



Escuela de Ciencias del Movimiento Humano y Calidad de Vida <u>Universida</u>d Nacional, Costa Rica

e-ISSN: 1659-097X

Vol. 21(1), enero-junio, 2024: e14731 revistamhsalud@una.ac.cr



https://doi.org/10.15359/mhs.21-1.14731

# Specialization or Diversification in Sports Development: An Integrative Review

Especialización o diversificación en el desarrollo deportivo: Una revisión integrativa

Especialização ou diversificação no desenvolvimento esportivo: uma revisão integrativa

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Recibido: 18/12/2020 / Aceptado: 5/12/2022

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### ABSTRACT (1)

Purpose: To explore and discuss theoretical and practical scientific literature to compare sports diversification and early sports specialization as a sport and educational approach. **Methods**: A systematic review was conducted following PRISMA guidelines, and 61 studies were included.

**Results**: Coaches, parents, and children consider that the best way to develop sports talent and enter the elite in sports is to practice a single discipline as early as possible to achieve specialization and maximum technical skills and physical and psychological conditions. Sports specialization paths may lead to a physical, social, and mental state that compromises their integral development.

**Conclusion**: Sports diversification should be considered first at an early age and, afterward, the specialization once the bases of strength, conditioning, neuromuscular training, and a specific psychomotor maturation have been achieved, so that sports performance and health are not compromised in the medium or long term. It is necessary to consider that few children enter elite sports, so for many of them, sports education will be the basis for exercising their citizenship as active people.

**Keywords:** assessment, childhood primary education, competency-based teaching, diversification of education

### **RESUMEN**



**Objetivo:** Explorar y discutir literatura científica teórica y práctica para comparar la diversificación y la especialización deportivas tempranas como un enfoque deportivo y educativo.

**Métodos:** Se realizó una revisión sistemática siguiendo las pautas PRISMA, se incluyó un total de 61 estudios.

**Resultados:** Entrenadores, padres e hijos consideran que la meior forma de desarrollar el talento deportivo y alcanzar la élite en el deporte es participar en una sola disciplina y hacerlo lo antes posible para lograr la especialización y las máximas habilidades técnicas, físicas y psicológicas. Los caminos de especialización deportiva pueden conducir a una situación física, social y mental que comprometa su desarrollo integral.

Conclusión: Se puede plantear, en primer lugar, la diversificación deportiva en edades tempranas y luego la especialización; una vez alcanzadas las bases de la fuerza, el acondicionamiento y el entrenamiento neuromuscular, así como una maduración psicomotora específica, para que su rendimiento deportivo y su salud no se vean comprometidos en el mediano o largo plazo. Es necesario considerar que pocos niños logran obtener un lugar en los deportes de élite, por lo que, para muchos de ellos, la educación en torno al deporte será la base para el ejercicio de su ciudadanía como personas activas.

Palabras clave: enseñanza centrada en el rendimiento, enseñanza primaria, evaluación, diversificación en la educación, infancia

#### RESUMO (1)



**Objetivos**: Explorar e discutir literatura científica teórica e prática para comparar a diversificação e especialização esportiva precoce como uma abordagem esportiva e educacional.

**Métodos**: uma revisão sistemática foi realizada seguindo as diretrizes do PRISMA, um total de 61 estudos foram incluídos

**Resultados**: Treinadores, pais e crianças acreditam que a melhor maneira de desenvolver talentos esportivos e ingressar na elite do esporte é participar de uma única disciplina e fazer o mais cedo possível para alcançar a especialização e o máximo de habilidades técnicas, físicas e psicológicas. Os caminhos da especialização esportiva podem levar a uma situação física, social e mental que comprometa seu desenvolvimento integral.

**Conclusão**: Primeiro, a diversificação esportiva pode ser considerada em uma idade precoce e depois a especialização, uma vez que os princípios básicos de força, condicionamento e treinamento neuromuscular tenham sido alcançados, bem como a maturação psicomotora específica para que seu desempenho esportivo e saúde não sejam comprometidos a médio ou longo prazo. É necessário considerar que poucas crianças conseguem obter um lugar nos esportes de elite, de modo que, para muitas delas, a educação em torno do esporte será a base para o exercício de sua cidadania como pessoas ativas.

Palavras-chave: avaliação, educação baseada no desempenho, ensino fundamental, diversificação na educação, infância





### Introduction

In the last decade, young sports participation has increased (Feeley *et al.*, 2016). Childhood and adolescence sports participation is at one of its highest levels, although the evidence of benefit at the level of muscular, skeletal, social relationships and affections is clear (Eime *et al.*, 2013; Hiremath, 2019). In recent years, a growing concern for early sports specialisation has revealed a series of problems associated with physical and psychological stress and interference in decision-making by external agents. (Bruner *et al.*, 2014; McKay *et al.*, 2019; Whitley *et al.*, 2018). Besides, there is still a debate about the philosophical and ethical arguments that support sports (Beamish & Ritchie, 2006). (It is suggested that the situation derived from the pandemic be reviewed in the judgments expressed in the previous paragraph and, in the case of Beamish & Richie (2006), it would be appropriate to update it to a more recent one.

Sport specialisation is defined as year-round training, usually more than eight months of participating in a single sports discipline or discarding all sports to focus only on one (Myer *et al.*, 2016). Some authors agree that specialisation occurs because of the influence of the parents and legal guardians (Baxter-Jones & Maffulli, 2003; Padaki *et al.*, 2017) and because of the perception by the athletes that specialisation should increase the possibility of participating in elite level and receiving an athletic scholarship (Hill & Simons, 1989; Jayanthi *et al.*, 2013).

The sport specialisation in children and young people has been reported since the competition in Olympic disciplines increased, mostly in Eastern Europe and the United States of America, caused by the national systematised selection processes and the implementation of programs for the development of future Olympic and world champions (Myer et al., 2016). The popularised idea that to achieve expertise in a specific skill it is necessary a considerable amount of hours of practice, which initially was thought for musicians but was later extrapolated to athletes (Jayanthi et al., 2013), reinforces the idea that sports specialisation is the optimal way for the physical and technical development of children and young people in sports. This idea must be taken with caution because it can exclude areas such as social and psychological as fundamental factors, working in intrinsic motivation and skill transferability (Baker et al., 2009).

On the other hand, diversification promotes that children participate in a wide variety of motor and sports activities through free play and on other occasions around





a sport, under an informal environment, providing the possibility of maximising the child's motor skills, physically, emotionally, and cognitive areas (Côté *et al.*, 2009).

Considering the evidence around the early sport specialisation, there is still controversy around the ideal age to begin and the risks, disadvantages, and benefits of athletic participation in children and young people (Myer *et al.*, 2015b). The specialists in human movement sciences and sports medicine have acknowledged the potential of sports specialisation for enhancing athletic performance in some sports (Hume *et al.*, 1993), but also recognise that schools should promote sport diversification to develop integral capacities in children and young (Hill & Simons, 1989). Also, some authors agree that early sport specialisation does not lead to a competitive advantage over those who developed around multi-sport participation (Feeley *et al.*, 2016), unlike, those elite athletes that specialised later tend to achieve better results at a higher level of performance (Carlson, 1988; Güllich & Emrich, 2006; Moesch *et al.*, 2011).

Previous studies have focused on issues related to determining the types, characteristics, and general content of early specialisation items and examining how early specialisation has been defined and measured (DiSanti & Erickson, 2019; Hecimovich, 2004; Mosher *et al.*, 2020; Zoellner *et al.*, 2021), but systematic work focused on the advantages and disadvantages of up-to-date early sport specialisation are scarce.

Through a systematic review, this review aimed to explore the evidence of the benefits and disadvantages of young sport specialisation and diversification over the past 20 years. This review will discuss theoretical scientific literature to describe the state of the science around sport diversification and early sport specialisation.

#### **Methods**

A narrative literature review was performed following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Liberati *et al.*, 2009; Moher *et al.*, 2015). Three authors (D.R-V, C.A-M, and M.H-M) independently considered risk-of-bias questions using a 4-point scale ranging from low and high risk of bias options. Discrepancies between reviewers were resolved using consensus between three authors, as mentioned. The internal quality of each study was assessed using the Office of Health Assessment and Translation (OHAT) Risk of Bias Rating Tool (OHAT, 2015).





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#### Data sources

A literature review has been performed using web search engines-databases (SportDISCUS [EBSCO], PubMed Central [MEDLINE], ScienceDirect, Web of Science [WoS]), and Google Scholar. The following descriptors were used for the online literature search: "sport", "specialisation", "multisports", "early specialisation", "youth specialisation", and "diversification". The Boolean keys "AND" and "OR" were used to link the words prementioned. All searches were conducted from May-July 2019, and all references were extracted and imported to an open-source research tool (5.0.64, Zotero, USA).

#### **Data Selection**

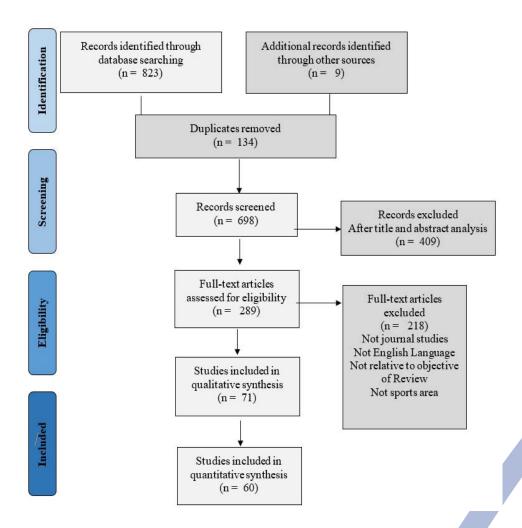
Articles search was limited by title/abstract and year as advance search settings. The investigation was limited to articles published from 2000 until 2020. Duplicates were eliminated following previous guidelines (Rathbone et al., 2015). Studies were incorporated if the following inclusion criteria were fulfilled: a. descriptive, experimental, systematic, or narrative review, b. studies were analysing early specialisation and diversification and its physical, social, and cognitive impact, c. articles in English. Studies were selected based on the title and abstract analysis and were examined in full text, and those that met the inclusion criteria were selected to explore the information reported. No studies were excluded based on participants characteristics such as sport or disciplines and age or on study design.

The procedure followed during study extraction or exclusion is presented in figure 1:





**Figure 1.**PRISMA flow diagram for search and selection of primary data information. *Data Collecting* 



The final extracted articles were analysed in full text and data about authoring, year of publication, design (article type), topic (early specification and diversification), other sample/data characteristics (sample size, age, sport or discipline) and outcomes were systematized in a descriptive table.





**Table 1**Specialisation or diversification in sports Evidence Database (PEDro) Scale Scores of Critically Reviewed Articles

|     | a crossover<br>study, subjects<br>were randomly<br>allocated an<br>order in which<br>treatments<br>were received) |   | at baseline<br>regarding<br>the most<br>important<br>prognostic<br>indicators  | blinding<br>of all<br>subjects  | therapists who<br>administered<br>the therapy   | all assessors<br>who<br>measured<br>at least<br>one key<br>outcome  | one key<br>outcome<br>were<br>obtained<br>from more<br>than 85% of<br>the subjects<br>initially<br>allocated to  | measures were available received the treatment or control condition as allocated or, where this was not the case, data for at least   | group<br>statistical<br>comparisons<br>are reported<br>for at least<br>one key<br>outcome  | both point<br>measures and<br>measures of<br>variability for<br>at least one<br>key outcome  |
|-----|---|---|--|---|---|---|--|---|--|--|
|     |   |   |  |   |   |   | groups   | one key outcome was analyzed by "intention to treat"  |  |  |
| YES | YES   | NO  | YES  | NO  | NO  | NO  | NO   | NO  | NO   | NO   |
| YES | YES   | NO  | YES  | NO  | NO  | NO  | NO   | NO  | NO   | NO   |
| YES | NO  | NO  | NO   | YES   | NO  | NO  | YES  | YES   | YES  | YES  |
| YES | NO  | NO  | NO   | NO  | NO  | NO  | YES  | YES   | YES  | YES  |
| YES | NO  | YES   | NO   | NO  | NO  | NO  | YES  | YES   | NO   | YES  |
| YES | YES   | YES   | YES  | NO  | NO  | NO  | YES  | NO  | YES  | YES  |
| NO  | NO  | NO  | NO   | NO  | NO  | NO  | NO   | NO  | NO   | NO   |
| YES | YES   | YES   | NO   | NO  | NO  | NO  | YES  | YES   | YÉS  | YES  |
| YES | YES   | NO  | YES  | NO  | NO  | NO  | YES  | YES   | YES  | YES  |
| YES | YES   | YES   | YES  | NO  | NO  | NO  | YES  | NO  | YES  | YES  |
| YES | NO  | YES   | NO   | NO  | NO  | NO  | YES  | YES   | YES  | YES  |
| YES | NO  | YES   | NO   | NO  | NO  | NO  | YES  | YES   | YES  | YES  |
| NO  | NO  | NO  | NO   | NO  | NO  | NO  | NO   | NO  | NO   | NO   |
|     | YES YES YES YES NO YES YES YES YES YES YES  | study, subjects were randomly allocated an order in which treatments were received)  YES YES YES YES YES NO YES NO YES NO YES YES NO NO YES YES YES YES YES NO NO YES | study, subjects were randomly allocated an order in which treatments were received)  YES YES NO NO YES NO NO YES NO NO YES NO NO YES YES YES NO NO YES YES YES NO NO NO YES YES YES YES NO NO NO YES YES YES YES NO NO YES YES YES YES YES YES YES NO YES YES YES YES YES YES YES YES NO YES | study, subjects were randomly allocated an order in which treatments were received)  YES YES NO YES  YES NO NO YES  YES NO NO NO  YES NO NO NO  YES NO YES  NO YES  YES NO NO NO  YES NO YES  NO YES  YES NO YES NO  YES NO YES  NO YES  NO YES  NO YES  NO YES  NO YES  NO NO NO  YES  NO NO NO  YES  NO NO NO  YES  NO NO NO  YES  NO NO NO  YES  NO NO NO  YES  NO NO NO  YES  NO YES  NO YES  YES  YES  YES  YES  YES  YES  YES | study, subjects were randomly allocated an order in which treatments were received)  YES YES NO YES NO YES NO NO NO YES NO YES NO NO NO NO NO YES NO NO NO NO NO YES NO YES NO NO YES NO YES NO NO YES NO NO NO NO NO YES NO YES NO NO YES YES YES YES NO NO NO NO NO NO YES YES YES YES NO NO NO NO NO NO YES YES YES YES NO NO NO NO NO YES YES YES NO NO YES NO NO NO | study, subjects were randomly allocated an order in which treatments were received)  YES YES NO YES NO NO YES YES YES YES NO NO YES NO YES NO NO | study, subjects were randomly allocated an order in which treatments were received)  YES YES NO YES NO NO NO NO YES YES YES YES NO NO NO NO YES NO YES NO NO NO NO YES NO YES NO NO NO NO YES NO YES NO NO NO NO | study, subjects were randomly allocated an order in which treatments were received)  YES YES NO YES NO NO NO NO NO NO YES  YES NO NO NO NO NO YES  NO NO NO NO NO YES  YES NO NO NO NO NO YES  YES YES NO NO NO NO NO YES  YES YES NO NO NO NO NO YES  YES YES NO NO NO NO NO YES  YES YES NO NO NO NO NO YES  YES YES NO NO NO NO NO YES  YES YES NO NO NO NO NO YES  YES YES YES NO NO NO NO YES  YES YES YES YES NO NO NO NO YES  YES YES YES YES NO NO NO NO YES  YES YES YES YES NO NO NO NO YES  YES YES YES YES NO NO NO NO YES  YES YES YES YES NO NO NO NO YES  YES YES YES YES NO NO NO NO YES  YES YES YES NO NO NO NO YES  YES YES YES NO NO NO NO YES  YES YES YES NO NO NO NO YES  YES YES YES NO NO NO NO YES  YES YES YES NO NO NO NO YES  YES YES YES NO NO NO NO YES  YES YES YES NO NO NO NO YES  YES YES YES NO NO NO NO YES  YES YES YES NO NO NO NO YES | study, subjects were randomly allocated an order in which treatments were received)  YES YES NO YES NO | study, subjects were randomly allocated an order in which treatments were received)  YES YES NO YES NO |





|                       | 1.Eligibility | 2.Subjects      | 3.Allocation | 4.The groups | 5.There  | 6.There was     | 7.There was   | 8.Measures   | 9.All subjects for | 10.The results | 11.The study    |
|-----------------------|---------------|-----------------|--------------|--------------|----------|-----------------|---------------|--------------|--------------------|----------------|-----------------|
|                       | criteria were | were randomly   | was          | were similar | was      | blinding of all | blinding of   | of at least  | whom outcome       | of between-    | provides        |
|                       | specified     | allocated to    | concealed    | at baseline  | blinding | therapists who  | all assessors | one key      | measures           | group          | both point      |
|                       |               | groups (in      |              | regarding    | of all   | administered    | who           | outcome      | were available     | statistical    | measures and    |
|                       |               | a crossover     |              | the most     | subjects | the therapy     | measured      | were         | received the       | comparisons    | measures of     |
|                       |               | study, subjects |              | important    |          |                 | at least      | obtained     | treatment or       | are reported   | variability for |
|                       |               | were randomly   |              | prognostic   |          |                 | one key       | from more    | control condition  | for at least   | at least one    |
|                       |               | allocated an    |              | indicators   |          |                 | outcome       | than 85% of  | as allocated or,   | one key        | key outcome     |
|                       |               | order in which  |              |              |          |                 |               | the subjects | where this was     | outcome        |                 |
|                       |               | treatments      |              |              |          |                 |               | initially    | not the case,      |                |                 |
|                       |               | were received)  |              |              |          |                 |               | allocated to | data for at least  |                |                 |
|                       |               |                 |              |              |          |                 |               | groups       | one key outcome    |                |                 |
|                       |               |                 |              |              |          |                 |               |              | was analyzed       |                |                 |
|                       |               |                 |              |              |          |                 |               |              | by "intention to   |                |                 |
|                       |               |                 |              |              |          |                 |               |              | treat"             |                |                 |
| Malina<br>(2010a)     | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| Gould                 | YES           | NO              | YES          | YES          | NO       | NO              | NO            | NO           | YES                | YES            | YES             |
| (2010)                |               |                 |              |              |          |                 |               |              |                    |                |                 |
| Caruso                | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| (2013)<br>Merkel      | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| (2013)                | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| Martínez &            | YES           | YES             | YES          | YES          | NO       | NO              | NO            | YES          | YES                | YES            | YES             |
| Javier (2014)         |               |                 |              |              |          |                 |               |              |                    |                |                 |
| <b>Sheridan</b> et    | YES           | YES             | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| al. (2014)            |               |                 |              |              |          |                 |               |              |                    |                |                 |
| Jayanthi et           | YES           | YES             | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| al. (2013)            |               |                 |              |              |          |                 |               |              |                    |                |                 |
| Fergurson             | YES           | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | YES            | YES             |
| &                     |               |                 |              |              |          |                 |               |              |                    |                |                 |
| Sternstern            |               |                 |              |              |          |                 |               |              |                    |                |                 |
| (2014)                | \/E6          |                 |              |              | No       |                 |               |              | No                 | 1/0            |                 |
| DiFiori et al.        | YES           | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| (2014)<br>Myer et al. | YES           | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| (2015b)               | 1123          | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| Horn (2015)           | YES           | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| Smucny et             | YES           | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| al. (2015)            |               |                 |              |              |          |                 |               |              |                    |                |                 |
| Hastie                | YES           | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| (2015)                |               |                 |              |              |          |                 |               |              |                    |                |                 |
| Goodway &             | YES           | NO              | NO           | NO           | NO       | NO              | NO            | NO           | NO                 | NO             | NO              |
| Robinson              |               |                 |              |              |          |                 |               |              |                    |                |                 |
| (2015)                |               |                 |              |              |          |                 |               |              |                    |                |                 |
| Hall et al.           | YES           | YES             | YES          | YES          | YES      | NO              | NO            | NO           | YES                | NO             | NO              |
| (2015)                |               |                 |              |              |          |                 |               |              | 7                  |                |                 |





|   | 1.Eligibility<br>criteria were<br>specified | 2.Subjects were randomly allocated to groups (in a crossover study, subjects were randomly allocated an order in which treatments were received) | 3.Allocation<br>was<br>concealed | 4.The groups were similar at baseline regarding the most important prognostic indicators | 5.There<br>was<br>blinding<br>of all<br>subjects | 6.There was<br>blinding of all<br>therapists who<br>administered<br>the therapy | 7.There was<br>blinding of<br>all assessors<br>who<br>measured<br>at least<br>one key<br>outcome | outcome<br>were<br>obtained<br>from more<br>than 85% of<br>the subjects<br>initially<br>allocated to | 9.All subjects for whom outcome measures were available received the treatment or control condition as allocated or, where this was not the case, data for at least | 10.The results of between-group statistical comparisons are reported for at least one key outcome | 11.The study<br>provides<br>both point<br>measures and<br>measures of<br>variability for<br>at least one<br>key outcome |
|---|---|--|----------------------------------|--|--|---|--|--|---|---|---|
|   |   |  |                                  |  |  |   |  | groups   | one key outcome<br>was analyzed<br>by "intention to<br>treat"   |   |   |
| Brenner<br>(2016)   | YES   | NO   | NO                               | YES  | YES  | NO  | NO   | NO   | YES   | NO  | NO  |
| Corea et<br>al., Tierling,<br>Treter, de<br>Souza &<br>Abaide<br>(2016) | NO  | NO   | NO                               | NO   | NO   | NO  | NO   | NO   | NO  | NO  | NO  |
| García-<br>Parra et al.<br>, González<br>& Fayos<br>(2016)              | NO  | NO   | NO                               | NO   | NO   | NO  | NO   | NO   | NO  | NO  | NO  |
| Fabricant et al. (2016)   | NO  | NO   | NO                               | NO   | NO   | NO  | NO   | NO   | NO  | NO  | NO  |
| LaPrade et<br>al. (2016)  | NO  | NO   | NO                               | NO   | NO   | NO  | NO   | NO   | NO  | NO  | NO  |
| McFadden<br>et al. , Bean,<br>Fortier &<br>Post (2016)                  | YES   | NO   | NO                               | NO   | NO   | NO  | NO   | NO   | NO  | YES   | YES   |
| Feeley<br>et al. (2016)   | NO  | NO   | NO                               | NO   | NO   | NO  | NO   | NO   | NO  | NO  | NO  |
| Post et al. (2017)  | YES   | NO   | NO                               | NO   | YES  | NO  | NO   | YES  | NON   | YES   | NO  |
| Blagrove<br>et al. ,<br>Bruinvels &<br>Read (2017)                      | NO  | NO   | NO                               | NO   | NO   | NO  | NO   | NO   | NO  | NO  | NO  |





|   | 1.Eligibility | 2.Subjects      | 3.Allocation | 4.The groups | 5.There  | 6.There was     | 7.There was   | 8.Measures             | 9.All subjects for   | 10.The results | 11.The study    |
|---|---------------|-----------------|--------------|--------------|----------|-----------------|---------------|------------------------|--|----------------|-----------------|
|   |               | were randomly   | was          | were similar | was      | blinding of all | blinding of   | of at least            | whom outcome   | of between-    | provides        |
|   | specified     | allocated to    | concealed    | at baseline  | blinding | therapists who  | all assessors | •                      | measures   | group          | both point      |
|   |               | groups (in      |              | regarding    | of all   | administered    | who .         | outcome                | were available   | statistical    | measures and    |
|   |               | a crossover     |              | the most     | subjects | the therapy     | measured      | were                   | received the   | comparisons    | measures of     |
|   |               | study, subjects |              | important    |          |                 | at least      | obtained               | treatment or   | are reported   | variability for |
|   |               | were randomly   |              | prognostic   |          |                 | one key       | from more              | control condition  |                | at least one    |
|   |               | allocated an    |              | indicators   |          |                 | outcome       | than 85% of            | as allocated or,   | one key        | key outcome     |
|   |               | order in which  |              |              |          |                 |               | the subjects           | where this was   | outcome        |                 |
|   |               | treatments      |              |              |          |                 |               | initially              | not the case,  |                |                 |
|   |               | were received)  |              |              |          |                 |               | allocated to<br>groups | data for at least<br>one key outcome<br>was analyzed<br>by "intention to<br>treat" |                |                 |
| Normand et<br>al., Wolfe &<br>Peak (2017) | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO                     | NO   | NO             | NO              |
| Smith et al. (2017)                       | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO                     | NO   | NO             | NO              |
| Sluder et al.<br>(2017)                   | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO                     | NO   | NO             | NO              |
| McGuine et al. (2017)                     | YES           | NO              | NO           | NO           | NO       | NO              | NO            | YES                    | NO   | YES            | YES             |
| Wilhelm et<br>al. (2017)                  |               |                 |              |              |          |                 |               |                        |  |                |                 |
| Pasulka et<br>al. (2017)                  | YES           | NO              | NO           | YES          | NO       | NO              | NO            | YES                    | NO   | YES            | YES             |
| Bell et al.<br>(2018)                     | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO                     | NO   | NO             | NO              |
| Jayanthi et<br>al. (2018)                 | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO                     | NO   | NO             | NO              |
| Garinger et<br>al. (2018)                 | YES           | NO              | NO           | NO           | YES      | NO              | NO            | NO                     | NO   | YES            | YES             |
| Watson et<br>al. (2018)                   | YES           | NO              | NO           | YES          | YES      | NO              | NO            | NO                     | NO   | YES            | YES             |
| Bell et al.<br>(2018)                     | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO                     | NO   | NO             | NO              |
| Walters et<br>al. (2018)                  | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO                     | NO   | NO             | NO              |
| Anderson<br>et al. (2018)                 | YES           | NO              | NO           | YES          | YES      | NO              | NO            | YES                    | NO   | YES            | YES             |
| DePhillipo<br>et al. (2018)               | NO            | NO              | NO           | NO           | NO       | NO              | NO            | NO                     | NO   | NO             | NO              |
| DiStefano<br>et al. (2018)                | YES           | NO              | NO           | YES          | YES      | NO              | NO            | NO                     | NO   | YES            | YES             |





|                        | 1.Eligibility | 2.Subjects      | 3.Allocation | 4.The groups | 5.There  | 6.There was     | 7.There was   | 8.Measures   | 9.All subjects for | 10.The results | 11.The study    |
|------------------------|---------------|-----------------|--------------|--------------|----------|-----------------|---------------|--------------|--------------------|----------------|-----------------|
|                        | criteria were | were randomly   | was          | were similar | was      | blinding of all | blinding of   | of at least  | whom outcome       | of between-    | provides        |
|                        | specified     | allocated to    | concealed    | at baseline  | blinding | therapists who  | all assessors | one key      | measures           | group          | both point      |
|                        |               | groups (in      |              | regarding    | of all   | administered    | who           | outcome      | were available     | statistical    | measures and    |
|                        |               | a crossover     |              | the most     | subjects | the therapy     | measured      | were         | received the       | comparisons    | measures of     |
|                        |               | study, subjects |              | important    |          |                 | at least      | obtained     | treatment or       | are reported   | variability for |
|                        |               | were randomly   |              | prognostic   |          |                 | one key       | from more    | control condition  | for at least   | at least one    |
|                        |               | allocated an    |              | indicators   |          |                 | outcome       | than 85% of  | as allocated or,   | one key        | key outcome     |
|                        |               | order in which  |              |              |          |                 |               | the subjects | where this was     | outcome        |                 |
|                        |               | treatments      |              |              |          |                 |               | initially    | not the case,      |                |                 |
|                        |               | were received)  |              |              |          |                 |               | allocated to | data for at least  |                |                 |
|                        |               |                 |              |              |          |                 |               | groups       | one key outcome    |                |                 |
|                        |               |                 |              |              |          |                 |               |              | was analyzed       |                |                 |
|                        |               |                 |              |              |          |                 |               |              | by "intention to   |                |                 |
|                        |               |                 |              |              |          |                 |               |              | treat"             |                |                 |
| Russel &               | YES           | NO              | NO           | YES          | YES      | NO              | NO            | NO           | NO                 | YES            | YES             |
| Molina                 |               |                 |              |              |          |                 |               |              |                    |                |                 |
| (2018)                 |               |                 |              |              |          |                 |               |              |                    |                |                 |
|                        | YES           | NO              | NO           | YES          | YES      | NO              | NO            | NO           | NO                 | YES            | YES             |
| (2019)                 |               |                 |              |              |          |                 |               |              |                    |                |                 |
| , ,                    | YES           | YES             | NO           | YES          | YES      | NO              | NO            | NO           | NO                 | YES            | YES             |
| (2019)                 | \/F6          | \/F6            |              | \/E6         | \/F6     |                 |               |              | No                 | \/F6           | \/F6            |
|                        | YES           | YES             | NO           | YES          | YES      | NO              | NO            | NO           | NO                 | YES            | YES             |
| al., (2019)            | YES           | YES             | NO           | VEC          | YES      | NO              | NO            | NO           | NO                 | YES            | YES             |
|                        | TES           | TES             | NO           | YES          | TES      | NO              | NO            | NO           | NO                 | TES            | 163             |
| al. (2019)<br>McDonald | YES           | YES             | NO           | YES          | YES      | NO              | NO            | NO           | NO                 | YES            | YES             |
| et al. (2019)          |               |                 | 110          |              |          |                 |               | 110          | 110                | 123            |                 |
|                        | YES           | YES             | NO           | YES          | YES      | NO              | NO            | NO           | NO                 | YES            | YES             |
| cra cc ai.             | 3             | 3               |              | . 23         | 5        |                 |               |              |                    | 5              | 3               |





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### **Results**

Table 2 shows the studies of the last two decades extracted from databases concerning young specialisation and diversification with its main outcomes. A total of 60 studies were found in a total of five on-line databases (from a total of n= 832 studies).

**Table 2**Studies conducted in the last two decades about early specialisation and diversification by author, year,
sport, and design

| # | Author/Year                 | Article<br>type      | Sample/Data<br>Characteristics | Sport Specialisation   | Sport Diversification   | Recommendations   |
|---|-----------------------------|----------------------|--------------------------------|--|---|---|
| 1 | Wiersma (2000)              | Review               | Young Athletes                 | +Eating disorders +Amenorrhea +Development injuries +Overuse injuries Greater affectation in females   | +Remain in sport<br>+Social Development                             | Less intense training Allow other sports Training Breaks/Recovery Long-term periodization Multiple sport Practice                   |
| 2 | Watts (2002)                | Review               | High School<br>Students        | +Eating disorders<br>+Overuse injuries<br>+Burnout   | +Multiple Motor Skills<br>development<br>+Learn of different values | Long-term periodization Set realistic goals Stress management Failure as a learning experience                                      |
| 3 | Gould et al. (2002)         | Original<br>Research | 10 US Olympic<br>Champions     | +Social isolation  | NR  | Read psychological needs  |
| 4 | Mojena & Ucha<br>(2002)     | Original<br>Research | 40 Spanish Elite<br>Athletes   | +Burnout<br>+Sport Withdraw<br>+Social isolation   | NR  | Stress management   |
| 5 | Soberlak & Cote<br>(2003)   | Original<br>Research | 4 Elite Athletes               | NR   | +Multiple Motor Skills<br>development                               | Multiple sport Practice   |
| 6 | Baker et al. (2003)         | Original<br>Research | 15 Coaches<br>16 Athletes      | NR   | +Decision making expertise  | Multiple sport Practice   |
| 7 | Hecimovich<br>(2004)        | Review               | Young Athletes                 | +Eating disorders +Overuse injuries +Delay sexual maturation +Amenorrhea +Cardiac disfunction +Sport Withdraw +Sedentary future +Burnout +Social isolation | NR  | Set realistic goals Training Breaks/Recovery Long-term periodization Play sports accessible Health controls Multiple sport Practice |
| 8 | Gustafsson et al.<br>(2007) | Original<br>Research | 980 youth<br>athletes          | +Burnout (individual sports)   | NR  | Less intense/volume training  |
| 9 | Rose et al. (2008)          | Original<br>Research | 2721 high school athletes      | +Injuries  | NR  | Less intense training   |





| #  | Author/Year                | Article                             | Sample/Data<br>Characteristics                          | Sport Specialisation   | Sport Diversification   | Recommendations  |
|----|----------------------------|-------------------------------------|---|--|---|--|
| 10 | Baker et al. (2009)        | <b>type</b><br>Original<br>Research | 28 athletes   | +Decision making expertise   | NR  | Quality training instead of volume Multiple sport Practice   |
| 11 | Strachan et al.<br>(2009)  | Original<br>Research                | 74 youth athletes                                       | + level of physical and emotional exhaustion.  | + higher levels of physical/emotional exhaustion + higher levels of physical/emotional exhaustion + higher levels of physical/emotional exhaustion + integration of sport and family. | New pathways of sport development  |
| 12 | Balaguer, et al.<br>(2009) | Original<br>Research                | 225 young<br>internationally<br>elite tennis<br>players | + importance of motivational variables as correlates of burnout.   | NR  | Motivational to prevent burnout.   |
| 13 | Kaleth & Mikesky<br>(2010) | Review                              | Children (6 to 12 years)                                | <ul> <li>e endocrine system</li> <li>Muscular system</li> <li>+ strength</li> <li>-Hypertropia</li> <li>Nervous system</li> <li>= process of myelination</li> <li>Cardiovascular system</li> <li>= benefits of regular exercise</li> </ul> | <ul><li>+ Training philosophies</li><li>- Injuries</li><li>+ Multiple Motor Skills<br/>development.</li><li>+ physically active lifestyle</li></ul>                                   | Multiple sport Practice  |
| 14 | Malina (2010a)             | Original<br>research                | Young Athletes  | +social isolation<br>+overdependence<br>+Burnout<br>+Risk of overuse injury  | NR  | Multiple sport practice  |
| 15 | Gould (2010)               | Original<br>research                | Elite Athletes  | NR   | +Parents support<br>+Talent development   | Parents support Talent development was easier for young people who learned habits fostered by their talent rather than training. |
| 16 | Caruso (2013)              | Review                              | Children  | + Injuries<br>+Burnout   | +Physical abilities<br>+Cognitive abilities<br>+ Rate cardiovascular  | Multiple sport practice  |





| #  | Author/Year                 | Article type         | Sample/Data<br>Characteristics                             | Sport Specialisation  | Sport Diversification  | Recommendations   |
|----|-----------------------------|----------------------|--|---|--|---|
| 17 | Merkel (2013)               | Review               | Young Athletes<br>and children                             | + Physical activity -Risk of obesity -Minimizes development of chronic disease +Improves motor skills +Stress to be an elite player   | NR   | Recreation as critical part of<br>children's lives            |
| 18 | Martínez & Javier<br>(2014) | Original<br>research | Young Athletes<br>and adults (13 a<br>20 years)            | +Burnout  | NR   | Less volume of sessions                                       |
| 19 | Sheridan et al.<br>(2014)   | Review               | Children,<br>adolescents, and<br>adults (10 a 22<br>years) | +Pressure from coaches and parents  | NR   | Coaches have a fundamental role as supporters                 |
| 20 | Jayanthi et al.<br>(2013)   | Review               | Children and adolescents                                   | +Psychological stress<br>+ Dropping Out of Sports<br>+ Injury   | +Enjoyment - Fewer injuries +Longer participation, contributing to the chances of success.   | Multiple sport practice                                       |
| 21 | Fergurson & Stern<br>(2014) | Review               | Children   | +Overuse injury -Proper rest -Interest in sport +Social isolation +Burnout +Overdependence  | +Gain competitive edge<br>+Develop skills faster<br>+Early talent recognition<br>+Increase opportunity for<br>scholarships or<br>professional contracts  | Multiple sport practice                                       |
| 22 | DiFiori et al.<br>(2014)    | Review               | Children and adolescents                                   | +Risk overuse injuries<br>Burnout   | NR   | Multiple sport practice                                       |
| 23 | Myer et al.<br>(2015b)      | Review               | Children and adolescents                                   | +Repetitive Technical Skills and<br>High-Risk Mechanics<br>+Overscheduling and<br>competition<br>+Psychological burnout<br>+Primary Injury and Effects of<br>Fear of Reinjury | NR   | Less intensity and volume in sessions Multiple sport practice |
| 24 | Horn (2015)                 | Review               | Children   | +Overuse injury -Proper rest -Interest in sport +Social isolation +Burnout +Overdependence  | +Gain competitive edge<br>+Develop skills faster<br>+Early talent recognition<br>+ Increase opportunity for<br>scholarships or<br>professional contracts | Multiple sport practice                                       |
| 25 | Smucny et al.<br>(2015)     | Review               | Children and adolescent                                    | +Detrimental both physically and emotionally  | NR   | Multiple sport practice                                       |





| #  | Author/Year                   | Article              | Sample/Data                      | Sport Specialisation   | Sport Diversification  | Recommendations  |
|----|-------------------------------|----------------------|----------------------------------|--|--|--|
|    |                               | type                 | Characteristics                  |  |  |  |
| 26 | Hastie (2015)                 | Review               | Young athletes                   | +Unnecessary Intense training<br>and specialisation before<br>puberty<br>+Long competitive goals.  | NR   | Train less and Multiple sport practice   |
| 27 | Goodway &<br>Robinson (2015)  | Review               | Children and adolescent          | =Elite level performance in sport. +Sport specialisation benefits in gymnastics. +Youth sport injury. +Incidence and severity of overuse injuries. =Lifelong physical activity patterns. | NR   | Motor skill programs (not<br>sport-specific)<br>Multiple sport practice  |
| 28 | Hall et al. (2015)            | Original<br>research | Female<br>adolescent<br>athletes | +Risk of anterior knee pain  | NR   | Specialisation led to more injuries  |
| 29 | Brenner (2016)                | Clinical<br>Report   | Young athletes                   | +Overuse injuries<br>+Overtraining<br>+Burnout   | NR   | Multiple sport practice  |
| 30 | Corea et al. (2016)           | Review               | Youth athletes                   | -Respect maturation and development stages and motor, coordinative and conditioning capacities' optimal window of trainability +Sports dropout   | +General development of<br>fundamental motor skills<br>and technical/tactical skills.              | Competitions only after<br>the players have their basic<br>techniques and patterns of play<br>under control  |
| 31 | García-Parra et al.<br>(2016) | Review               | Man and woman                    | +Burnout due to training loads<br>+Burnout due to specialisation   | NR   | Motivational aspect<br>Prevention burnout  |
| 32 | Fabricant et al.<br>(2016)    | Review               | Children and adolescent          | Incidence of injury<br>Overuse injuries  | NR   | Increased risk of overuse injury due to specialisation   |
| 33 | LaPrade et al.<br>(2016)      | Review               | Children and<br>teenagers        | +Overuse injuries +Burnout +Decreased motivation for participation +Sports withdraw  | +Long-term sports performance +Enjoy physical activity +Lifelong recreational sports participation | Avoid excessive sports commitments.  Monitor burnout.  Have a balance between sports, school, and friends.   |
| 34 | McFadden et al.<br>(2016)     | Original<br>research | 61 youth male<br>hockey players  | +Psychological needs<br>dissatisfaction<br>+ Demotivation<br>+ Lack of autonomy  | -Psychological needs<br>dissatisfaction<br>+ Mental health<br>+ Wellness                           | Specialize in a certain sport after age 12. Coaches and parents offer a positive, supportive, and empowering motivational climate that will lead to low levels of mental illness |





| #  | Author/Year                | Article<br>type      | Sample/Data<br>Characteristics | Sport Specialisation  | Sport Diversification  | Recommendations   |
|----|----------------------------|----------------------|--------------------------------|---|--|---|
| 35 | Feeley et al.<br>(2016)    | Review               | Young Athletes                 | High level of achievement<br>+Overuse injuries  | NR   | Educate parents, coaches, trainers, and physicians on the risks of early sport specialisation and the early signs of injury.  |
| 36 | Post et al. (2017)         | Original<br>research | Young Athletes                 | +Overuse injuries   | NR   | Long-term periodization Promote the fun Multiple sport Practice   |
| 37 | Jayanthi & Dugas<br>(2017) | Review               | Young Athletes                 | +Overuse injuries<br>+Burnout<br>+Leave the sport   | +Leads to success<br>+Promote motivation<br>-Less injury<br>+More participation  | Sports Specialisation at the end of adolescence   |
| 38 | Blagrove et al.<br>(2017)  | Review               | Female teenage<br>athletes     | + Female athlete triad<br>+ Amenorrhea<br>+Overuse injuries<br>+Limit motor skills  | NR   | Multiple sport Practice<br>Long-term periodization  |
| 39 | Normand et al.<br>(2017)   | Review               | Young Athletes                 | Professional status Early recognition +Social pressure +Overuse injuries +Burnout   | +Healthy psychological<br>development<br>+Participation in multiple<br>youth sports allow for<br>periods of active rest and<br>recuperation<br>+ Sense of autonomy<br>+Multiple motor skills                                 | Sport specialisation only after the development of specific skills, abilities, and psychological maturity.  |
| 40 | Smith et al. (2017)        | Review               | Young Athletes                 | <ul> <li>+ increase injury risk,</li> <li>-decrease social opportunity</li> <li>- life satisfaction</li> <li>+ Skill acquisition required for competitive success in many sports</li> </ul>   | NR   | Before making sweeping recommendations against early sports specialisation, solid data are needed. Only research done with rigorous methodology will provide answers. |
| 41 | Sluder et al.<br>(2017)    | Review               | Young Athletes                 | + Coaching & skill instruction + Skill acquisition through deliberate practice accumulation + Time management + Peer relationships within group + overuse injury - Cost development of lifetime sports skill +Burnout to include emotional and physical exhaustion +Social development issues | +Development of pro social behaviours and personal. +Promotes development of intrinsic motivation. +Promotes motor skill development. +Increased connection to community, integration of family, and better health outcomes. | An athlete's early specialisation in a sport does not guarantee a future in that sport at an elite level Based on available evidence. Multiple sport practice         |
|    |                            |                      |                                |   |  |   |





| #  | Author/Year               | Article<br>type                 | Sample/Data<br>Characteristics   | Sport Specialisation   | Sport Diversification  | Recommendations   |
|----|---------------------------|---------------------------------|--|--|--|---|
| 42 | McGuine et al.<br>(2017)  | Original<br>research            | Young Athletes   | +risk of musculoskeletal lower extremity                         | NR   | Specialisation leads to a higher risk of musculoskeletal lower extremity injuries than athletes with low specialisation.  |
| 43 | Wilhelm et al.<br>(2017)  | Original<br>research            | Children and adolescent  | + serious injuries during their professional career              | NR   | Higher rate of serious injury if specialisation development was selected  |
| 44 | Pasulka et al.<br>(2017)  | Original<br>research            | Children and adolescent  | + proportion of overuse injuries                                 | NR   | Athletes in individual sports may be more likely to specialize in a single sport than team sport athletes. Single-sport specialized athletes in individual sports also reported higher training volumes and greater rates of overuse injuries than single-sport specialized athletes in team sports.                        |
| 45 | Bell et al. (2018)        | Review<br>and meta-<br>analysis | adolescent   | + overuse injury   | NR   | Sport specialisation is associated with an increased risk of overuse musculoskeletal injuries   |
| 46 | Jayanthi et al.<br>(2018) | Original<br>research            | Children and adolescent  | + sport injuries   | NR   | High-income athletes reported more serious overuse injuries than low-income athletes, possibly due to higher rates of sports specialisation, more hours per week playing organized sports, a higher proportion of hours per week in organized sports relative to free play and increased participation in individual sports |
| 47 | Garinger et al.<br>(2018) | Original<br>research            | 351 Division II and<br>III specialized and<br>multiple-sport<br>athletes | •  | NR   | Stress associated with burnout and perfectionistic Specialized athletes' lower levels of burnout  |
| 48 | Watson et al.<br>(2018)   | Original<br>research            | 49 Female youth soccer players   | + stress<br>+ Fatigue<br>+ Soreness<br>- Mood<br>- sleep quality | - Stress<br>- Fatigue<br>- Soreness<br>+ Mood<br>+ sleep quality | Sport specialisation is associated with significantly worse mood, stress, fatigue, soreness, and sleep  |





| #  | Author/Year                 | Article type                                   | Sample/Data<br>Characteristics                   | Sport Specialisation  | Sport Diversification            | Recommendations  |
|----|-----------------------------|--|--|---|----------------------------------|--|
| 49 | Bell et al. (2018)          | Systematic<br>Review<br>with Meta-<br>analysis | N/A Young multi-<br>sport specialized            | + risk an<br>overuse injury   | None                             | Sport specialisation is associated with an increased risk of overuse musculoskeletal injuries  |
| 50 | Walters et al.<br>(2018)    | Systematic<br>Review                           | N/A Young multi-<br>sport specialized            | + Resistance training decrease<br>risk of injury and overtraining<br>+ increased repetition and<br>increasing the risk of injury +<br>early sport dropout | NR                               | Correct supervision of Coaches and physical educators engage in healthy training for sport   |
| 51 | Anderson et al. (2018)      | Original<br>research                           | 5 Female of<br>Division I college<br>soccer team | + lower extremity injury  | NR                               | Lost an average of four days of training   |
| 52 | DePhillipo et al.<br>(2018) | Case<br>Report                                 | 1 Young alpine<br>skier                          | + Patellofemoral articular cartilage defect   | NR                               | healthcare professionals must<br>be educated on the known<br>causes of knee effusions<br>and influence early sport<br>specialisation may result in<br>overuse injuries to knee joint<br>cartilage. |
| 53 | DiStefano et al.<br>(2018)  | Cross-<br>sectional                            | 355 Youth athletes                               |   | + good neuromuscular control     | Multi-sport participation may reduce injury risk in youth athletes   |
| 54 | Russel & Molina<br>(2018)   | Original<br>research                           | 77 female high school athletes                   | = sport motivations and burnout   |                                  | Specializers and non-<br>specializers young athletes<br>are similar levels of sport<br>motivation and burnout.   |
| 55 | Post et al. (2019)          | Original<br>research                           | 647 Female youth athletes                        | + Daytime sleepiness<br>associated high levels of<br>specialisation, overuse injury,<br>traveled regularly  | NR                               | Specialisation= increased daytime sleepiness   |
| 56 | Heydinger (2019)            | Original<br>research                           | 24 athletes                                      | = risk injury   | NR                               | Sports specialisation in high school does not ever affect the rate of injury in collegiate athletics.  |
| 57 | Weekes et al.,<br>(2019)    | Original<br>research                           | 602 High school<br>students                      | <ul><li>+ Hours practicing their primary sport</li><li>+ Injured playing their primary sport</li></ul>  | - injured playing<br>multi-sport | Relationship between more hours of sport specialisation and injure associated  |





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| #  | Author/Year               | Article              | Sample/Data              | Sport Specialisation  | Sport Diversification | Recommendations                  |
|----|---------------------------|----------------------|--------------------------|---|-----------------------|----------------------------------|
|    |                           | type                 | Characteristics          |   |                       |                                  |
| 58 | Moseid et al.             | Original             | 259 Youth elite          | = Increase injury risk  | NR                    | Single sport and specialisation  |
|    | (2019)                    | research             | athletes                 |   |                       | appear to represent risk factors |
|    |                           |                      |                          |   |                       | for injury or illness            |
| 59 | McDonald et al.<br>(2019) | Original             | 143 youth elite-         | + more serious injuries   | NR                    | Athletes, coaches, and parents   |
|    |                           | research             | level wrestlers          |   |                       | should consider the risk of      |
|    |                           |                      |                          |   |                       | injury associated at the sport   |
|    |                           |                      |                          |   |                       | specialisation                   |
| 60 | Field et al. (2019)       | Original<br>research | 10,138 youth<br>athletes | <ul><li>+ Females increased risk of injury</li><li>+ Females association vigorous</li></ul> | NR                    | Sports specialisation can be     |
|    |                           |                      |                          |   |                       | associated with a greater        |
|    |                           |                      |                          |   |                       | volume of vigorous activity and  |
|    |                           |                      |                          | activity and develop injury   |                       | injury risk. Parents and coaches |
|    |                           |                      |                          | = no clear pattern of risk  |                       | must be aware of volume          |
|    |                           |                      |                          |   |                       | training threshold.              |

<sup>+:</sup> increase; -: decrease; =: no effect, NR= Nonspecific reports.

### **Discussion**

### Benefits and disadvantages of diversification

Diversification of sport at an early age has been an element that literature over the years has stood out as a practice that collaborates in the fast development of athletes. This modality is characterized by a free play model with a high component of fun, sport variability, and non-rigid rules, providing the possibility that infants explore other types of experiences. Both with peers and with other ages, diversification offers greater possibilities of social relationships that help in the development of emotional skills which influence self-regulating behaviours and emotions are essential in the competition (Brenner & Fitness, 2016).

#### **Physical**

When children are allowed to participate in a development model based on diversification, they are influencing the development of neuromuscular patterns which are associated with the prevention of injuries at later ages or in young athletes (DiFiori *et al.*, 2014a; DiStefano *et al.*, 2018; LaPrade *et al.*, 2016a). This allows higher performance at the sports level as it offers significant possibilities of staying present in competitions. In multiple studies involving elite athlete in field hockey, ice, basketball, and triathlon they reported that before becoming Olympic or high-performance international athletes they trained and competed in multiple sports, in addition to their primary sport,





unlike fellow they only compete at the national level that practiced a single sport since childhood (Baker *et al.*, 2003, 2009; Soberlak & Cote, 2003; Vaeyens *et al.*, 2009).

Also, understanding motor development as an area that is responsible for studying human motor behaviour and the changes in the underlying processes that interact during the growth and maturation of the individual, is that diversification at an early age offers higher and better experiences that allow performing transfers from one sport to another sport or other activity. It must be analysed under the premise that a more significant amount of motor experiences offers greater possibilities to influence the maturation processes of systems such as the central nervous system or the senses. (Goodway & Robinson, 2015).

According to Fransen et al. (Fransen et al., 2012) when determining the differences in the physical condition and motor coordination in children from 6 to 12 years who specialized versus those who practiced more than one sport, they found that diversified children, specifically with ages between 10 and 12 years, obtained better physical condition and motor skills. These results are attributed to the full range of motor resources that these subjects had (Hecimovich, 2004).

#### Social

The practice of any sport takes place in a social environment and requires, among other things, the ability to interact effectively with coaches, parents, and peers (Gould, 2010). According to the evidence (Strachan et al., 2009), in an investigation that 74 young athletes, classified in specialists (in sports such as swimming, gymnastics, and diving) and diversified (by the practice of multiple sports), diversified athletes showed greater sports integration with the family and a more reliable link with the community, while specialists reported difficulty in relating to their peers and higher levels of emotional exhaustion. Contemplating that there is a fundamental right of children to an open future (Torres, 2015).

### **Psychological**

As stated by Caruso (2013) notes that providing the child with a multi-sport environment can foster an authentic preference for sports so that he can continue with more structured and productive practice in late childhood and even in adulthood. Multiple authors have mentioned that early sports diversification leads to success, due to the intrinsic motivation that stems from fun, enjoyment and competition of children through participation in various sports (Baker *et al.*, 2003, 2009; Jayanthi *et al.*, 2013). There are fewer reports of burnout related to sports practice in non-specializer than in those that specialized earlier (Russell & Molina, 2018).





Sports activities require a high degree of cognitive-perceptual skills, to make the right decisions during competitions, besides affective skills, to have control of their emotions (Côté et al., 2009). In this way, diversification is linked to a longer sports career (Gould, 2010). Indeed, diversification is related to better long-term health consequences and promotes a holistic approach, using a variety of sports to better develop the athlete's lifestyle (Blagrove *et al.*, 2017).

### Benefits and Disadvantages of specialisation

Specialisation tendency was born in Eastern Europe, mainly with the purpose of competition. Talent identification and development programs were constants in the pursuit of a medal by these countries (Malina, 2010a). Parents have a fundamental role in specialisation in sports, industry, television, society, and educational programs to emphasize their process in achievement. That was the beginning of sport organization for children (Malina, 2010a). This led to the creation of expectations from the parents and the labelling of children based on their talents, this increased the belief that specialisation was the right path for children's development.

On the other hand, early sports specialisation seems to be associated in many cases with adverse physical and psychological effects (Brenner, 2016; Feeley *et al.*, 2016; Sluder *et al.*, 2017). Given this, several studies have shown the presence of overuse injuries, overtraining and burnout in these athletes; as well as, possible affectations at the nutritional level and musculoskeletal and psychological maturation that undoubtedly cause the impossibility of sports practice and loss of continuity (Anderson *et al.*, 2018; DePhillipo *et al.*, 2018; Myer *et al.*, 2015a).

On the other hand, early sports specialisations may have an impact on the isolation of their friends and partners, as well as, alterations in family relationships together with the manifestation of a greater co-dependency of third persons due to the loss of control of their own lives, bringing with it possible maladaptive social behaviours (Corrêa *et al.*, 2016; Malina, 2010a; Smith *et al.*, 2017).

#### **Physical**

The greatest benefit of specialisation is the acquisition, development and proficiency of motor skills related to success in a specific sport. A child who practices certain skills and abilities on a regular basis and even more with a certain scientific basis may develop and improve those skills better than another who performs less periodically and irregularly, such as diversification (Wiersma, 2000).





A series of investigations have shown the consequences at a physical level that can be obtained a specialisation in the early ages (Bell et al., 2018; Fabricant et al., 2016; Myer et al., 2015a; Smucny et al., 2015a; Walters et al., 2018), which highlights injuries from overuse, overtraining and lack of sleep among the main problems and those that can be see increased mainly when the specialisation begins before the age of 12, independently of age, sport or other contextual factor (Feeley *et al.*, 2016; Field *et al.*, 2019; LaPrade *et al.*, 2016a; McDonald *et al.*, 2019; McGuine *et al.*, 2017; Moseid *et al.*, 2019; Myer *et al.*, 2015a; Post, Trigsted, *et al.*, 2017; Torres, 2015; Weekes *et al.*, 2019; Wilhelm *et al.*, 2017). Additionally, individual sport athletes tend to specialize more than team sport athletes, so there is a greater incidence of sport related injuries in individual sports specializers (Pasulka *et al.*, 2017).

Within a large number of possible consequences linked to the early specialisation, the injuries by transit in the ages between 6 to 18 years, the results to the most recurrent and mainly to the works that are characterized by the repetitive actions with high volumes, frequencies and intensities of work (Brenner, 2016; Post, Bell, et al., 2017), what brings with it a large number of hours of specialisation, those with a strong relationship of injuries reaching values between 55% and 70% (DiFiori et al., 2014c; Rose et al., 2008; Smucny et al., 2015a). And in the case of injuries such as tendinopathies, stress fractures and apophysitis, they are the most recurrent affecting the bone, muscular and ligamentous structures; In addition, premature development can alter the aspects of motor coordination and flexibility deficit product of musculoskeletal imbalances and connective tissues (Hall et al., 2015; Kaleth & Mikesky, 2010; Malina, 2010a) and could compromised growth and maturation (Malina, 2010b).

In a case report (DePhillipo *et al.*, 2018), found cartilage lesions and osteochondral defects in a young alpine scheme, excessive and repetitive use of microtrauma because of early specialisation. Also, the economic and social level they have an important incidence, (Jayanthi et al., 2018), show differences significantly in young athletes with ages of 8 to 18 years, in which socioeconomic level was higher with the greater occurrence of overuse injuries and where this situation is associated with a greater number of hours of sports practice.

#### Social

Specialisation requires that children understand the value of commitment. And apparently, they learn to value the investment of energy, time, and emotions, which is essential for sporting success (Wiersma, 2000). Additionally, sports could create an enabling environment for development activities such as cooperative skills, behaviours





in favor of a group environment and close relationships, because this sport is social by nature (Wiersma, 2000).

Despite the above, at the social level the intense training that involves sports specialisation at an early age can cause young athletes to develop problems of self-concept and social skills (Merkel, 2013). According to (Ferguson & Stern, 2014; Normand et al., 2017) this damages the construction of social relations and unleash social isolation (Malina, 2010a). From this perspective, some elements such as high training volume and frequency of sessions, athlete's parents and coaches expectations could lead athletes to abandon the sport before reaching their peak. (Baker et al., 2003) due to burnout states (Malina, 2010a). In addition, these authors claim that the commitment required for sporting success usually obstructs the normal process of developing interpersonal skills and identity during childhood, because it can lead to familial disorders and rivalry among peers (Callender, 2010; Heydinger, 2019).

According to (Wiersma, 2000) in an interview with teenage athletes, those who were successful but who abandoned the sport indicated that they did so due to a set of life experiences that lead to the development of a self-concept, which the sport in some way prevented them from experiencing. In other words, as an athlete increases participation in a single sport, opportunities for social interaction outside of that sport may be less likely.

#### **Psychological**

Although sports specialisation and the sport itself could cause experiences where self-esteem and self-perception are improved because of the achievement of goals and objectives, there are negative psychological effects that are often difficult to recognize (Horn, 2015; Wiersma, 2000). Additionally, it is important to understand the potentiality of early sport specialisation to develop psychological needs satisfaction in youth (McFadden *et al.*, 2016). However, they are very important aspects to consider for the maintenance of sports practice over time (Watts, 2002). One of the most damaging aspects of specialisation is emotional and mental physical exhaustion, also known as "Burnout syndrome" (García-Parra *et al.*, 2016). This exhaustion is mainly induced, when participation in a sport exceeds the rewards of its participation, which causes a decrease in performance, lack of concentration, mental fatigue and even depression (Mojena & Ucha, 2002).

This exhaustion of the athlete from a multidimensional psychological perspective has been related to early sports specialisation, where marked manifestations of stress and anxiety, loss of intrinsic motivation, added to a lower sensation towards the sports context is shown with recurrence in this population (DiFiori et al., 2014b; Jayanthi et





al., 2018; Sheridan *et al.*, 2014). Indeed, sport specialisation has been associated with worse mood, fatigue, sleep quality, stress, soreness with no relation to age or training load (Garinger *et al.*, 2018; Post *et al.*, 2019; Watson *et al.*, 2018).

Aspects such as excessive schedules of sports practices, the low emphasis on physical fitness skills through enjoyment and applicable to life, along with the low application of valid and reliable tools to determine burnout states are some of the main triggers of these problems (Kaleth & Mikesky, 2010; LaPrade *et al.*, 2016b; Torres, 2015).

Likewise, certain social and psychological characteristics associated with the development of excessive perfectionism of young people, coaches or parents are frequently observed aspects; For this reason, the monitoring related between the intensity of sports participation and their degree of specialisation coupled with the interaction with friends, school and any other type of extracurricular activities are essential for the well-being of young people (Sluder *et al.*, 2017; Smith *et al.*, 2017; Smucny *et al.*, 2015.

However, the choice of a single sport can cause the athlete to lose the sense of enjoyment of the discipline, so, usually the athlete suffers psychologically (Gould *et al.*, 2002). Studies previously conducted (Balaguer *et al.*, 2009; Gustafsson *et al.*, 2007; Martínez & Javier, 2014), reinforce this information, because when analysing the presence of this exhaustion in young elite athletes they found its presence in tennis athletes and other disciplines, arguing that the rigorous hours of intense training through specialisation can interfere with the benefits of sports participation. Also, based on the evidence shown, specialisation causes an increase in the probability of withdrawal and dropout from sports practice (Baker *et al.*, 2009; Wiersma, 2000). Indeed, adults that reported early specialisation were less likely to still be active in their adulthood (Hastie, 2015).

### Conclusion

It is clear and dates to the recent qualitative and quantitative scientific evidence; sports diversification and sports specialisation in children have advantages and disadvantages at a physical, social, and psychological level. These pros and cons are dependent on the objective with which the sporting activity is developed, in this case, it will depend on the type of process and the philosophical line of the sports centre, coaches, parents and children. What is clear is that the disadvantages of each process must be considered in the hands of the integral development of children. Additionally, considering that there are ethical and philosophical arguments to discuss even around high-performance sport (Beamish & Ritchie, 2006), and the rate of high-performance athletes compared to the whole population, politicians, educators, and parents should consider if the world needs





new and better athletes or citizens? Indeed, some authors considered that excessive training processes may also be considered as a form of child abuse (Pipe, 1993), from a perspective a interpersonal violence psychological and physical (Vertommen *et al.*, 2016; Witt & Dangi, 2018). That although it is true, sports specialisations are not a synonym of excessive training, the line between both practices is very thin, often leading to confusion and because of it the consequences are suffered by boys and girls.

Based on this evidence, the alternative of sport diversification at an early age is considered firstly, and then work around sport specialisation once the bases of strength, conditioning and neuromuscular training have been achieved, as well as a certain psychomotor maturation so that their sports performance and health are not compromised in the medium or long term. It is necessary to consider that few children manage to obtain a place in the sports elite or do not have the specific capabilities to achieve high performance (Wojtys, 2013), so for many of them, the education around sports will be the basis for the exercise of their citizenship as active people. It is suggested that in relation to this assessment, there be a slightly more detailed analysis in the conclusion, since it is a very relevant aspect that is not necessarily addressed in the sports specialisation in early childhood stages. Indeed, some authors considered that excessive training processes may also be considered as a form of child abuse (Pipe, 1993).

**Funding**: The authors received no financial support for the research, authorship, and/or publication of this article.

**Declaration of conflict interests:** The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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