



Injury and Illness Surveillance

Olympic Football Tournament

Manual for team medical & performance personnel

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Contact

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Overview

Injuries and illnesses can affect football players' performance, careers, and future health. Our aim is to collect information on injuries and illnesses during the Olympic Football Tournament. This will help us improve injury and illness prevention and management in football in the future.

Surveillance period

Data collection will start five days before each team's first match and end on the day of their last match.

The severity of injuries and illnesses is assessed based on the length of time a player is unable to play. Time loss should be recorded until the player is fully recovered, even if this is after the tournament.

Team contact person

Each team should nominate one contact person who will be responsible for submitting the surveillance information, including player consent forms, training and match exposure, and injury and illness reports. The contact person needs to be on-site with the team for the duration of the tournament - ideally be the team doctor, physiotherapist, or another member of the medical staff.

Surveillance officer

Each team will be connected to a surveillance officer dedicated to making the reporting as easy as possible. The wider group of surveillance officers speak multiple languages and will be assigned to teams accordingly. If necessary, FIFA will also provide translation assistance.

The surveillance officer will be available to assist with any questions throughout the tournament.

Ethical approval and consent form

The injury and illness surveillance is approved by the Swiss Association of Research Ethics Committees (BASEC nr.: 2023-00772). All relevant study documents are available in English, French, and Spanish.

The purpose and procedures of the surveillance programme should be explained to the players by their elected PMA staff, and they should be given the written study information, which is provided in non-technical language (see the enclosed file).

The signed consent forms should be collected from players and handed to the FIFA Venue Medical Coordinator prior to kick-off of the Team's first match. Alternatively, signed consent forms can be scanned and emailed to ben.clarsen@fifa.org

Players under 18 years

According to the Swiss Human Research Act (art. 23 par. 1), a research project involving adolescents capable of judgement and entailing only minimal risks does not require the informed consent of the adolescent's legal representatives. Nevertheless, players under 18 years should be advised to discuss the project with their parents or legal guardians before giving their written informed consent.

Player list

All players on the final list selected to participate in the Olympic Football Tournament (and any replacement players) shall be informed about the study and invited to participate.

Data protection

All data will be encrypted before analysis, and no identifiable information will be reported.

For registration using the secure electronic registration forms (described below), you can use player's names or anonymous id codes. All information is transferred and stored electronically in encrypted form on a secure database.

Teams that prefer to use ID codes instead of player names will be provided with a list of codes prior to the start of the surveillance period.

All data will be de-identified prior to analysis. Personal information will only be accessible to a limited number of authorised personnel who require the data to fulfil their duties within the scope of the research project. All personnel with access to directly or indirectly identifiable data will be bound by FIFA non-disclosure agreements.

Data collection

For each team, data will be collected from five days before each team's first match until the day of their last match. Data recording should not take precedence over athlete care. Data will be collected through the secure online software, Qualtrics.

Links to each registration form (Exposure and Injury and illness registration) are provided below.

Exposure registration

Training and match exposure should be recorded daily in minutes for each player for the entire surveillance period. No GPS measures or other tracking data is required. However, if your team is already capturing GPS measures, this can assist recording training exposure.

[Exposure form download/upload](#)



Exposure definitions

Training exposure

Training exposure is defined as any physical activities performed by the player that are aimed at maintaining or improving their skills, physical condition, and/or performance in football. This includes training matches between squad members.

In addition to on-pitch football-specific training, individual training exposure could include strength and conditioning training (e.g., weight training, running, or cycling).

Pre-match warm-up and post-match cool-down also count as training exposure.

Match exposure

Match exposure is defined as organised scheduled match play between opposing teams (not including internal training matches).

Injury and illness registration

Data on injuries and illnesses (including mental health problems) are gathered following the recommended methodology in the football and mental health extensions of the International Olympic Committee consensus statement on methods for recording and reporting of epidemiological data on injury and illness in sport (Waldén et al. 2023).

All new injuries, and illnesses, and mental health problems that occur during the tournament period and lead to **medical attention** should be recorded (definition of medical attention on next page). Injuries should be classified according to the body area and tissues involved, the pathology type, the mode of onset, and the injury mechanism. Illnesses should be classified according to the organ system/region and the aetiology. Mental health problems should be classified according to their symptoms and possible causes/contributing factors.

If a single event causes more than one health problem (e.g., a player ruptures their anterior cruciate ligament and tears their lateral meniscus in the same tackle, or if a player sustains a concussion and injures their lateral ankle ligaments following an aerial collision), please make a separate report for each problem. To help investigators identify linked cases, please note relationships between reports in the “other comments” section of the registration form.

Additional information is also recorded for each case, such as the need for medical imaging and/or other investigations, injury circumstances and mechanisms, and the severity of the case (time loss). The specific diagnosis of each injury and illness should be described in as much detail as possible, preferably using internationally recognised terminology and classification systems. This will allow the research team to assign a diagnostic code to each case using [the Orchard Sports Injury and Illness Classification System \(OSIICS\)](#).

Injury and illness registration forms should be completed as soon as after the required initial medical attention has been provided.

A form should be completed for each new injury or illness using the link below.

[Injury, illness, and mental health problem registration form](#)



Injury and illness definitions

Injury

Injury is defined as tissue damage or other derangement of normal physical function, resulting from rapid or repetitive transfer of kinetic energy. Injuries may occur to any body tissue, may have a sudden or gradual onset, and may or may not be linked to a clearly identifiable event (such as a tackle or collision). All injuries that lead to **medical attention** during the tournament period should be recorded, irrespective of whether they lead to time loss from training or matches.

Illness

Illness is defined as a health-related complaint or disorder experienced by a player, not considered an injury. Illnesses include health-related problems in physical well-being (e.g., influenza), or removal or loss of vital elements (air, water, warmth)

Mental health problem

A mental health problem is defined as any adverse thought, feeling, behaviour and/or psychosomatic symptom that reduces an athlete's normal state of full mental health, irrespective of its cause or of its consequences on the athlete's sports participation or performance or whether the athlete sought medical attention. Mental health problems cover the spectrum from minor mental health symptoms to severe mental health disorders.

Recurrent injury/illness

If an injury, illness, or mental health problem is the same type and diagnosis as a previous injury/illness, it is considered a *recurrence*.

If the recurrent injury was fully healed or the player fully recovered from the illness, and the player has returned to football, the subsequent injury/illness is called a *re-injury/repeated illness*. However, if that is not the case, it is called an *exacerbation*.

Medical attention

A health problem that results in an athlete receiving medical attention is referred to as a 'medical attention' health problem. In this context, medical attention refers to advice, assessment, or treatment related to an injury or illness from any medical doctor or other licenced health professional (such as a physical therapist) during the surveillance period. Routine or scheduled interventions delivered by medical personnel for the purpose of physical preparation, recovery, or prevention (e.g., massage, taping) should not be recorded.

Time loss

Time loss is defined as the inability of a player to complete the current or future training session or match. Time loss is recorded as the number of days that the player is unavailable for unrestricted team training and matches.

The time to return to football is calculated from the date of injury or illness onset (i.e., day 0) until the date when the player returned to full unrestricted team training or the date of their first partial or full match participation, if this occurs prior to the first complete team training.

If a single event causes multiple injuries to a player, please estimate the time loss based on the most severe injury.

The time loss associated with each injury and illness should be estimated in the initial report. At the end of the tournament, each team's data will be reviewed and where possible, estimates will be replaced with actual time loss data. Surveillance officers will remain in contact with each team following the tournament to update the time loss of unresolved cases.

Time loss examples:

- If a player is injured during a training session and stops before the training is finished, but can train fully the next day, the injury should be reported with a time loss of 0 days.
- If a player is substituted from a match due to an injury, but resumes normal training the next day, the injury should be reported with a time loss of 0 days.
- If a player is injured during a match and gets substituted (day 0), does not train fully in the following days, trains partially after four days, and completes the first unrestricted training after seven days, the injury should be reported as a time loss of seven days.
- If a player is injured during the tournament and does not return to football during the tournament but is ready to return during the off-season when there is no team training, the return-to-football date should be when the player is considered fully recovered and would be available for full team training.

Player action

To understand football-specific player actions involved in injury occurrence, such actions should be reported for all sudden-onset injuries (see descriptions in the table below). We recognise that there might be some overlap between actions (for example, if a player was running with the ball and was tackled). In such cases, the player action considered most relevant for the injury should be selected.

| Player action | Definition |
|----------------------|--|
| Running | Running at any speed (acceleration/steady speed/deceleration), including linear, curved, or other types of runs with or without the ball. |
| Change of direction | A specific moment in a run with a sharp deviation (any angle) from the line of running with and without the ball. |
| Kicking | Any type of kick, including shooting/passing/crossing/set pieces/penalty. |
| Heading | Heading or attempting to head the ball (in a duel or alone). |
| Tackle | When the injured player is tackled or tackles an opponent with any body part. |
| Landing | Landing on one or both feet after a jump. |
| Falling | When a player falls or dives – for example, loses balance/stability, landing on the ground on any part of the body other than on their feet. |
| Controlling the ball | When a player attempts to control the ball – for example, while receiving the ball, reaching for the ball, or sliding for the ball (not sliding tackle). |
| Hit by ball | Any hit by the ball including a block, deflection, or accidental hits. |
| Collision | Players unintentionally running/jumping into each other, the goal post, or any other object or person on or around the pitch. |
| Other player action | For example, a throw-in, setting off in a jump, or specific goalkeeper actions not included in the other categories. |
| Unknown | The action of the player at the time of injury is unknown: either not witnessed by others, or the player is unable to recollect |

Results

After the tournament, we will send you a summary of the overall results. The results will only be presented as group data, and no team or individual player will be identified. The results will also be presented internally within FIFA, shared with key stakeholders and submitted for publication in an international sports medicine journal. The results may be further disseminated externally, including through various media outlets, press conferences and at scientific conferences.

All responsible team medical representatives will be acknowledged as part of the FIFA Medical Teams Group.

Thank you for your participation!