CHAPTER VI

Negative impact on the health of professional sports players (for example playing in futsal)

Key words: indoor football, injuries, rational training

Słowa kluczowe: piłka nożna halowa, urazy, racjonalny trening
INTRODUCTION

The name of the sport derives from the Latin word 'desportare' used in the Middle Ages to determine fun spending time serving pleasant by members of the higher social classes[6].

After many years of participation in various forms of physical culture and going through many stages of selection of sports, we can say that "sport is a form of participation in physical culture people with the necessary abilities somato-motor and aspirations agonist-perfectionistic, whose aim is to satisfy the needs of self-realization in the way of competition in an effort to achieve maximum results in terms of physical fitness and mobility " [6, page 42-43].

Sport is the arena forever conflicting expectations of conflicting tendencies of players and fans as well as the health risks that flow from his practice. The most important antinomy include:

- "subjectivity participation in sport and objectification of man as a force, whether employed or enslaved unit to produce a result
- fair play and the desire to profit at any cost as a value in itself
- the postulate of equal opportunities and economic inequality competition and competitive civilization sites
- sport as a way to value life and its influence on the postponement of the start of
- propaganda and depressing at the same time the role of the record-breaking achievements in the promotion of sport in the lives of
- demand flexibility in shaping the body and its fragments practice to meet the needs of individual sports
- moral and social maturity as a condition of participation in the subject sport
- and the age of the optimal biological capability of the body to achieve maximum results for sports" [6, page 44].

Pic.1 Forms of participation in physical culture [5]

Sport is one of the three forms of participation in physical education and physical recreation beside rehabilitation (pic.1). Sports practice this craft carrying the appropriate predispositions and aspirations and an appropriate level of general motor performance and special. In the course of many years of participation in physical culture
man encounters on his way various barriers, which are the stages of selection for competitive sports. This will ultimately create high-performance sports best unit predisposed to it and selected which, despite his young age often have long-term training experience.

Should think about what it is professional sport and how it differs from the sport in general?

The simplest definition of competitive sports is the fact that it is one of human activity from which it draws its income with which it is able to maintain.

The human body is understood here as a tool through which the man earns the money. In contrast, high-performance sport in order to maintain the health and care of the body and a non-player livelihoods is a sport in the literal meaning.

High-performance sport also goes beyond the normal existential human needs is something more, because in him the man is trying to show superiority over the other man - sportsman, where the rules of the game are fixed. Undoubtedly, this is a rivalry perfection of their body over another person's body or rivalry with itself or with nature. An example of such a struggle can be lonely sailors or mountaineers.

The perfection of human movements in competitive sports also affects the aesthetic value of the body in terms of the kinetics of its movements as well as the morphological aspect.

Agonistic values of the body can sometimes be a threat to the health and harmony morphological - functional and sometimes can lead to degradation of the physical and mental health, sometimes to death.

Professional sport is the last, highest stage of classical physical education, where the practitioner is at the maximum of their abilities, motor or mental in terms of both individual and team. Predisposes the person to win the best-trained and trained and adequate predisposition morphological, functional, genetic and volitional.

Professional athletes bring their bodies to perfection, or to a state unattainable for many other people, which arouse admiration and appreciation.

Football is a game with a dynamic character, and your movement are acyclic. Of all the games is one of the most injuring. Impact on many factors such as changing weather conditions, constant pressure on the result. The formation of trauma and injury strongly influenced rules of the game, which in a rather liberal allow the opponent to attack enemy tactics, which often leads to a variety of injuries. Another type of football is a game cultivated in the hall, indoor called futsal. Throughout the training period, and playing games playing conditions are immutable and can be artificially maintained by adjusting the temperature and humidity. The only thing that varies is the ground game, wood or covered with artificial non-slip surfaces. Game cultivated in the hall is a game more intense than football which is recognized in the laws of the game. The game is divided into two halves of 20 minutes each, which is counted only the effective time of the game. In this game, you can see much more number of starts and sudden braking combined with sudden acceleration. In addition, there is a greater number of turns here and a half turns, and vanquished a player run episodes are in the range from a few to 30 meters. Therefore, every player at every stage of the training
is prone to injury and injuries occur, which may be caused by equipment, he or opponent. In sports, including in the game of futsal injuries can be divided according to the place, and the nature of that due to the load condition can take sharp and overload condition. [2].

Acute injuries should be an immediate signal to stop the motor activity, and as soon as possible to ensure adequate medical treatment. There may be many reasons for their formation. The most common include collision with an opponent or sports equipment, as well as by incorrectly traversed the player for example bad landing. Delayed or incorrect treatment can cause abnormal concretion or lack thereof, and even infections. The success of the treatment, or lack thereof affected by: anatomical and functional setting, without this step swelling and pain in the area of injury will occur all the time, until the correct setting and implementation of treatment. Another problem in sport, especially in competitive sports injuries are overload. These injuries can be controlled by the player and the coaching staff. Most often distinguished by external and internal factors that can lead to injury of an overload.

External factors:
- excessive volume and intensity of training
- too large and rapid increase in training load
- introduction of a new motor standard
- continue the exercise without adequate breaks competitive
- wrong movement technique
- weather conditions during training and their impact on the ground to exercise
- mismatched footwear for the weather conditions and the surface
- mismatched equipment to the physical player, height, weight, degree of mastery of technique.

Internal factors:
- gender
- age
- height and weight
- apprenticeship training
- muscle imbalance
- increased muscle tone
- limitation of joint mobility
- posture and upper and lower extremities
- metabolic disorder
- genetic factors and endocrine.

Given the importance of sport in terms of human health, the main aim of the study was to demonstrate that the practice of playing indoor football adversely affect the health of the player.

MATERIAL AND METHOD

The study was conducted on the basis of independently developed by the authors of the survey on the negative impact of playing indoor football on physical and mental
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health of players representing the highest level of fitness training and sports. The study was conducted on 20-27 February 2015, in one of the futsal league clubs in the south of Poland. The study involved 16 players of the club at the age of 19 to 30 years. The survey, which was completed the anonymous players, consisted of three parts. In the first part of the respondents served the following data: their origin, age, height, weight, length of contest, the position on the court, the cause of injury, location of injury, injury time (training match), the period of incapacity to take the next workout, a kind of injury. The second part of the questionnaire includes questions closed on mental health, and therefore the occurrence or not: a strong stress of practicing playing indoor football, the presence of anxiety, neuroses, emotional tension, irritability, depression, sleep disorders, apathy, lack of motivation. The third part of the questionnaire was developed to check the activity of the players after training or match, which affects the rapid regeneration of the player to the next workout.

RESULTS

After collecting the questionnaires distributed to the authors came to their completion. The study involved 16 players, including two by mail, the obtained results are presented in table 1.

Tab. 1. Results of the survey

<table>
<thead>
<tr>
<th>Internship competes</th>
<th>Field position</th>
<th>Causes of injury</th>
<th>Place of injury</th>
<th>Time of injury</th>
<th>Duration of treatment (days)</th>
<th>Description of injury</th>
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</thead>
<tbody>
<tr>
<td>1. 7</td>
<td>midfielder</td>
<td>opponent</td>
<td>field</td>
<td>match</td>
<td>14</td>
<td>sagittal muscle tension</td>
</tr>
<tr>
<td>2. 10</td>
<td>midfielder</td>
<td>individual</td>
<td>field</td>
<td>training</td>
<td>30</td>
<td>pain in the knee, damaged the patellar tendon</td>
</tr>
<tr>
<td>3. 5</td>
<td>midfielder</td>
<td>ground</td>
<td>field</td>
<td>match</td>
<td>30</td>
<td>sagittal muscle tension</td>
</tr>
<tr>
<td>4. 5</td>
<td>midfielder</td>
<td>ground</td>
<td>field</td>
<td>training</td>
<td>21</td>
<td>muscle rupture of the Achilles tendon</td>
</tr>
<tr>
<td>5. 9</td>
<td>defender</td>
<td>individual</td>
<td>field</td>
<td>training</td>
<td>trwa</td>
<td>left adductor strain attachment</td>
</tr>
<tr>
<td>6. 9</td>
<td>defender</td>
<td>individual</td>
<td>field</td>
<td>training</td>
<td>trwa</td>
<td>Baker's cyst knee injury, surgical treatment</td>
</tr>
<tr>
<td>7. 7</td>
<td>goalkeeper</td>
<td>training</td>
<td>field</td>
<td>training</td>
<td>45</td>
<td>muscle tension sciatic-tibial</td>
</tr>
<tr>
<td>8. 7</td>
<td>goalkeeper</td>
<td>training</td>
<td>field</td>
<td>training</td>
<td>30</td>
<td>pain in the knee</td>
</tr>
</tbody>
</table>

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The analysis results (table 1) it can be seen that the eleven players (55%) showed in polls that during training or match suffered 16 injuries. Five of them had suffered two different injuries, and one of the respondents had to undergo surgery of the damaged knee. Injured players had several years of training behind competes from 5 to 12 years in music, and so were the experienced players. Among the injured players performed representatives of all formations. Players for the cause of his injury in three cases recognize their own individual errors, the cause of injury was eight at the opponent played competition, to the creation of three injury contributed to excessive training, and in two cases the cause of injury was the substrate, in the pitch.

Seven different players injuries admitted that they took place during training, and nine other during league games. During the days in which players could not train normally ranged from 14 to 45 days. Players acknowledge that use a variety of different medications that block pain, to be able to participate in games played, and in one case the player plays and trains with unhealed injury.

In the second part of the survey, none of the players has not shown that he practiced sport a negative impact on his mental health. In the third part the players showed that 16 of them out of the game of football working people, including two runs in three shifts, one does not work and does not learn, and one works and learns.

Football is a team sport, where activities are acyclic nature of the movement. Efforts short of the maximum intensity combined with the efforts of moderate-intensity and low - run, trucht, walk. During breaks in the game player's body does a quick

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<tbody>
<tr>
<td>9.</td>
<td>12</td>
<td>defender</td>
<td>training</td>
<td>field</td>
<td>training</td>
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<td>10.</td>
<td>8</td>
<td>defender</td>
<td>opponent</td>
<td>field</td>
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<td>11.</td>
<td>8</td>
<td>defender</td>
<td>opponent</td>
<td>field</td>
<td>match</td>
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<tr>
<td>12.</td>
<td>9</td>
<td>midfielder</td>
<td>opponent</td>
<td>field</td>
<td>match</td>
<td>21</td>
</tr>
<tr>
<td>13.</td>
<td>11</td>
<td>pivot</td>
<td>opponent</td>
<td>field</td>
<td>match</td>
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<td>14.</td>
<td>11</td>
<td>pivot</td>
<td>opponent</td>
<td>field</td>
<td>match</td>
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</tr>
<tr>
<td>15.</td>
<td>7</td>
<td>attacker</td>
<td>opponent</td>
<td>field</td>
<td>match</td>
<td>21</td>
</tr>
<tr>
<td>16.</td>
<td>10</td>
<td>defender</td>
<td>opponent</td>
<td>field</td>
<td>match</td>
<td>28</td>
</tr>
</tbody>
</table>
recovery in order to take the next unplanned exercise at an intensity that comes with playing conditions [3].

Such high demands extremely different from each other repeated sprints and long endurance exercise may result in injury due to the occurrence of fatigue, exercise repeated several times, which in turn often lead to microinjuries.

Should remember that "in a tired player slowly undergoing analysis and decision-making in the brain are impaired information processing continues from the game. Comes to a reduction in the speed of action, seen, predict responsiveness, speed decision making, as well as a serious loss of concentration " [4, page 90].

The above-mentioned reactions of the organism often cause injury occurrence in "the head still wants to fight and the body is less able - as a result of fatigue" [5]. This also applies to the opponent, which loses its strength at a similar rate, which may also lead him into the game contrary to the provisions namely fauling, which is often the cause of injury. To reduce the amount of injury and injury is highly influenced by the warm-up properly carried out. To warm up brought its desired effect, which is the body prepared player to different physical activities during the match, it must be properly planned and carried out. Player organism must be 100% prepared for multiple starts, surges or braking. In addition, his fight for the ball goes not only on the court, but also in the air. This specificity playing indoor football trainers and forces players to pay special attention to the proper preparation of the team for the match.

A significant element for the health of players should be warm, which should be designed to prepare the body for exercise and to the extent warmed optimal traffic system. In order to rationalize the conduct of the warm-up is recommended to use active holiday breaks and fluid replacement, previously tested in terms of training. In addition, it is recommended to divide the warm-up due to the type of motor and position player on the pitch.

The most common injuries in football Indoor include: lower limb muscle strain, bruises and damage to the ligaments of the knee patella, muscle rupture of the Achilles tendon, knee injuries, meniscus injuries alloys: metatarsal and toe and ankle sprains [1].

Professional sport in its essence intensely perfect moves. Improving movement and increase muscle strength can not be done with impunity. The price is increased wear tissues. It should be noted that to date no known way to prevent any premature "devastation" of the musculoskeletal system as a result of its operation over" [7, page 580]. Unfortunately, long-term training at the expense of consuming tissues of the locomotor system, whether as a result of the acquisition microtraumas or by repeating the wrong motor pattern. Other factors contributing to the premature failure of an event may be incidental or enemy action. An important element limiting the formation of injury and contusions in professional sport is the same player and gained over many years of training and routine starts.

Lack of proper concentration and coordination of movements performed and often leads uncontrolled falls that cause sprains or dislocations of joints, ligaments stretching and breaking and muscles.
The above-mentioned indoor football injuries not fully reflect the image of injury that can occur when practicing this sport, which is why the authors decided to present the injuries described in the literature.

During training and playing futsal matches can occur virtually all sports injuries:

1. Broken bones - are the result of impact events fall on an outstretched hand and twisting injury. As a result, fractures are divided into: transverse, oblique, spiral or comminuted. Especially dangerous are the avulsion fracture in which the bone fragment is torn to which is attached the ligament or tendon. The consequences of fractures include: abnormal concretion, which makes it difficult to perform a given movement, delayed concretion or non-union due to lack of anatomical or functional attitude, vascular and nerve injuries within the site of injury, acute Compartment syndrome, infections resulting from the lack of proper antibiotic therapy, muscle atrophy, joint estate limitation, deep vein thrombosis and pulmonary embolism.

2. Articular cartilage - facilitates its essence and construction of traffic in a pond with very little friction. In addition it absorbs shocks and compression strength. The cause of the damage can be sudden movements of a shearie dislocations, sprains. The most common damage to the subject: upper articular surface of the talus, the condyles of the femur, patella, the head of the humerus. Type osteochondral injuries of bone (bone) are often associated with other injuries such as ligament tear or rupture. In order to accurately determine the severity of the injury it is best to use the arthroscopy.

3. Joints - sprain injury arises, which leads to loss of contact between the articular surfaces. When the articular surfaces are in contact then partly talking about partial dislocation. Sprained joint, but can quickly be set before it is recommended that the relaxation of the muscle surrounding the joint. Often, it also causes dislocation damage to the joint capsule and ligaments.

4. ligaments - ligaments form a connective structure that affects the stability of the joint. For a better understanding of the damaged ligament damage divided into 3 stages:
   - 1st stage - are stretched monofilaments
   - 2nd stage - due to the damage more fibers during movement in the pond and voltage articular ligaments there is play, while the final feeling is palpable
   - 3 stage - it is a complete break with the lack of sensation ligament final and high mobility in the joint.
5. Muscles - Muscle damage often occurs when sudden surges and sudden braking. Often injuries are shin muscles ischiopublic, quadriceps, gastrocnemius. Like ligament damage muscle was divided into 3 stages:
- 1st stage - interruption is a small number of fibers, the pain is felt locally, and muscle strength does not decrease
- 2nd stage - interruption is more of muscle fibers, pain accompanied by swelling in the resulting injury. Reduced muscle strength
- 3rd stage - the muscle is completely interrupted, usually takes place where the muscle belly tendon passes.

The most common reasons causing muscular injury include:
- Not proper warm-up
- Abnormal movement technique
- Fatigue and muscle fatigue
- No muscle balance
- Earlier microinjury
- Excessive muscle tension
- Limited range of motion in the joint.

Taking into account the results of the research, the following were characterized injuries typical characteristics of football. Bruises - these injuries occur most often in contact and collision games, and their cause is the effect of the opponent or equipment. Player blow causes him severe pain associated with muscle damage and bleeding. First aid should consist in reducing bleeding and reducing edema, which is achieved by applying a bag of ice. Be sure to isolate the damaged area by the use of eg. towel and do not apply ice directly to the skin of the player. It is also advisable to take breaks in ice applying a damaged area, thus restoring proper blood circulation.

Muscle spasms - they arise as a result of sustained effort and exhaustion, impaired activities of potassium and sodium, dehydration, improper absorption of carbohydrates, as well as shorten the length of the muscle. Undoubtedly, the occurrence of a muscle spasm and pain, has beneficial effects for the player, as it warns of extreme exhaustion and the need to take appropriate action, aimed at restoring the disturbed homeostasis. It was observed that muscle spasms occur in athletes rarely, mostly in extra time, the game being played match or if the matches are played every few days, and it is not possible to fully restore the health of players.

In order to avoid muscle spasms recommended: use plyometric exercises in training, the use of eccentric exercise, maintaining adequate reserves of energy, periodic replacement of fluid, electrolytes and carbohydrates, regular stretching muscles, muscle balance alignment.
Injuries overload - a different kind of overload injuries are injuries that are detected by examining the player and asking him to perform a movement with which feels pain. This allows for a fairly accurate finding a place and cause of the pain.

The first thing to be done with him, is to reduce the load during exercise and the exercise of other muscle groups.

Causes of overload injuries are fairly prosaic, most often occur as a result of increasing the volume and intensity of exercise performed on training, running over rough terrain, exercise in a poorly chosen shoes, exercise, and poor weather conditions, the performance of improperly recommended by the coach traffic, continuous muscle fatigue, drastic change body composition in a short period of time.

Fractures of the bones overload - the most common injuries in athletes bone overload professionally playing soccer injuries can include: the tibia, fibula, scaphoid, femur and pelvis.

The treatment of these injuries may take up to six weeks, while relieving the work damaged area. To injury does not come back, be sure to find the cause and modify traversed, which caused the injury of a player.

Osteomyelitis or periosteum - bone or periosteal inflammation often arises as a result of impact, as well as inflammation of the tendon attachment site. Inflammation of the tendon attachment site most often takes place in the region of the medial edge of the tibia. The treatment for this type of injury is a reduction in muscle spasms acting on the periosteum and muscle tension.

Articular cartilage Injury - injury of an overload occurs in the area of cartilage where it lines the joints. This damage may take the form of microscopic inflammation until a clear slots.

Muscle Injury - injuries that occur in the muscles and are beginning to overload the accumulation of multiple micro-injuries in the same point of the muscle.

These changes are manifested by pain as well as diminishing elongation tissue at the time of stretching, as well as during exercise of a concentric.

Chronic Compartment syndrome - a compartment that applies to both lower extremities and upper. As a result of exercise increases wrong międzypowięziowe pressure, which can lead to the formation of local muscle edema and fluid accumulation in the spaces between fascial. Too tight fascia inhibits muscle expansion, leading to the outbreak of the pain. This pain is characteristic because it occurs in the course of the movement, but during rest stops. To accurately identify the injury międzypowięziowe pressure should be measured. Often it is necessary here embodiment surgery fascietomy or fasciotomy.

Muscle Soreness - physical activity causes damage to the muscles, which is accompanied by pain at the end of exercise. It is a natural phenomenon, but it can be regarded as injury of an overload, when an effort to training is too large.

Can bring pain relief: massage, exercise without axial load, exercise other muscle groups, water baths and hydrotherapy.

Injury tendon - tendon injuries are the most common injuries overload due to frequent their maximum tension. Create tension tendon force generated by the muscle.
Tendons are capable of absorbing very high voltages, but less responsive to forces of nature and hardly shear forces of a compression.

The most common problem in athletes is separately collagen fibers, which were made of surgical intervention. U players often have the proper patellar tendon operations and the Achilles tendon. Major health problems are also found in tendons: long adductor muscle and tibialis anterior.

In the event that conservative therapy does not bring the expected improvement in the health of players be pursued through clinical treatment.

Damage bursitis - swelling and pain are most common within the subacromial bursa, the greater trochanter, knee joints and the Achilles tendon. Treatment of bursitis is essentially difficult due to its poor blood circulation.

Nerve injury - nerve compression created as a result of swelling of the soft tissue surrounding the nerve can cause disturbances which cause increased tension of neural tissue. The most common types of injuries that can include around "posterior interosseous nerve subscapularis, elbow and median in the area of the forearm, the obturator nerve within the groin, posterior tibial nerve in the tarsal canal on the side of the medial malleolus, and what the most common interdigital nerves, especially between 3 and 4 finger foot. This dysfunction is known as Morton's neuroma" [2, page. 24].

Skin damage - skin injuries most commonly occur during combat sports, both during the game and sword training. They are caused by either a contact with an opponent or an uncontrolled fall. These injuries occur in places where there is no founded player protectors.

Other skin injuries causing extreme discomfort at player is blisters. They may be self-absorbed by the body after a few days of reduced training load. Feeling the pain can also cause mismatched underwear, which can cause abrasions. In the treatment of skin injuries is recommended to use antiseptic drugs that prevent the formation of infection [2].

**DISCUSSION**

Health for the player and every human being is the highest value. Loss of health by a player is not only a stand-alone drama, but a loss for the entire team. The main roles of professional sport are units outstanding. This begs the question of whether can avoid injury and contusions? Unfortunately, there is no clear answer that question. We can reduce the incidence of injury through rational training, balanced diet and adequate wellness. The player may need to master the movements of his discipline, which will minimize the risk of concussion or injury.

But there are also factors that player's control, for example foul an opponent aiming to not only eliminate a player from the game, which interrupt dangerous action. It is incomprehensible behavior of some players are cause of many injuries. If there were no violent fouls during the game, there would be many injuries and injuries.

So insightful look at all elements of the game to avoid the unpleasant consequence of trauma and injury. Very important is the self-control of movements performed by
CONCLUSIONS

1. Number of of injury players surveyed annually futsal training is significant - show more than 50% of injuries on the team.
2. Described by futsal players injuries are typical of this discipline in medical diagnosis are difficult to treat
3. The absence of doctor surgeon specializing in the medical personnel of the club impedes quick medical diagnosis. Such an organization in each team increases the risk to the health of players.

REFERENCES


ABSTRACT

Sport is a part of our lives and our culture, cultivated on a different level undoubtedly brings benefits to human health. A man in his nature tends for continuous development and improvement. Man still growing exceeds certain limits. Crossing the boundaries in sport significantly caused injury your health. This article describes the negative effects of practicing playing indoor football in one of the Ekstraklasa clubs in Poland. In Article authors present the results of studies on the players, which examine the resulting injuries. From the analysis of data in the study can be seen that futsal is prone to injury the game. In order to minimize injuries in this game, it is reasonable to lead training athlete (knowledge of the discipline and the health of
Henryk Duda, Paweł Kubieniec, Lucyna Stanek, Alicja Stachura, Paweł Różycki, Dariusz Sledziewski, Łucja Platek

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Sportsman). This training should also be supported by biological regeneration specialist medical and care of player.

STRESZCZENIE

Sport jest częścią naszego życia i naszej kultury, uprawiany na różnym poziomie niewątpliwie niesie za sobą korzyści dla zdrowia człowieka. Człowiek w swojej naturze dąży do ciągłego rozwoju i samodoskonalenia. Ciągle się rozwijając człowiek przekracza pewne granice. Przekraczając te granice w sporcie w znacznym stopniu wyrządzamy szkodę na zdrowiu. Przedstawiony artykuł opisuje negatywne skutki uprawiania gry w piłkę nożną halową w jednym z klubów ekstraklasy w Polsce. Na przykładzie fachowego wywiadu medycznego (metoda badawcza), autorzy w opracowaniu przedstawili wyniki badań na zawodnikach, w których przeanalizowano pozostałe kontuzje. Z analizy danych w badaniach można zauważyć, iż futsal jako dyscyplina sportowa jest kontuzjogenną grą (około 50% kontuzji w drużynie). Chcąc do minimum ograniczyć urazy w tej grze należy racjonalnie prowadzić trening sportowca (wiedza o dyscyplinie i zdrowiu sportowca). Trening ten powinien być także wspomagany fachową odnową biologiczną i fachową opieką medyczną sportowca.

Artykuł zawiera 31080 znaków ze spacjami