

Level of Knowledge of Cheerleading Therapy in Handling Sports Injuries Among Teachers in Sleman Regency

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ABSTRACT: The study aims to determine the level of knowledge of high school teachers in Sleman Regency. The research method was carried out through descriptive research. Data were collected using a Likert scale. The population was all of Sleman Regency with a sample determined by accidental sampling technique totaling 100 respondents from high school teachers in Sleman Regency. The research instrument was a closed questionnaire with physical and non-physical factors. The questionnaire used a Likert scale and then tested for reliability using Cronbach Alpha. The overall research results were "very low" at 1.00%, low at 61.00%, sufficient at 35.00%, high at 3.00%, and very high at 0.00%. Physical factors were in the very low category at 1.00%, low at 48.00%, sufficient at 44.00%, high at 7.00%, and very high at 0.00%. Meanwhile, non-physical factors were in the very low category at 4.00%, low at 54.00%, sufficient at 41.00%, high at 1.00%, and very high at 0.00%. Based on the average value of the level of knowledge of cheerleading therapy in the effort to treat sports injuries among high school teachers in Sleman Regency, most were in the low category.

KEYWORDS: Therapy cheers, knowledge level, sports injury

I. INTRODUCTION

Injury is one of the consequences of a force/power acting on the body that exceeds the body's ability to cope. This force or power can occur quickly or over a long period (Choe et al., 2021). Human injuries can result from physical activity, such as daily activities or sports. Injuries can occur anytime and anywhere, including at fitness centers, sports venues, offices, homes, or educational settings such as universities or schools (Ohji et al., 2021). The most common injuries that occur and are experienced by humans are when doing sports (Obana et al., 2024). Injuries can occur in the human body, including injuries to the soft tissue system and injuries to the musculoskeletal system. Injuries to the soft tissue system include bleeding or shock, while injuries to the musculoskeletal system include broken bones (fractures), dislocations, muscle strains, and sprains (Trybulski et al., 2025a, 2025b).

A sports injury is a condition where tissue damage occurs, accompanied by loss of function, due to direct physical trauma from sports activities, whether mild (without requiring medical treatment) or severe. Sports injuries are injuries that occur due to acute trauma or repeated stress on muscles and joints related to sports activities (Lewis et al., nd). Sports injuries can be caused by accidents, poor exercise technique, inadequate equipment, and overuse of certain body parts (Edouard et al., 2023). Sports injuries are disorders that occur in the body that result in pain, heat, redness, swelling, and loss of function in muscles, tendons, ligaments, joints, and bones that occur during or after exercise. (Kristiansen et al., 2024).

Sports injuries are often responded to by the body with signs of inflammation consisting of redness (rubor), swelling (tumor), heat (calor), pain (dolor), and decreased function (functiolaesa) (Vasilis et al., 2024). Blood vessels at the injury site will widen (vasodilation) to deliver more nutrients and oxygen to support healing. This dilation of blood vessels is what causes the injury site to appear redder (rubor) (Nurhasan et al., 2024). The large amount of blood fluid sent to the injury site will seep out of the capillaries into the intercellular space and cause swelling (tumor) (Cha et al., 2021). With the support of abundant nutrients and oxygen, metabolism at the injury site will increase, with metabolic waste in the form of heat. This condition causes the injury site to be hotter (calorie) than other areas (Komarudin et al., 2024). The accumulation of metabolic waste and other chemicals will stimulate nerve endings at the site of injury and cause pain (dolor). (Cui et al., 2023). Pain is also triggered by pressure on nerve endings due to swelling that occurs at the site of injury (Yachsie et al., 2024). Rubor, tumor, calor, and dolor all reduce the function

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of organs or joints at the site of injury, a process known as functional impairment or functiolaesa. Injuries can have long-lasting traumatic effects, leading to disability or even death if left untreated.

Massage Tepuk Sorak is an abbreviation of Press, Pat, Rub, and Move which is the main massage choice in its application (Alwan et al., 2025). Tepuk Sorak combines Thai massage and traditional massage, and traditional massage uses many types of manipulation, including rubbing, kneading, grinding, shaking, hitting and massaging (Destiana et al., 2025). This aims to provide physiological and psychological benefits to the patient, further enhancing the benefits of traditional massage. Thai massage utilizes reflexology techniques, primarily targeting pressure on specific areas of the body (Lertwiram et al., 2025). Thai Massage uses continuous compression techniques on targeted muscles along with specific passive stretching (Sonjai et al., 2025). The therapist uses his or her own body weight to apply pressure to the patient's body on the muscles during a massage session (Somphai et al., 2025). The Cheerful Clapping Massage uses manipulation techniques of pressing, patting, rubbing, and moving (Alwan et al., 2025; Destiana et al., 2025). The Tepuk Cheer Massage is performed in 4 patient body positions, namely: 1. Lying on the back, 2. Lying on one side of the body, 3. Prone, and 4. Sitting.

The phenomenon in Indonesia shows that the incidence of sports injuries in schools remains relatively high, especially among elementary school children. This is due to the complex physical activities undertaken by school children. Even while playing, children can suffer injuries. Various steps can be taken to maximize efforts to prevent these injuries. Teachers, as educators and mentors of students at school, play a crucial role in managing injuries among their students. Not only sports teachers must possess this skill, but all teachers in schools are expected to have the knowledge and skills to provide first aid and handle and treat injuries that occur in the school environment. Based on the above-mentioned problem gap, as practitioners and academics in the field of sports, one activity that can be carried out is to provide knowledge and skills in first aid.

II. METHOD

This research is a quantitative descriptive study using a survey method. The instrument used is a questionnaire, namely a closed questionnaire. Likert scale This means that the participation of high school teachers throughout Sleman Regency filled out a questionnaire with a total of 36 questions and contained physical and non-physical factors that influence the level of knowledge of cheering therapy in handling sports injuries, the questionnaire outline is as follows.

Table 1. Instrument grid

Variables	Factor	Indicator	Indicator
Level of Knowledge of Cheerleading Therapy in Handling Sports Injuries among Teachers in Sleman Regency	Non-physical	Thoughts	I also provide opinions, suggestions and input in discussions or injury therapy training forums.
		Motivation	Always prioritize early treatment of sports injuries
		Decision-making	Dare to take decisions and actions when a student is injured
	Physique	Initiative	Always practice and practice about injury management
		Power	Always contribute to activities and competitions.
		Service	Can handle injuries independently.
		Skills	Taking a course.

This closed questionnaire refers to research (Alwan et al., 2025) The validity was tested using the product moment correlation formula and Cronbach's alpha reliability test with a value of 0.885, which means the questionnaire is valid and reliable. The subjects of this study were 100 athletes who were determined using an accidental sampling technique, meaning anyone who accidentally met the researcher could be used as a sample (Sekaran & Bougie, 2017). The data collection process was carried out by distributing a closed questionnaire via Google Form consisting of 36 items distributed to participating high school teachers throughout Sleman Regency. After the data was collected, it was analyzed using SPSS 2020.

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III. RESULTS

Based on the results of the analysis of the Level of Knowledge of Cheerleading Therapy in Handling Sports Injuries for Teachers in Sleman Regency, the following is as follows:

Table 2. Descriptive Statistics

No	Interval	Category	Frequency	Percentage
1	$122 < X$	Very high	0	0.00%
2	$101 < X \leq 122$	Tall	3	3.00%
3	$80 < X \leq 101$	Enough	35	35.00%
4	$59 < X \leq 80$	Low	61	61.00%
5	$X \leq 59$	Very Low	1	1.00%
Amount			100	100%

Based on table 2, it is known that the level of knowledge of cheering therapy in handling sports injuries for teachers in Sleman Regency is in the category of "very low" at 1.00% (1 person), "low" at 61.00% (61 people), "sufficient" at 35.00% (35 people), "high" at 3.00% (0 people), and "very high" at 0.00% (0 people).

Table 3. Physical Factors

No	Interval	Category	Frequency	Percentage
1	$61 < X$	Very high	0	0.00%
2	$50 < X \leq 61$	Tall	7	7.00%
3	$39 < X \leq 50$	Enough	44	44.00%
4	$28 < X \leq 39$	Low	48	48.00%
5	$X \leq 28$	Very Low	1	1.00%
Amount			100	100%

Based on table 3, it is known that the level of knowledge of cheering therapy in handling sports injuries for teachers in Sleman Regency based on physical factors is in the category of "very low" at 1.00% (1 person), "low" 48.00% (48 people), "sufficient" 44.00% (44 people), "high" 7.00% (0 people), and "very high" 0.00% (0 people).

Table 4. Norms for Assessment of Non-Physical Factors

No	Interval	Category	Frequency	Percentage
1	$61 < X$	Very high	0	0.00%
2	$50 < X \leq 61$	Tall	1	1.00%
3	$39 < X \leq 50$	Enough	41	41.00%
4	$28 < X \leq 39$	Low	54	54.00%
5	$X \leq 28$	Very Low	4	4.00%
Amount			100	100%

Based on table 4, it is known that the level of knowledge of cheering therapy in handling sports injuries for teachers in Sleman Regency based on non-physical factors is in the category of "very low" at 4.00% (4 people), "low" 54.00% (54 people), "sufficient" at 41.00% (41 people), "high" at 1.00% (1 person), and "very high" at 0.00% (0 people).

IV. DISCUSSION

Cheering is a technique often used in sports and physical activity to provide emotional support and encouragement to individuals or groups. It involves clapping accompanied by positive cheers or shouts. The goal is to create a fun and motivating atmosphere for both the competing athletes and the spectators (Alwan et al., 2025). In practice, cheering not only serves as a form of support but can also be used as a method to relieve stress and boost self-confidence. When someone receives applause and cheers, they feel appreciated and encouraged to try harder. This is especially important in competitive situations, where motivation and enthusiasm can influence an athlete's performance. Generally, cheering can be applied in various contexts, from sporting events and school events to community activities. By involving the active participation of spectators or participants, this

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technique builds a sense of togetherness and solidarity. Furthermore, cheering can also serve as a tool to increase concentration and focus, helping individuals stay motivated in achieving their goals.

Based on research (Thipmanee et al., 2025). The study found that approximately 55% of teachers had basic knowledge of cheerleading therapy. They understood that it could be used to aid injury recovery, but only 30% were able to explain the techniques in detail. This existing knowledge demonstrates awareness but also indicates a need for deeper understanding. Further analysis revealed that only 35% of respondents could correctly demonstrate cheerleading therapy techniques. Many teachers were aware that the therapy involves clapping, but did not understand how to apply it in the context of specific injuries. These findings highlight the need for more intensive practical training to improve teacher skills.

In line with research (Lertwiram et al., 2025) As many as 45% of teachers learned about cheerleading therapy from formal training, while the other 25% relied on colleagues and online sources. This suggests that access to quality training significantly enhances teachers' knowledge. However, many teachers still lack adequate information. The study also found that teachers with direct experience treating sports injuries were more confident in implementing cheerleading therapy. Approximately 60% of teachers who had handled injury situations felt better prepared and able to provide effective first aid. This practical experience is a crucial factor in building confidence and skills.

Survey results showed that 70% of teachers expressed a need for further training in cheer therapy and other injury management techniques. They desired workshops that included hands-on practice to better understand the techniques. This awareness demonstrates the teachers' desire to improve their knowledge and skills. Knowledge of cheer therapy is crucial for PE teachers and coaches. With a good understanding of the techniques and their benefits, they can provide more effective first aid to students who experience injuries. Furthermore, this knowledge allows them to educate students on how to prevent future injuries, creating a safer sports environment.

V. CONCLUSIONS

Overall, the level of knowledge about cheerleading therapy in the management of sports injuries still needs to be improved among teachers and coaches. While basic understanding exists, there is a significant need for further training and education. With proper support and adequate training, it is hoped that teachers can be more effective in managing injuries and creating a safer learning environment for students. Cheerleading therapy is a promising method in the management of sports injuries, combining physical and psychological benefits. When implemented correctly, this therapy can help accelerate the healing process and boost the morale of individuals who have experienced injuries. However, it is important to complement this therapy with adequate training and appropriate medical evaluation to ensure its safety and effectiveness.

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