

The National Collegiate Athletic Association Injury Surveillance Program: Continuing Injury-Surveillance Efforts Through the COVID-19 Pandemic

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The National Collegiate Athletic Association (NCAA) is a member-led organization dedicated to the safety and lifelong success of college athletes. This dedication is reflected in the NCAA Board of Governors' endorsement of 9 strategic priorities for student-athlete health and safety, which were crafted with the premise that sport is a public health matter and with input from student-athletes, sports medicine staff (eg, athletic trainers [ATs] and physicians) at member institutions, and the larger scientific and medical communities. By addressing a wide range of health and safety concerns, these priorities represent a road map for the NCAA membership in its efforts to enhance the safety and well-being of collegiate-sport athletes.

One of these priority areas, data-driven decisions, is especially relevant to this special issue of the *Journal of Athletic Training* and is foundational to all NCAA health and safety initiatives. In short, data-driven decision-making reflects the Association's reliance on empirical evidence in the course of making health and safety policy decisions. Through the work and guidance of its Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS), the membership committee with responsibility for providing health and safety perspectives on relevant legislation and policy, the Association supports core public health principles of safety, which are fundamental to helping ensure the health and wellness of any large population such as the nearly 500 000 NCAA student-athletes.

Capturing population-level data to understand the scope of health-related problems within that population is a pillar of public health practice. Leaders in sports injury epidemiology have also previously described how this process directly applies to the "sequence of prevention" within the context of sports medicine.^{1,2} Accordingly, the Association has considered routine monitoring of student-athlete injuries through large-scale data collection to be important to its broader decision-making model. Furthermore, the Association, again working through CSMAS, relies on the science and medicine of sport, and the Association's policy-making agenda is grounded in emerging sports medicine information. Over the years, the

Association has routinely convened leading sports medicine researchers, public health practitioners, and other experts to review and discuss such research and other relevant information, including data about the health and well-being of NCAA student-athletes, for the purposes of further informing its health-related policies.

To that end, for nearly 40 years, the NCAA Injury Surveillance Program (ISP) has been a consistent and reliable source for such information, producing epidemiologic data about injuries among NCAA student-athletes and the injury and illness patterns in this population.^{3–5} Data collected within the system inform the discussions, recommendations, and decisions of Association committees, such as the CSMAS. In addition, ISP data are regularly shared with NCAA playing-rules committees to support and facilitate their rule-making efforts. Through mechanisms such as these, data collected within the ISP have informed rule and policy changes aimed at improving student-athlete health and safety.

The COVID-19 pandemic has complicated the task of monitoring the health and well-being of the collegiate athletes. Some sport practices and competitions have continued, though often with atypical schedules and timelines. Athletes, coaches, and sports medicine providers have been challenged to make decisions about return to play after extended periods of inactivity, delays, and unexpected disruptions. And just as the typical cycle of sport has been disrupted, so, too, has the contribution of data arising from the conduct of sport, which has resulted in a considerable decrease in ISP participation.

The NCAA ISP is a voluntary program, and data entry is an additional time demand on sports medicine staff, especially ATs. The sports medicine staffs at participating member institutions leverage existing data elements directly from the electronic medical record systems used at the institutions. Low participation in sports injury-surveillance systems, such as the NCAA ISP, can impact the stability and generalizability of statistical estimates, which can pose challenges around data analysis and inference. Therefore, focused efforts toward improving participation in the ISP continue, especially in the wake of COVID-related disruptions in the expected playing and practice seasons of NCAA sports. The hope is that, as a normal sport calendar returns,

The articles in this issue are published as accepted and have not been edited.

so, too, will institutional participation in the NCAA ISP. This is important because prior focused recruitments efforts beginning in the 2018–2019 academic year have resulted in data that have contributed to several of the articles within this special issue.

Recent publications in this journal have highlighted the significance of ATs as stewards of public health.^{6,7} The NCAA continues to strive toward collaborative partnerships with the AT community and is supporting industry efforts to extend their contributions as public health practitioners within NCAA member institutions. For those ATs practicing at NCAA member institutions, your invaluable contributions to the NCAA ISP serve as a cornerstone of such efforts.

ACKNOWLEDGMENTS

The NCAA Injury Surveillance Program was funded by the NCAA. The Datalys Center is an independent nonprofit organization that manages the operations of the NCAA ISP. The content of this report is solely the responsibility of the authors and does not necessarily represent the official views of the funding organization. We thank the many ATs who have volunteered their time and efforts to submit data to the NCAA ISP. Their efforts are greatly appreciated and have had a tremendously positive effect on the safety of collegiate student-athletes.

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