

PARTICIPANT INFORMATION SHEET

Study Title: Exploring the Efficacy of Screening and Injury Reduction Strategies in Athletes

I would like to invite you to take part in a research study involving injury reduction screening in athletes. We are hoping to implement injury reduction strategies to maximise player availability and team success.

The study will involve participants taking part in testing to establish the risk of back, hip, groin and thigh injuries in athletes.

Before you decide whether you want to take part, it is important for you to understand what we would like you to help us do. Please take as much time as you want to read this information carefully so that you can talk about it with your coach, the medical team or the Sports Therapist who will be carrying out the project. Please don't be afraid to ask us if there is anything that you don't understand or are unsure about before deciding to take part or not.

What is the purpose of the study?

As mentioned above, we are interested in reducing hip and groin injuries in athletes. We plan to track the strength and flexibility in and around your back, hip and groin and then review the types of injuries the team sustains. Our aim is to reduce preventable injuries, maximise player availability and help talented athletes remain injury free.

Why have I been invited?

We intend to work with your governing body for the period of the study. As a player you have been invited to participate in the study.

Do I have to take part?

It is entirely your own decision to want to take part or not. If you do decide to take part in this project, we will describe the study and go through the information sheet that you will be given to keep. We will then ask you to sign a consent form to show you agree to take part. If you decide you do not want to take part then this is also okay and it will not affect you in any way.

What will happen to me if I take part?

We will ask you to take part in the testing of the muscles around the hip and groin, specifically the hip extensors, adductors, abductors and hamstrings. We will also measure your hip flexion and medial rotation range, these are non-invasive tests that will help us determine how strong and flexible you are. You will also wear a GPS tracker during training and matches to examine your work rate during training and matches. We will monitor your Hip strength and flexibility along with your GPS workload information to try to prevent hip and groin injuries. We will also ask your medical team to report in any hip, groin or hamstring injuries you may sustain during the course of the study.

Before all screening assessments you should be well rested, hydrated and have eaten appropriately (similar to preparation for a match). Please avoid consumption of caffeinated or alcoholic drinks and any hard and intensive training sessions (including competitions) two days before and after the testing.

Should you have any concerns about your fitness to take part in the study, please make sure we are aware of them so they can be discussed and your preparedness confirmed.

What are the possible disadvantages and risks of taking part?

Given the nature of screening, there is a low risk of DOMS. We will not schedule your medical screening testing two days before hard training sessions or competitions. As a matter of procedure, trained medical staff or first aider will be present during testing should you need attention.

What are the possible benefits of taking part?

We cannot promise the study will help you, but the information we get from the study will help improve the understanding of the hip and groin injury prevention in athletes. You will be given feedback on your injury risk of developing the targeted injuries from the musculo-skeletal and movement screen. If you are deemed at high risk you will also be given a tailored injury-reduction strategy based upon current research evidence.

What if there is a problem?

If you have a concern about any aspect of this study, or need to report any adverse events that may have occurred you should ask to speak to the researchers who will do their best to answer your questions.

For information, please contact Kate Evans on 01267 676784 or by Email Kate.Evans@UWTSU.ac.uk.

If you remain unhappy and wish to complain formally you can do this through contacting the Faculty's Research Office.

Will my taking part in the study be kept confidential?

Individual participant research data, including injury surveillance information and testing results will be made anonymous (your name and any identifying features will be removed so that you cannot be recognised) and given a research code, known only to the investigator. A master list identifying participants to the research codes data will be held on a password protected computer accessed only by the researcher. Any hard paper will be stored in a locked cabinet, within locked office, accessed only by researcher. Where possible it will be transferred to electronic copies and hard copy duplicates destroyed. Electronic data will be stored on a password-protected computer known only by researcher. All data stored will be kept safe, encrypted and password protected and stored in a locked cupboard. The data will be used for analysis and reported in publications as aggregated data. Kate Evans will be the only person to have access to view identifiable data. All data will be retained for a minimum of 7 years after which it may be destroyed or deleted.

What will happen if I don't carry on with the study?

If at any time during testing you feel uneasy about taking part you should withdraw immediately. If you withdraw from the study all the information and data collected from you, to date, will be destroyed and removed from the study files. You do not have to explain why you have decided to withdraw and it will be done without prejudice. Please also note that if during the screening/testing our qualified member of staff will be monitoring your performance and if she considers that you may be at risk of injury she will ask you to cease participation and withdraw you from the study. This is for your safety and we ask you respect this decision.

What will happen to the results of the research study?

On completion of the study the results will be presented to your Head of Performance. We also plan to disseminate our findings by presenting them at selected International conferences and publishing them in academic Journals. Please note that neither you nor your team will be identified in any report, presentation or publication.

Who is organising or sponsoring the research?

University of Wales, Trinity Saint David is organising the research.

Further information and contact details:

Kate Evans

Kate.evans@uwtsd.ac.uk

01267 676784

<http://www.uwtsd.ac.uk/staff/kate-evans/>

Information Sheet based on: COREC/NHS National Patient Safety Agency. *Information Sheets and Consent Forms – Guidance for Researcher and Reviewers*’ Version 3.0 Dec 2009.

Link to IRAS website - [IRAS](#)

STUDY CONSENT FORM

Title of Project: Exploring the Efficacy of Screening and Injury Reduction Strategies in Athletes

Name of Researcher: **Ms Kate Evans**

Please **(INITIAL)** all boxes

1. I confirm that I have read and understand the information sheet dated (01/04/2017 version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any consequence to myself. ☐
3. I agree to my anonymised data being used in study specific reports and subsequent articles that will appear in academic journals. ☐
4. I agree to:
 - a. Having my physical characteristics measured (i.e., height, weight, mass and fat mass using bioelectrical impedance). ☐
 - b. Having my injury information collected as part of the surveillance study ☐
 - c. Participate in the musculo-skeletal and movement screen as part of the preseason medical screening ☐
 - d. Participate in the injury reduction/ pre-habilitation programme if selected ☐
 - e. Take part in a questionnaire evaluating the value of injury reduction/pre-habilitation programmes ☐
5. To the best of my knowledge I am fit to take part in this study, and agree to take part in the above study. ☐

Name of Participant

Date

Signature

Name of person -
taking consent.

Date

Signature

STUDY ASSENT FORM

Title of Project: Exploring the Efficacy of Screening and Injury Reduction Strategies in Athletes

Name of Researcher: **Ms Kate Evans**

Please **(INITIAL)** all boxes

6. I confirm that I have read and understand the information sheet dated (01/04/2017 version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
7. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any consequence to myself. ☐
8. I agree to my anonymised data being used in study specific reports and subsequent articles that will appear in academic journals. ☐
9. I agree to:
 - i. Having my physical characteristics measured (i.e., height, weight, mass and fat mass using bioelectrical impedance). ☐
 - ii. Having my injury information collected as part of the surveillance study ☐
 - iii. Participate in the musculo-skeletal and movement screen as part of the preseason medical screening ☐
 - iv. Participate in the injury reduction/ pre-habilitation programme if selected ☐
 - v. Take part in a questionnaire evaluating the value of injury reduction/pre-habilitation programmes ☐
10. To the best of my knowledge I am fit to take part in this study, and agree to take part in the above study. ☐

Name of Participant

Date

Signature

Name of person -
taking consent.

Date

Signature

STUDY CONSENT FORM (parent or guardian)

Title of Project: Exploring the Efficacy of Screening and Injury Reduction Strategies in Athletes

Name of Researcher: **Ms Kate Evans**

Name of child: _____

Please **(INITIAL)** all boxes

1. I confirm that I have read and understand the information sheet dated (01/04/2017) version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my child's participation is voluntary and that I am free to withdraw them at any time without giving any reason, without any consequence to them or myself. ☐
3. I agree to my child's anonymised data being used in study specific reports and subsequent articles that will appear in academic journals. ☐
4. I agree to my child:
 - a) Having their physical characteristics measured (i.e., height, weight, mass and fat mass using bioelectrical impedance). ☐
 - b) Having their injury information collected as part of the surveillance study ☐
 - c) Participating in the musculo-skeletal and movement screen as part of the preseason medical screening ☐
 - d) Participate in the injury reduction/ pre-habilitation programme if selected ☐
5. To the best of my knowledge my child is fit to take part in this study, and they agree to take part in the above study. ☐

Name of Parent or Guardian

Date

Signature

Name of person -
taking consent.

Date

Signature