

Hull Sports Participation and Injury Rehabilitation Data Brief 2026

A transparent picture of 45 sports clubs across Hull and the East Riding, combined with current evidence on assessment, rehabilitation, return to sport and the appropriate role of hands-on treatment.

LOCAL DIRECTORY	PUBLIC EVIDENCE	CLINICAL INTERPRETATION
45 publicly verifiable club records checked 21 September 2026.	Sport England, NHS, NICE and peer-reviewed consensus and review papers.	Written and reviewed by Kenneth Mgbakogu, HCPC-registered MSK Physiotherapist and Independent Prescriber.

This brief does not estimate how many sports injuries occur locally. No athlete injury survey or clinical record analysis was conducted.

What the data says

The local directory is a deliberately curated outreach dataset, not a census of every club. Its value is in showing the breadth of sports and the practical routes through which evidence-based injury education and referral information could reach local participants.

45	19	28 / 17	100%
clubs in the curated directory	sport labels represented	Hull / East Riding clubs	with a public contact route and source

The local footprint

Club records by area



Outreach priority



Of the 45 records, 28 (62.2%) are in Hull and 17 (37.8%) are in the East Riding. Eighteen (40.0%) were marked 'Start first' based on likely musculoskeletal fit, proximity and ease of reaching a decision-maker - not as a judgment of club quality.

National participation context

64.6%

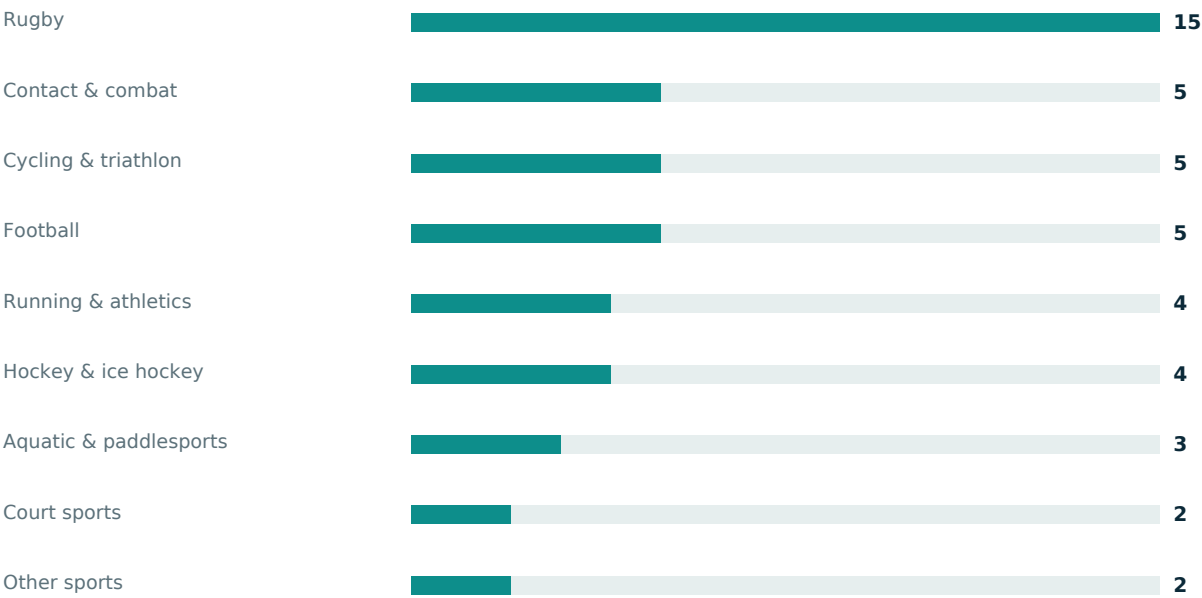
of adults in England completed at least 150 minutes of moderate-intensity physical activity a week in Sport England's November 2024-25 Active Lives release.

This is an England figure used for context; it is not a Hull estimate.

A diverse local sports landscape

Rugby is the largest group in the curated directory, but two-thirds of the records represent other sports. That matters for injury education: local content should not speak only to contact injuries or football. It should also address running load, cycling-related symptoms, throwing and racquet demands, aquatic shoulder load and return to training after overuse problems.

Club records by broad sport group



Broad groups were created for this brief from the 19 sport labels in the source directory. The underlying records are preserved; grouping is an analytical presentation choice.

What this suggests for local education

Audience	Useful education topic
Contact sports	Acute injury triage, concussion removal from play, shoulder and knee rehabilitation, and a criteria-based return to contact.
Running and endurance	Training-load changes, tendon and bone-stress warning signs, calf and hamstring capacity, and phased return to mileage.
Court, hockey and field sports	Ankle and knee control, repeated acceleration and deceleration, change of direction, and return under fatigue.
Aquatic, throwing and racquet sports	Shoulder, elbow and trunk capacity, gradual exposure to volume and speed, and technique-related demands.

Rehabilitation is a progression, not a date

The 2016 return-to-sport consensus describes return as a continuum rather than a single clearance moment. Progress should connect symptoms and tissue healing with physical capacity, sport demands, confidence, context and acceptable risk. Later frameworks make this concrete: the PAASS ankle framework includes pain, ankle impairments, athlete perception, sensorimotor control and sport or functional performance.

Stage	Main question	Typical focus
1. Triage	Is this safe for routine rehabilitation?	Mechanism, red flags, fracture/dislocation risk, concussion, referral.
2. Settle and protect	What can be kept moving safely?	Relative protection, symptom control, early movement and education.
3. Restore movement	Which movement is limited and why?	Range, joint function, tissue tolerance and adjacent regions.
4. Rebuild capacity	Can the body tolerate training demands?	Strength, endurance, speed, power and repeated effort.
5. Return to sport	Can sport tasks be completed with acceptable risk?	Sport drills, confidence, fatigue, contact and phased competition.

Current sports trauma management

Immediate management starts with safety and an accurate problem definition. Significant trauma, suspected fracture or dislocation, neurovascular symptoms and head injury require the appropriate urgent pathway. For many soft-tissue injuries, prolonged complete rest is not the goal. PEACE & LOVE is one widely cited framework that emphasises protection and education early, followed by loading, aerobic activity and exercise as recovery progresses.

Concussion sits outside routine musculoskeletal rehabilitation. An athlete with suspected concussion should be removed from play and assessed under an appropriate concussion pathway; return should follow staged, healthcare-led guidance.

What is measured before return?

Depending on the injury and sport, reassessment may include pain, swelling, range of movement, strength, endurance, balance, hopping or landing, sprint exposure, cutting, throwing, fatigue response, confidence and the ability to complete graded training. Not every test applies to every athlete.

Treatment choices: active care first, adjuncts in context

Sports injury management is rarely a competition between one manual technique and one exercise. The useful question is what each option contributes to a defined goal, what its limits are, and how progress will be tested.

Option	Possible role	Important limit
Progressive rehabilitation	Restore movement, strength, control and sport-specific capacity.	Must be progressed to the person's injury, response and sport demands.
Sports massage / soft-tissue treatment	May help short-term comfort, soreness or flexibility for some people.	A 2020 meta-analysis found no direct performance benefit; it should not replace loading and conditioning.
Peripheral joint mobilisation	May be used to improve short-term comfort or movement after assessment.	Not appropriate as a stand-alone answer or where instability, fracture or another contraindication is suspected.
Bracing, taping or support	Can modify symptoms or provide confidence during selected tasks.	Does not by itself rebuild strength, balance or sport capacity.
Surgical opinion	May be needed for selected fractures, dislocations, complete ruptures, mechanical blocks or persistent major dysfunction.	The decision depends on diagnosis, severity, sport, goals, risks and response to suitable non-surgical care.

Different roles for sports massage

Use	Reasonable aim
Pre-event	Brief preparation or perceived readiness, without claiming injury prevention or enhanced performance.
Post-event / recovery	Comfort, relaxation and short-term soreness management.
Training-cycle maintenance	Short-term symptom or movement support around a demanding training period.
Rehabilitation adjunct	Create a temporary window for movement or exercise while capacity is rebuilt actively.

Evidence should be described accurately. A 2020 systematic review and meta-analysis found no direct improvement in strength, sprint, jump or endurance performance from sports massage, although small improvements in flexibility and delayed-onset muscle soreness were reported.

Conservative or surgical?

Many sprains, strains, tendinopathies and stable injuries are first managed non-surgically. A surgical opinion may be appropriate for selected unstable fractures or dislocations, complete ruptures, a persistently locked joint, significant structural injury, neurovascular compromise or major ongoing limitation despite appropriate rehabilitation. Diagnosis, timing, sport demands, risks, preferences and access to high-quality rehabilitation all matter.

Methodology and limitations

Local directory

The source was Resolve MSK Clinic's 'Hull & East Riding sports club outreach' workbook, checked 21 September 2026. It contains public club-business contacts and contact routes. This analysis counted the 45 distinct club rows and used the workbook's Region and Priority fields. Sport labels were retained for the detailed count and mapped into nine broad groups for presentation.

What was verified

All 45 rows contained a public contact route and a verified source URL. Six rows included a public email address and seven included a public telephone number. Contact details are not reproduced in this public brief. The source directory should be refreshed before outreach because officeholders and contact routes change.

What this brief cannot show

The directory was built for outreach and is not a complete register of clubs, participants or facilities. Club counts do not measure membership, participation volume, injury burden, demand for healthcare or treatment outcomes. The brief contains no local athlete survey, injury-incidence study or analysis of patient records. It should not be used to estimate how many people in Hull are injured.

How to create genuine local injury data next

A future club survey could use a defined period, consistent injury definition, exposure measure and anonymous reporting. At minimum it should record sport, age band, training or match exposure, body region, time-loss days, recurrence, care sought and return-to-sport status. Results should include response rates, missing data, denominators and privacy safeguards before any local prevalence claim is made.

Clinical use

This brief supports local education and transparent content planning. It does not diagnose an injury, select treatment for an individual, or replace urgent medical assessment where indicated.

Sources and review information

Primary and official sources were prioritised. Links were checked on 22 September 2026. Evidence evolves; review is due by September 2027 or sooner if major guidance changes.

1. Sport England. Active Lives Adult Survey, November 2024-25 data tables.
<https://www.sportengland.org/research-and-data/data/active-lives/active-lives-data-tables>
2. Ardern CL et al. 2016 consensus statement on return to sport.
<https://bjsm.bmj.com/content/50/14/853>
3. Dubois B, Esculier JF. Soft-tissue injuries simply need PEACE and LOVE.
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4. Smith MD et al. PAASS framework for return to sport after acute lateral ankle sprain.
<https://bjsm.bmj.com/content/55/22/1270>
5. Davis HL et al. Effect of sports massage on performance and recovery: systematic review and meta-analysis.
<https://pubmed.ncbi.nlm.nih.gov/32426160/>
6. London International Consensus on hamstring rehabilitation, running and return to sport.
<https://bjsm.bmj.com/content/57/5/278>
7. Amsterdam consensus statement on concussion in sport.
<https://bjsm.bmj.com/content/57/11/695>
8. NHS. Sprains and strains.
<https://www.nhs.uk/conditions/sprains-and-strains/>
9. NICE NG232. Head injury: assessment and early management.
<https://www.nice.org.uk/guidance/ng232/chapter/recommendations>

About Resolve MSK Clinic

Resolve MSK Clinic provides assessment-led musculoskeletal care and sports injury rehabilitation at 44 Bond Street, Hull. Clinical content is written and reviewed by Kenneth Mgbakogu, an HCPC-registered musculoskeletal physiotherapist and independent prescriber with more than seven years' clinical experience.

Website: resolvemsk.co.uk/sports-injury-rehabilitation-hull