

The player number is used only to avoid duplicate reports. The identity of the player will not be entered into the injury database; all injury report forms will be stored in a locked filing cabinet and will be anonymized after the end of each event. All M-10 forms will be safely stored and anonymized after the tournament. All reports will be written to guarantee that no individual athlete or team can be identified.

The study will be submitted for approval by the Regional Committee for Medical Research Ethics, Oslo, Norway.

Implementation

Implementation of the injury surveillance program should consist of the following steps:

National federations and the medical representatives of all participating teams should be informed in writing about the program well before the particular event (at least 30 days), with a request to participate in the study. Team medical representatives should receive a copy of the protocol, the FIVB Injury Report Form (M-10), as well as examples of how to record injuries.

The athlete's informed consent to participate in the injury surveillance project should be included in their registration for the tournament (alternatively this could be included in M-3 form). During the Team Doctor's Meeting (immediately after the General Technical Meeting), the medical representatives of each team and local medical staff should be informed about the FIVB Injury Surveillance Program and instructed about how to record injuries.

During the tournament the returned injury report forms should be checked on a daily basis by FIVB Medical Delegate, who should be available to answer questions and to provide motivation to the team physicians. Each day, all team physicians should receive feedback from the FIVB Medical Delegate on the completeness of their reports to increase their compliance with the study.

The team physicians and all participating volleyball federations should receive a formal report on the study in due time after the end of the tournament.

Procedures during the tournament

Team Doctor's Meeting

During the Team Doctor's Meeting, held immediately after the General Technical Meeting, with team medical representatives and local medical staff participating, all aspects of FIVB Injury Surveillance Program should be clarified by the FIVB Medical Delegate. Further detailed instructions should be given with examples of how to report injuries. Special attention should be focused on the following points:

- Definition of injury

Any musculoskeletal complaint newly incurred due to competition and/or training during the tournament that received medical attention regardless of the consequences with respect to absence from competition or training. The injury definition includes five aspects: (1) all injuries that received medical attention (not only time loss or reduced performance), (2) newly incurred (exclusion of pre-existing and fully rehabilitated injuries), (3) injuries occurring during competition or training, (4)

injuries occurring during the period of the tournament and (5) exclusion of illness and diseases.

- Definition of newly incurred injuries

Only injuries that has occurred during the present match or during the training period since the last match of the team should be reported. Recurrent injuries (injuries of the same location and type) should only be reported if the athlete has returned to full participation after the previous injury. Pre-existing, not fully rehabilitated injury should not be reported.

If an athlete injures two body parts (eg ankle sprain and abrasion of the knee) or incurs two types of injury in one body part (contusion and laceration of the calf) in one incident, this is counted as one injury with two diagnoses. If the same injury of an athlete is again reported with the same date of injury but a different diagnosis and/or duration of absence, this should be regarded as a corrected update of the injury report. If an athlete incurs the same type of injury at the same body part more than once during a championship this should be regarded as a recurrence and should not be counted as a new injury.

If an injury was reported for the first time during a tournament but the physician reports the cause as “recurrence of previous injury”, this injury is counted as an injury, as no details about recovery from the previous injury are available, and it is assumed that the athlete was able to compete at the beginning of the tournament.

- Detailed description of the M-10 forms with examples of how to record injuries

Injuries should be diagnosed and reported by qualified medical personnel (team physician, physiotherapist) to ensure valid information on the characteristics of the injury and a comparable standard of data. In order that the information about injured athletes of teams that do not have a physician or physiotherapist should also be received, injuries should also be reported using the same M-10 form, by the local physician in the First Aid Area or the polyclinic of the local organizers.


- Quality control and response check

On a daily basis, all team physicians should receive from FIVB Medical Delegate feedback on the completeness of their reports to increase their compliance with the study.

The FIVB Medical Delegate should provide medical representatives of all participating teams with copies of M-10 forms with examples of how to complete information.

Procedure for the FIVB Injury Report Forms distribution and collection during the tournament

The implementation of the system of distribution and collection of the M-10 forms during the tournament is the responsibility of the FIVB Medical Delegate. Before each day of the tournament, the Medical Delegate should prepare M-10 forms and complete the information on the forms (section A, see example below) according to the match schedule for that particular day.

		Injury Report Form		M-10			
Event:	<input type="text" value="FIVB World League Finals Men"/>	Place:	<input type="text" value="Belgrade, SRB"/>	Dates:	<input type="text" value="21.07.-26.07.2009"/>		
Team:	<input type="text" value="USA"/>	Match:	<input type="text" value="USA"/> - <input type="text" value="SRB"/>	Match #:	<input type="text" value="5"/>	Date:	<input type="text" value="26.07.2009"/>
Team Doctor:	<input type="text"/>	Mobile:	<input type="text"/>	E-mail:	<input type="text"/>		

Procedure:

- Well before the start of the first match of a particular day of the tournament the Jury President designated for each competition hall should receive from the FIVB Medical Delegate M-10 forms in a sufficient number corresponding to the number of teams according to match schedule of that day, with completed information in section A, as well as envelopes to be sealed.
- The responsibility of the Jury President before each match is to give the appropriate M-10 forms to the person in charge of the team who proceeds to the jury table with identification papers of the players. This person should be informed by the Jury President about his responsibility to return, in a sealed envelope, the M-10 forms completed by the team doctor/physiotherapist immediately upon conclusion of the match.
- The responsibility of the Jury President after each match is to collect completed M-10 forms from the team manager, when he/she approaches the jury table to collect the identification papers of the players.
- The responsibility of the FIVB Medical Delegate is to collect completed M-10 forms from Jury President from each competition hall (if there is more than one venue) at the end of each competition day.
- The responsibility of the FIVB Medical Delegate is to review the M-10 forms each day for accuracy and completeness, store the completed forms safely and guarantee the confidentiality of all information collected throughout the tournament.

At the end of the tournament

The original M-10 forms are sent under seal to the FIVB after the event (at the responsibility of the Technical Supervisor). The Medical Delegate is responsible for sending a sealed set of copies of the M-10 forms to the President of the FIVB Medical Commission, Dr. Roald Bahr.

References

1. A Junge, L Engebretsen, J M Alonso et al. Injury surveillance in multi-sport events: the International Olympic Committee approach. *Br J Sports Med.* 2008; 42: 413-421
2. A Junge, L Engebretsen, M L Mountjoy et al. Sports injuries during the Summer Olympic Games 2008. *Am J Sports Med.* 2009; 37: 2165-2171