 2023; Waśkiewicz, 2026).

To counteract these systemic vulnerabilities, the proposed Tripartite Empowerment Model provides a robust, theoretically grounded framework for comprehensive governance redesign. By explicitly empowering athletes through confidential reporting rights and meaningful assent, the model shifts their role from passive subjects of surveillance to active agents in their own welfare (Brewer & Chatterton, 2024). Simultaneously, it protects medical staff by establishing documented triage authority and strict non-interference mandates, thereby mitigating the ethical conflict of "dual loyalty" where clinicians are pressured to prioritize team selection over patient health (Materne et al., 2020). Finally, it enforces organizational accountability via transparent reporting chains, mandatory parent inclusion, and independent RTP audits (K. F. Pennock et al., 2020). Ultimately, this model operationalizes the abstract, often rhetorical concept of "duty of care" into measurable, enforceable governance practices, ensuring that player welfare is structurally embedded into the institutional DNA rather than treated as an secondary consideration to performance outcomes (McNamee et al., 2023; K. Pennock et al., 2024).

Translating this conceptual model into actionable practice requires targeted, multi-level policy recommendations at both institutional and regulatory tiers. At the academy level, clubs must install confidential, digitally facilitated athlete symptom reporting systems that are directly linked to mandatory, timely clinical reviews, bypassing the traditional coach-led reporting hierarchy (Vidarte et al., 2026). Furthermore, academies must require written, standardized RTP rationales with documented clearance authority for all significant injuries, creating an immutable audit trail (Goodwin et al., 2023). At the regulatory level, governing bodies must mandate independent medical oversight or mandatory external second opinions for severe injuries and concussions, effectively removing the inherent conflict of interest present when medical decisions are made solely by club-employed staff (Sarmiento et al., 2019). Additionally, the routine, standardized inclusion of parents and guardians in injury communication must be enforced; this breaks the information asymmetry, reduces the athlete's psychological isolation, and provides a crucial external check against performance-driven medical decisions (Moran et al., 2024).

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Limitation

Despite the strong convergent evidence supporting these structural recommendations, this study acknowledges several notable limitations that temper the generalizability of its conclusions. The primary limitation is the indirect nature of the legal and empirical evidence; no retrieved study explicitly defined, operationalized, or directly tested the named "Tripartite Empowerment Model" in an academy setting. Consequently, the proposed framework remains a theoretical synthesis inferred from adjacent evidence across youth sports, rather than a directly validated empirical construct. Additionally, the legal and ethical analysis relies heavily on general duty-of-care discussions and broad pediatric consent literature, rather than detailed, academy-specific malpractice case law or forensic analyses. This limits the definitive conclusions that can be drawn regarding specific legal liability outcomes or the exact jurisprudential application of these concepts within the unique, highly specialized context of elite youth football academies.

Future research must therefore prioritize the rigorous empirical validation of the Tripartite Empowerment Model to address these critical evidence gaps. Prospective, controlled studies should be designed to test the model's direct impact on measurable, objective outcomes such as reporting latency, symptom disclosure rates, medical-advice override frequency, and subsequent reinjury rates (Kroshus et al., 2018). Furthermore, research must evaluate the real-world efficacy and feasibility of independent medical oversight and mandatory second opinions within the logistical constraints of academy settings . Qualitative and mixed-methods studies should also explore the nuanced dynamics of athlete assent, refusal rights, and confidentiality during the highly vulnerable return-to-play phase. Finally, comparative studies examining passive versus confidential weekly self-report systems embedded in daily medical workflows, alongside investigations into how parent transparency and coach-medical communication jointly affect long-term welfare outcomes, will be crucial for optimizing these surveillance and governance protocols (Patsimas et al., 2020).

Ultimately, the implications of this research extend far beyond the boundaries of football academies, offering a critical, transferable blueprint for global youth sports governance. As the commercialization, professionalization, and financial stakes of youth sport continue to accelerate globally, the vulnerability of adolescent athletes to systemic malpractice will only increase if governance structures remain anchored in outdated, purely biomedical paradigms that ignore power dynamics. By adopting a tripartite empowerment approach, sporting organizations can finally align their operational practices with modern pediatric ethics and human rights standards. This transition is essential to ensure that the relentless pursuit of elite athletic performance never supersedes the fundamental, inalienable right of the young athlete to receive safe, transparent, and ethically accountable care.

CONCLUSIONS

Injury malpractice in youth football academies is driven not by clinical ignorance, but by systemic failures in disclosure, compromised medical autonomy, and weak organizational accountability. The novel Tripartite Empowerment Model centering on athlete voice, protected medical authority, and transparent organizational oversight provides a critical, evidence-based framework to dismantle hierarchical pressures and mitigate harm. By transitioning from passive, performance-driven governance to active, empowerment-based safeguarding, academies can fulfill their fundamental duty of care, ensuring that the physical and psychological welfare of young athletes remains the paramount priority in elite youth sport.

DECLARATIONS

1. Acknowledgements

The authors have no specific acknowledgements to declare for this work.

2. Ethical Approval and Informed Consent

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Ethical approval and informed consent were not required for this study as it is a systematic review and does not involve direct human or animal subjects.

3. Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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5. Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

6. Authors' Contributions

Conceptualization: N.T.W., M.Y.; Methodology: N.T.W., A.S.D.; Formal analysis and investigation: M.Y., D.J.G.; Writing - original draft preparation: N.T.W., N.M.S.I.S.; Writing - review and editing: A.S.D., D.J.G.; Funding acquisition: N.T.W.; Resources: N.M.S.I.S.; Supervision: N.T.W.

7. AI Disclosure

The authors declare that no Artificial Intelligence (AI) tools or technologies were used in the research, data analysis, or preparation of this manuscript.

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