

ing ($r = .31, p < .01$). The golf swing is physically demanding resulting in lower back injuries for Australian professional players. Players need to consider their injury history and volume of play regarding the possibility of lower back injury.

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Perceptions of role modeling and junk food advertising in elite and sub-elite athletes

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Introduction: Lifestyles of elite athletes are prominent in the media and their actions influence the public, particularly young people. Therefore they may hold an important role in determining healthy behaviours such as physical activity, diet and alcohol consumption. This study examines perceptions of elite and sub-elite athletes regarding the importance of “the spirit of sport”, their role in modeling of healthy behaviours, prevention of obesity in the community and acceptability of junk food advertising. **Methodology:** Data came from a multi-item, psychometrically tested questionnaire on anti-doping and other health behaviours completed by athletes recruited through National and State Institutes of Sport or via sport governing organizations. Athletes indicated their degree of agreement to six statements on a 5-point Likert scale from strongly disagree to strongly agree (1–5). Scores on each statement were formally compared by gender. **Results and conclusions:** Six hundred and eighty-two (57.6% male) athletes currently competitive at least at state level in Australia in athletics, basketball, rugby league or swimming completed the questionnaire. Athletes value the “spirit of sport” with almost all (94%) agreeing it is important to them. The majority perceived they should be role models for the general community to be active (92%) and have a role in obesity prevention (63.8%). Despite a fifth (20.9%) believing junk food and alcohol advertising in sport to be acceptable, few (3.7%) thought elite athletes should promote junk food or alcohol. A sizeable minority (19.1%) believed advertising involving high profile athletes promoting junk food or alcohol increases their consumption of such products. Analysis of variance revealed a statistically significant gender effect for three statements: athletes should be role models for the general community to be active (mean: male 4.41; female 4.55, $p = .01$; acceptability of junk food and alcohol advertising in sport (mean: male 2.83; female 2.28, $p < .01$) and involvement of elite athletes in product promotion (mean: male 2.03;

female 1.59, $p < .01$) with males less likely to disagree that junk food and alcohol advertising in sport is acceptable and females more likely to agree athletes should be healthy role models. The remaining three statements did not reach statistical significance for gender differences. Overall, elite and sub-elite Australian athletes perceive themselves as having a role in promoting healthy lifestyles to the general public and do not favour junk food or alcohol advertising or involvement of athletes in product promotion.

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Clinical measures in athletes with and without Achilles tendinopathy and their relationship to tendon-aponeurosis strain

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Introduction: Achilles tendinopathy (AT) is a debilitating condition that commonly presents to sports medicine clinics. We recently completed a study identifying that Achilles tendon-aponeurosis strain is higher in male athletes with tendinopathy when compared to healthy controls. However, the assessment of tendon-aponeurosis strain in vivo using ultrasonography is laboratory based and requires the use of specialised equipment and a highly skilled operator. The purpose of this study was to compare several clinical measures in male athletes with and without Achilles tendinopathy and to investigate the inter-relationships of these clinical measures with Achilles tendon-aponeurosis strain. **Methods:** Twenty-five males (23–58 years) who had clinical signs and symptoms of AT (>3 months) together with 25 uninjured males, matched for weekly running volume and age, participated in the study. All participants were screened using greyscale and Doppler ultrasound and were running > 20 km/week. Ankle joint dorsiflexion range of motion (1), arch stiffness (2), hop for distance (3), first metatarsophalangeal joint stiffness (4) and foot posture (5) were compared between the groups. Correlations between these clinical measures and tendon-aponeurosis strain in a subset of 14 males with AT and 15 uninjured males were also investigated. **Results:** More people in the control group had a pronated foot type when compared to the AT group ($p < 0.05$). There were no other between-group differences in clinical measures. In the control group, there were no relationships between Achilles tendon-aponeurosis strain and each of the clinical measures. However in the AT group, increased Achilles tendon-aponeurosis strain was significantly correlated with increased arch stiffness ($r = 0.44$), increased hop for distance ($r = 0.57$) and a more pronated foot type ($r = 0.70$). **Conclusion:** The results of this study provide evi-