



DATALYSCENTER®

NATION Surveillance Program



DISC

Datalys Injury
Statistics Clearinghouse

Data Request Instructions

Users Guide and Information Packet

Application Packet

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INTRODUCTION

Thank you for your interest in the National Athletic Treatment, Injury and Outcomes Network (NATION) High School (HS) Surveillance Program. In this packet you will find the instructions, sports, years and variables available as well as the application packet.

Data requests are limited to legitimate scientific inquiries and are reviewed by an external panel of scientists for redundancy (to determine if the same data has already been provided to another researcher), scientific merit (i.e. sound research question), and potential to contribute to the body of knowledge. Requests for marketing data or general descriptive information in lieu of a legitimate research question will not be considered.

The dataset represents the 3-year period spanning the 2011/12 to 2013/14 academic years.

DATASET INFORMATION

The dataset files available are for NATION data for 2011/12 to 2013/14 academic years. A paper on the methodology of NATION is forthcoming in the Journal of Athletic Training. However, information regarding the NCAA Injury Surveillance Program, which is very similar to that of NATION, can be found in *“National Collegiate Athletic Association Injury Surveillance System: Review of Methods for 2004–2005 Through 2013–2014 Data Collection,”* which is available in the August 2014 issue of the *Journal of Athletic Training*.

(<http://natajournals.org/doi/abs/10.4085/1062-6050-49.3.58>)

Athletic Injuries

The injuries and illnesses entered by certified athletic trainers included in these data sets are only those classified as athletic injuries. Athletic trainers could enter injuries and illnesses that occurred outside of athletic competition, but these injuries were not included in either dataset. The data include all health conditions that the certified athletic trainers determined to be athletic injuries. In a small number of cases, these include infections and other conditions that some data users may consider to be non-injury.

DATA REQUEST INSTRUCTIONS

Researchers may apply for subsets of de-identified aggregate data. Generally, these data are considered exempt from Human Subjects Protections; however, researchers are required to provide proof of exemption from their Institutional Review Board (IRB).

The dataset files available are for NATION data for 2011/12 to 2013/14 academic years.

To offset administrative costs, a non-refundable application fee of \$75 is required with your application if you are requesting the 2011/12-2013/14 dataset. The fee is waived for students utilizing these data for their thesis/dissertation, or athletic trainers submitting data to NATION.

STEP 1:

Complete the Data Request Form (instructions and application are below). Please return completed application in PDF format to the Datalys Center at disc@datalyscenter.org

STEP 2:

Submit non-refundable \$75 application fee via check written to “Datalys Center for Sports Injury Research and Prevention.” Be sure to include your name and institution on your check, so that we can match your payment to your application. Mail check to “Datalys Center; c/o DISC; 401 West Michigan Street, Suite 500; Indianapolis, IN 46202.” The application process will proceed upon receiving your check.]

STEP 3:

Your completed application will be evaluated by the Independent Review Committee (IRC). The IRC generally meets once a month to review proposals. Expedited requests for review are not possible and incomplete proposals will delay the process. The IRC retains the right to deny any request without explanation.

STEP 4:

If your application is approved by the IRC, the Datalys Center will provide the investigator with the *Data Use License Agreement* for completion as the final step in the process before data sets are released. The *Data Use License Agreement* needs to be read, signed and returned to the Datalys Center along with any applicable fees prior to data being released. Please note that the *Data Use License Agreement* includes a provision requiring proof of IRB approval.

STEP 5:

Codebooks, methods, and datasets are provided once all approvals and paperwork are received. This includes approval from your Institutional Review Board (IRB) to conduct the proposed study.

Form Instructions

- Date of Application: Date submitted to the Datalys Center.
- Institution: List the institution name of the PI.
- NATION Participant: Check the appropriate button (will be verified).
- Primary Investigator (PI): List only the name of the lead investigator.
- Credentials: Provide the lead investigators credentials (MD, PhD, etc).
- Title: Lead Investigator's Title (assistant professor, etc).
- Department: Lead investigator's department (orthopedics, etc).
- Street Address: Mailing street address of PI.
- City, State and Zip code: City, state and zip of PI.
- Email: Work email of PI (do not provide gmail or other non-work related email).
- Office Phone: PI's office phone.
- Purpose of Your Request: Check button (limited to peer-reviewed manuscripts and dissertations).
- Student Status: Check the appropriate box indicating your academic status
If this is a student project, you must provide the following:
 - Mentor's Name: Provide full name of mentor
 - Mentor's Institution: Provide full institution name
 - Mentor's Title: Mentor's title (assistant professor, etc)
 - Mentor's Email: Provide the mentor's work email
 - Mentor's Phone Number: Provide the mentor's office phone number
- Human Subjects' Protections Approval: Check appropriate button
- Project Funding: Check the appropriate box indicating if project is funded, if yes, by whom.
- Collaborators: Provide the name, title, institution and role of each investigator
- Project Title: Identify the preliminary title of the proposed manuscript or dissertation.
- Project Synopsis: Briefly describe your proposed project, purpose, approach, expected outcomes.
- Specific Aims: Provide a list of specific aims (note over-reaching or broad aims should be avoided).
- Significance & Expected Outcomes: Describe how project will contribute to the body of knowledge.
- Statistical Analyses: Describe the statistical analyses you plan to perform
- Sports, Years & Variables: Identify the sports, years and variables requested from the lists provided below.
- Signature:

AVAILABLE SPORTS

Men's Football
Women's Field Hockey
Men's Soccer
Women's Soccer
Women's Volleyball
Men's Basketball
Women's Basketball
Men's Wrestling
Women's Gymnastics
Men's Ice Hockey
Women's Ice Hockey
Men's Lacrosse
Women's Lacrosse
Men's Baseball
Women's Softball
Men's Cross Country
Women's Cross Country
Men's Indoor Track
Women's Indoor Track
Men's Outdoor Track
Women's Outdoor Track
Men's Tennis
Women's Tennis
Men's Swimming and Diving
Women's Swimming and Diving
Men's Crew
Women's Crew

VARIABLES FOR REQUEST FROM EXPOSURE CODEBOOKS

EXPOSURE VARIABLES

Variable Label	Variable Name	Notes
Academic Year (20xx-xx)	YEAR	
Sport Code	SPORT	
Exposure Unique Identifier	RECORD_UID_EXP	
Primary Division	PRIMARY_DIV	
Football Division	SPORT_SUBDIVISION	Only for Football requests
Season Segment	SEASON	
Event Type	EVENT_TYPE	
Participation Count	NUM_ATHLETES	
Surface	SURFACE	

VARIABLES FOR REQUEST FROM INJURY CODEBOOKS

INJURY VARIABLES

Variable Label	Variable Name	Notes
Academic Year (20xx-xx)	YEAR	
Exposure Key (links to exposure file)	RECORD_UID_EXP	
Injury Key	RECORD_UID_INJ	
Date of injury		Due to the de-identified nature of NATION, we cannot provide the specific injury date, but rather a count variable that indicates number of days since an arbitrary start-of-season date
Multiple injuries to Same Body Part Key	INJURY_IDENTIFIER	
Sport Division	PRIMARY_DIV	
Sport Code	SPORT	
Football Division (ONLY FOR FOOTBALL REQUESTS)	SPORT_SUBDIVISION	
Season Segment	SEASON	
Event Type	EVENT_TYPE	
Injury Event Type	INJEV_SEGEVENT	
Player Activity at Time of Injury	INJEV_ACTIVITY	
Athlete's Position at Time of Competition Injury	INJEV_PLAYER_POSITION	
Location on Field or Court at Time of Competition Injury	INJEV_LOCATION	
Basic Injury Mechanism	INJEV_BASIC_MECHANISM	
Specific Injury Mechanism	INJEV_SPECIFIC_MECHANISM	
Days Lost from Participation	TIMELOSS	
Outcome	OUTCOME	
Body Part or System Affected	BODYPART_OR_SYSTEM_CODE	
Specific Injury	INJURY_OR_ILLNESS_CODE	
Type of Injury	INJ_ILL_GROUP_CODE	
Side of Body	SIDE	
Injury Recurrence	NEW_INJURY	
Chronic Injury	CHRONIC_INJURY	
Surgery Resulted from this Injury	SURGERY	
Person completing injury assessment	INJURY_ASSESSMENT	
Emergency transport utilized	EMERGENCY_TRANSPORT	
Concussion symptomatology	See list to right	Includes: Amnesia, Difficulty concentrating, Feeling disoriented, Dizziness, Headache, Hyperexcitable, Irritable, Loss of consciousness, Nausea, Tinnitus, Balance issues, Visual impairment, Sensitivity to light, Sensitivity to noise, Insomnia, Drowsiness
Concussion symptom resolution time	C_CONCUSSION_TIME	Categorical (not count) data for when ALL symptoms resolve

DATA REQUEST APPLICATION FORM

Please complete this form in its entirety. Incomplete forms will not be processed. This application should only be completed by scientific investigators requesting access to de-identified, line item exposure and injury data from the NATION Surveillance Programs. Requests must have a legitimate scientific research question.

Access to the data is a 2-step process. Approval by Datalys Center Independent Review Committee (IRC) does not guarantee requests will be approved by the Datalys Center. Requests may take several months to process depending on volume and when the application was received. Applications submitted by investigators from NATION participating institutions will receive priority processing, but must meet the same criteria for approval.

Primary Investigator (PI) Information

1. Date of Application:

2. Institution:

3. NATION Participant: YES NO

4. Primary Investigator:

5. Credentials:

6. Primary Investigator's Title:

7. Department:

8. Street Address:

9. City, State, Zip:

10. Email:

11. Office Phone:

Proposal Information

12. Purpose of Request: PEER-REVIEWED MANUSCRIPT DISSERTATION OTHER

If OTHER, describe:

13. Student Status: DOCTORAL STUDENT MEDICAL STUDENT MASTERS STUDENT NA

If this is a student project, you must provide the following:

- a. **Mentor's Name:**
- b. **Mentor's Institution:**
- c. **Mentor's Title:**
- d. **Mentor's Email:**
- e. **Mentor's Phone Number:**

14. Human Subjects' Protections Approval: APPROVED IN REVIEW NA

Data will not be released without proof of human subjects' protections approval or exemption from the PI's Institutional Review Board. If approved or in review, attach letter from IRB in PDF format along with this application. Applications in IRB review will be considered but data will not be released until proof of approval or exemption is provided.

15. Project Funding: YES NO

If funded, identify the funding agency:

16: Collaborators (Name, Title, Institution, and Role on Project):

17. Project Title:

18. Project Synopsis *(limited to 3500 characters):*

19. Specific Aims *(limited to 3500 characters):*

20. Significance and Expected Outcomes *(limited to 3500 characters):*

21. Statistical Analyses *(limited to 3500 characters):*

22. Sports, Years and Variables (limited to 3500 characters):

You may request and entire dataset (e.g. Football for 2011/12 – 2013/14 or a subset Football 2012/13)

23. Signature: I, _____, hereby certify to the best of my knowledge that the information provided in this document is accurate, truthful and verify that all collaborators have current human subjects' protections training on this ____ day of _____, in the year of _____.