



DISC

Datalys Injury
Statistics Clearinghouse

**High School National Athletic Treatment, Injury, and
Outcomes Network Surveillance Program (NATION-SP)
DISC Instructions and Application**

Authored by: Datalys Center for Sports Injury Research and Prevention, Inc
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INTRODUCTION

Thank you for your interest in the High School (HS) National Athletic Treatment, Injury, and Outcomes Network Surveillance Program (NATION-SP).

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.

DATASET INFORMATION

The dataset files available are for the HS NATION-SP representing the 5-year period spanning the 2014/15 – 2018/19 academic years. A manuscript on the current methodology of NATION-SP is forthcoming.

Athletic Injuries

The injuries and illnesses entered by certified athletic trainers (ATs) included in these datasets are only those classified as athletic injuries. ATs could enter injuries and illnesses that occurred outside of athletic competition, but these injuries and illnesses are not included in the datasets. The data include all health conditions that the certified ATs determined to be athletic injuries and illnesses.

DATA REQUEST INSTRUCTIONS

Researchers may apply for subsets of deidentified 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).

To offset administrative costs, a non-refundable application fee of \$75 is required with your application. The fee is waived for students utilizing these data for their thesis/dissertation, or ATs submitting to NATION-SP.

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 (if applicable) via check written to “Datalys Center for Sports Injury Research and Prevention.” Be sure to include your name and institution on your check so we may match your payment to your application. Mail check to “Datalys Center; c/o DISC; 6151 Central Ave, Suite 117; Indianapolis, IN 46220.” The application process will proceed upon receiving your check.

STEP 3:

Your completed application will be internally evaluated by Datalys Center staff. The Datalys Center retains the right to deny any request without explanation.

STEP 4:

If your application is approved by Datalys Center staff, it will be submitted to the Scientific Advisory Board (SAB) for evaluation. The SAB meets quarterly to review proposals. Expedited requests for review are not possible and incomplete applications will delay the process. The SAB retains the right to deny any request without explanation.

STEP 5:

If your application is approved by the SAB, the Datalys Center will provide the investigator with the *Data Use License Agreement (DUA)* for completion as the final step in the process. The *DUA* needs to be reviewed, signed, and returned to the Datalys Center prior to data release. Please note that the *DUA* includes a provision requiring proof of IRB approval.

STEP 6:

Codebooks, methodology, and datasets will be provided once all approvals and paperwork are received.

FORM INSTRUCTIONS

- Date of Application: Date submitted to the Datalys Center
- Institution: List the institution name of the Primary Investigator
- NATION-SP Participant: Make the appropriate selection (will be verified)
- Primary Investigator (PI): List only the name of the lead investigator
- Credentials: Provide the PI's credentials (PhD, MD, etc.)
- Title: PI's title (assistant professor, etc.)
- Department: PI's department (orthopedics, etc.)
- Street Address: Mailing address of PI
- City, State, Zip Code: City, state, zip code of PI
- Email: Preferred email address for PI
- Purpose of Request: Make appropriate selection (peer-reviewed manuscripts, dissertation/thesis, other purpose)
- Student Status:
 - If this is a student project, the following must be provided:
 - 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 mentor's email address
- Human Subjects Protections Approval: Make the appropriate selection
- Project Funding: Make the appropriate selection and if appropriate, indicate funding mechanism
- Collaborators: Provide the name, title, institution, and role of each investigator
- Project Title: Identify the preliminary title of the proposed manuscript or thesis/dissertation
- Project Synopsis: Briefly describe the proposed project, purpose, approach, and expected outcomes
- Specific Aims and Expected Outcomes: Provide a list of specific aims (over reaching and broad aims should be avoided) and expected outcomes
- Significance and Innovation: Describe how project will contribute to the existing body of knowledge
- Research Strategy: Describe the overall strategy, methodology, and analyses you plan to perform
- Sports, Years, and 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
Men's Lacrosse
Women's Lacrosse
Men's Baseball
Women's Softball
Men's Cross Country
Women's Cross Country
Men's Indoor and Outdoor Track and Field
Women's Indoor and Outdoor Track and Field

VARIABLES FOR REQUEST FROM NATION-SP EXPOSURE CODEBOOKS

EXPOSURE VARIABLES

Variable Label	Variable Name	Notes
Academic Year	YEAR	(20XX/XX)
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 NATION-SP INJURY CODEBOOKS

INJURY VARIABLES

Variable Label	Variable Name	Notes
Academic Year	YEAR	(20XX/XX)
Exposure Key	RECORD_UID_EXP	Links to exposure file
Injury Key	RECORD_UID_INJ	
Multiple Injuries to Same Body Part Key	INJURY_IDENTIFIER	
Primary Division	PRIMARY_DIV	
Sport Code	SPORT	
Football Division	SPORT_SUBDIVISION	Only for Football requests
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 Injury	INJEV_PLAYER_POSITION	
Location on Field or Court at Time of 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 symptoms	See list under Notes	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 resolved

NOTE: Due to the deidentified nature of NATION-SP, we are unable to provide specific injury dates.

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 deidentified, line item exposure and injury data from NATION-SP. Requests must include a legitimate scientific research question.

Access to the data is a two-step process. Approval by the Datalys Center does not guarantee requests will be approved by the Scientific Advisory Board, and vice versa. Requests may take several months to process depending on volume and when the application was received. Applications submitted by investigators from NATION-SP participating institutions will receive priority processing; however, they must meet the same criteria for approval.

Primary Investigator (PI) Information

- 1. Date of Application:**
- 2. Institution:**
- 3. NATION-SP Participant: YES _____ NO _____**
- 4. Primary Investigator:**
- 5. Credentials:**
- 6. Primary Investigator's Title:**
- 7. Department:**
- 8. Street Address:**
- 9. City, State, Zip:**
- 10. Email:**

PROPOSAL INFORMATION

11. Purpose of Request:

_____ Peer-reviewed Manuscript

_____ Dissertation/thesis

_____ Other

If OTHER, describe:

12. Student Status:

_____ Doctoral Student

_____ Medical Student

_____ Master's Student

_____ NA

If this is a student project, the following must be provided:

a. Mentor's Name:

b. Mentor's Institution:

c. Mentor's Title:

d. Mentor's Email:

13. Human Subjects Protection 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.

14. Project Funding: YES _____ NO _____

If funded, identify the funding agency:

15. Collaborators:

- *List all members of the research team, including their name, title, institution, and role in project.*
- *Detail how each research team member will contribute to the proposed research project.*
- *If possible, provide a CV for each collaborator.*

16. Project Title:

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

- *Provide necessary background information (with supporting literature) relevant to the proposed research project.*
- *Describe the scientific premise for the proposed project, including consideration of the strengths and weaknesses of published research or preliminary data crucial to the support of your application.*

18. Specific Aims and Expected Outcomes *(limited to 3500 characters):*

- *Succinctly list the specific objectives of the proposed research (e.g., test a stated hypothesis, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field).*
- *Concisely state the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will have on the research field.*

19. Significance and Innovation *(limited to 3500 characters):*

- *Explain the importance of the problem that the proposed project addresses.*
- *Explain how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice in the research field.*
- *Describe any novel theoretical concepts, approaches or methodologies, instrumentation, or interventions to be developed or used, and any advantages over existing methodologies, instrumentation, or interventions.*

20. Research Strategy *(limited to 3500 characters):*

- *Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project.*
- *Describe how the data will be analyzed and interpreted.*
 - *Identify specific analytical techniques and how the inferences afforded by them align with the proposed research question.*
- *State the primary outcome of interest and potential covariates to be included in analyses.*
- *Explain how requested variables are factored into research design and analyses. For example, strong justification from the scientific literature or other relevant considerations should be provided.*
- *Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.*

21. Sports, Years, and Variables:

Signature:

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