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**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](mailto: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**

1. **Purpose of Request:**

**\_\_\_\_\_\_\_ Peer-reviewed Manuscript**

**\_\_\_\_\_\_\_ Dissertation/thesis**

**\_\_\_\_\_\_\_ Other**

*If OTHER, describe:*

1. **Student Status:**

**\_\_\_\_\_\_\_ Doctoral Student**

**\_\_\_\_\_\_\_ Medical Student**

**\_\_\_\_\_\_\_ Master’s Student**

**\_\_\_\_\_\_\_ NA**

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

1. **Mentor’s Name:**
2. **Mentor’s Institution:**
3. **Mentor’s Title:**
4. **Mentor’s Email:**
5. **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.*

1. **Project Funding: YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_**

*If funded, identify the funding agency:*

1. **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.*

1. **Project Title:**
2. **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.*

1. **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.*

1. **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.*

1. **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.*

1. **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_.