

Context of injury prevention strategies in Swiss basketball: survey of athletes, medical staff and coaches

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ABSTRACT

Objectives This project aims to assess opinions, attitudes, knowledge, beliefs, practices and perceived barriers and facilitators of injury prevention (IP) strategies in Swiss basketball teams.

Methods An online survey was sent to athletes, coaches and medical staff of the three best basketball leagues in Switzerland. The survey was subdivided in four sections: (1) characteristic of participants, (2) knowledge, opinions, attitudes and beliefs, (3) practices and (4) barriers and facilitators.

Results Among 105 persons (n=45 female, n=60 male) who answered the survey, more than 60% (n=68) considered the risk of injury for basketball athletes as being high to very high. The ankle, knee and the hand were considered as being the most at risk. More than 80% of participants considered that recovery, training load and the warm-up quality were very important factors for IP. More than 90% of participants considered IP as either important or very important with 53 (50.5%) of the participants indicating using exercise-based IP in their clubs. Athletes and coaches' motivation and compliance were judged as either important or very important for successful IP implementation by more than 80% of participants, with the coach being reported as the most influential person. Environmental barriers towards human or infrastructural resources were also reported as factors influencing IP strategies, namely by female participants.

Conclusion Good knowledge and positive attitude towards IP were reported by participants, but exercise-based IP strategies lack implementation. The coach was considered as the most influential person and was reported with the athletes as playing an important role towards successful implementation.

INTRODUCTION

Basketball players have one of the highest overall injury rates among non-collision sports participants.¹ Among male and female players, lower limb (LL) injuries predominate in the ankle (21.9%), which is the most frequently injured site, followed by the knee (17.8%).^{2,3}

There is some evidence that exercise-based interventions tailored to prevent LL injuries demonstrated efficacy in basketball, showing

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ There is some evidence that exercise-based intervention tailored to prevent lower limb injuries demonstrate efficacy in basketball, showing a reduction in general lower extremity injuries.
- ⇒ Understanding the context in which we want to implement injury prevention strategy is key for success.

WHAT THIS STUDY ADDS

- ⇒ Positive attitude and good knowledge about injury prevention were demonstrated by participants but only 50.5% indicated having exercise-based injury prevention performed in their clubs.
- ⇒ Environmental barriers were reported by female basketball players and it could influence injury prevention practice for this population.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ Our results allow us to better understand the context around injury prevention in the Swiss Basketball League.
- ⇒ The results and the new data on this context will allow for a work towards implementing evidence-based injury prevention strategies in the Swiss Basketball League.

a reduction in general lower-extremity injuries.⁴ Based on the available evidence, exercise-based neuromuscular warm-up interventions play a significant role in injury prevention (IP) in basketball,^{5,6} with specific IP programmes showing efficacy in preventing ankle injuries in mixed elite youth and young senior basketball players,⁷ and anterior cruciate ligament injuries in college female basketball players.⁸ Exercise-based interventions can be combined using load management strategies and equipment such as mouthguards.⁶ Other interventions, such as external ankle support, are encouraged because studies have shown that they could lead to a decreased risk of injury.¹ Furthermore, the FIFA11+, a programme initially conceived to prevent LL injuries in football,



composed of plyometric exercises, strengthening and running drills, also showed efficacy in preventing general LL injuries in youth male basketball players (OR 0.404 (95% CI 0.194 to 0.839)).⁹

Although it is well documented that exercise-based interventions can prevent injuries in basketball players, the implementation of effective IP interventions in real-life remains a challenge.^{9–12} Finch suggested a framework (TRIPP) that aims at overcoming the observed implementation gap. Understanding the context of implementation—personal, environmental, societal and sports-specific delivery factors—makes part of the first step of this framework.¹² Furthermore, Bolling *et al* insist on the need to understand the athlete's relationship with prevention in their specific context.¹⁰ It was suggested that instead of focusing on whether an intervention is efficient for a specific problem, the questions should focus on how the contexts impact this problem. Another relevant point to consider is that focusing on the injury itself can be misleading because the athlete's definition of an injury is context-dependent and can be influenced by different factors, such as competition schedule and performance level.¹³ As suggested by Verhagen, injury-preventive measures must be developed around the athlete, not around the injury.¹⁴

To our knowledge, no study has evaluated whether IP strategies are used in the Swiss Basketball League (SBL). Therefore, this study aimed to assess athletes, medical and coaching staff's (1) knowledge, opinions, attitudes and beliefs towards IP, (2) current IP practice and (3) perceived barriers and facilitators for IP implementation.

METHODS

Participants

All players, coaches and medical staff in 60 teams from the three best divisions of male and female basketball leagues in Switzerland were invited to participate in this study. To facilitate the approach with the clubs, we contacted the SBL to ask for help distribute the questionnaire to the clubs. The SBL's role was to send the first email to all the clubs' presidents to ask them to transfer the questionnaire to the athletes, coaches and medical staff.

Survey

We originally created a survey in French based on different models existing in the literature that evaluated the same construct we chose to evaluate.^{15–17} We submitted the survey to three experts. The three were physiotherapists selected for their academical and clinical expertise in the field of IP and basketball. Once we agreed on a final version, the survey was pilot tested by five persons before being sent. Two physiotherapists, one coach and two ex-basketball players, were involved in the pretest. We asked them to evaluate (1) the structure of the questionnaire, (2) the sequence of the questions, (3) the clarity of the instructions, (4) the relevance of the questions and (5) repetition of the questions. Finally, we asked them to assess (6) their wording and spelling. After

the first pilot test, we made modifications according to the testers' comments. In total, two rounds of modifications were necessary. Finally, the survey was translated forward from French into German, Italian (two other official Swiss languages) and English by native speakers.

Administration

The survey was administered using REDCap hosted at HES-SO Valais-Wallis. The link to the survey was sent by email to the president of the concerned clubs at the beginning of the 2021–2022 season, using the official mail of the SBL. After 2 weeks, we sent reminder emails to the concerned teams, directly contacting the technical director and coaches. After 4 weeks, we sent an email to the club's coaches. A final reminder was sent after 8 weeks. Data were extended from 15 November to 19 January.

Survey analysis

The data were exported from REDcap to Excel. Anthropometric data are reported in a table as frequencies and percentages. The means and SD were used when appropriate. For categorical variables, binary variables and items using a Likert scale, frequencies and percentages were reported. To determine if there was an association between league level and IP practices, the χ^2 test of independence was used. Statistical significance was set at $p \leq 0.05$.

RESULTS

Participant characteristics

We received a completed questionnaire from 105 people out of a potential of approximately 600 (17.5% response rate). The anthropometric data are presented in [table 1](#).

Athletes' mean overall career length was 10.4 (± 6.2) years, while the mean number of years spent in their actual league was 3.9 (± 3.2) years.

All the coaches had previous experience as basketball athletes with a mean career of 20.4 (± 8.3) years. Their mean coaching experience was 17.6 (± 11.0) years.

Five (100%) conditioning trainers reported having a sports specialisation, while one (20%) physiologist and one (50%) medical doctor reported being specialised in sports. Seven (58.3%) participants of the medical staff indicated having previous experience as players, with a mean career length of 16 (± 11.9) years. The mean experience as a medical professional in basketball was 5.7 (± 4.8) years.

Knowledge

The participants were asked about their risk of injury as basketball players. Sixty-eight (64.8%) participants considered the risk to be either high or very high. Of the 105 participants, 12 (11.4%) considered the risk to be the highest before the season started and 93 (88.6%) considered it to be the highest during the season; 103 (98.1%) considered that it is possible to reduce the risk of injury in basketball, while 2 (1.9%) disagreed.

Table 1 Demographics of participants (n (% of responders per question))

	Athletes (n=77)	Coaches (n=16)	Medical staff (n=12)
Gender	Male: 37 (48.1) Female: 40 (51.9)	Male: 13 (81.2) Female: 3 (18.8)	Male: 10 (83.3) Female: 2 (16.7)
Age (mean±SD)	23.0±5.5 years	45.7±7.8 years	40.0±15.2 years
Nationality	Swiss : 66 (85.7) France : 3 (3.9) Belgium : 2 (2.6) Other : 6 (7.8)	Swiss : 9 (56.3) Belgium : 1 (6.2) Italy : 2 (12.5) Other : 4 (25.0)	Swiss : 10 (83.3) Italy : 2 (16.7)
Role	Point Guard : 23 (29.9) Shooting Guard : 15 (19.5) Small Forward : 23 (29.9) Power Forward : 12 (15.5) Centre : 4 (5.2)	Head Coach : 14 (87.5) Assistant Coach : 2 (12.5)	Medical Doctors : 2 (16.6) Physiotherapist : 5 (41.7) Conditioning Trainer : 5 (41.7)
Education level	CE : 7 (9.1) GED : 28 (36.3) VED : 12 (15.6) PED : 1 (1.3) UD : 29 (37.7)	GED : 3 (18.8) VED : 1 (6.2) PED : 4 (25.0) UD : 8 (50.0)	UD : 12 (100.0)
League	SBL Men: 9 (11.7) SBL Women: 6 (7.8) NLB Men: 16 (20.8) NLB Women: 27 (35.0) NL1 Men: 15 (19.5) NL1 Women: 4 (5.2)	SBL Men: 2 (12.5) SBL Women: 3 (18.75) NLB Men: 3 (18.75) NLB Women: 3 (18.75) NL1 Men: 3 (18.75) NL1 Women: 1 (6.25) N/A: 1 (6.25)	SBL Men: 6 (50.0) SBL Women: 2 (16.7) NLB Men: 3 (25) NLB Women: 1 (8.3)

The 'other' nationalities reported were: Serbia (n=2), USA (n=1), Croatia (n=1), Spain (n=1), Senegal (n=1), Kosovo (n=1), Congo (n=1), Swiss-Italy (n=1) and Swiss-Turkey (n=1).

CE, compulsory education; GED, general education diploma; N/A, non-answered; PED, professional education diploma; SBL, Swiss Basketball League; UD, university diploma; VED, vocational education diploma.

When asked to classify the body region that they considered to be the most at risk for injuries, participants identified the ankle, knee and hand as being the most injury-prone. Recovery (sleep and nutrition), training load and warm-up quality were the main risk factors reported by participants (figure 1).

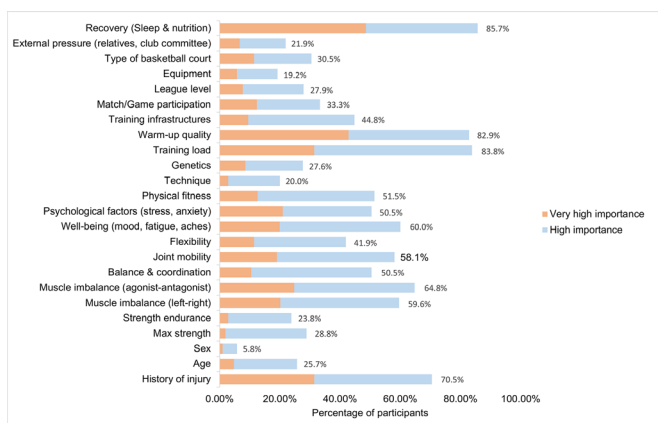


Figure 1 Participants rating of the importance of intrinsic and extrinsic risk factors of injuries (% of participants that answered either very high importance or high importance).

Opinions, attitudes and beliefs

A positive attitude towards IP was reported by 96 (91.4%) persons considering IP as very important or important.

The participants' opinions on different strategies and their efficacy in reducing the risk of injury are shown in figure 2. The most important perceived benefits of performing an IP programme are the reduction in injury risk (n=96, 91.4%) and improvement in overall athletic

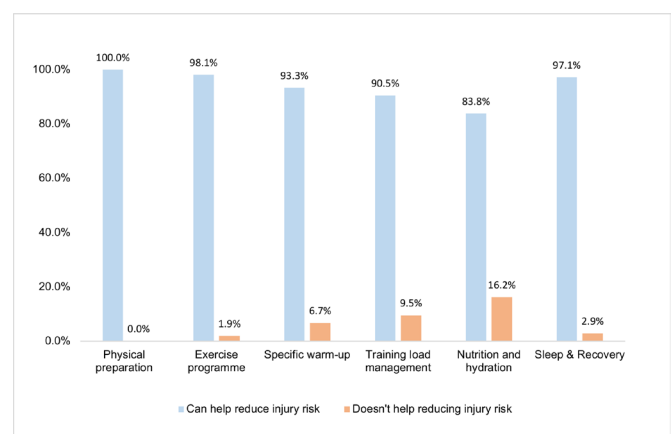


Figure 2 Different strategies and their efficacy in reducing injury risk according to participants (% of participants).

Table 2 Training modalities performed in the clubs and frequency per week (n (% of participants per question))

	SBL			NLB			NL1		
	Never	1x/week	>1x/week	Never	1x/week	>1x/week	Never	1x/week	>1x/week
Warm-up	2 (7.1)	0 (0.0)	26 (92.9)	2 (3.8)	1 (1.9)	50 (94.3)	1 (4.3)	3 (13.0)	19 (82.6)
Movement preparation	3 (10.7)	2 (7.1)	23 (82.1)	10 (19.6)	8 (15.7)	33 (64.7)	5 (22.7)	5 (22.7)	12 (54.5)
On court strength training	10 (37.0)	7 (25.9)	10 (37.0)	15 (29.4)	24 (47.1)	12 (23.5)	10 (45.5)	9 (40.9)	3 (13.6)
Strength training before/ after training	12 (44.4)	4 (14.8)	11 (40.7)	24 (47.1)	14 (27.5)	13 (25.5)	15 (68.2)	4 (18.2)	3 (13.6)
Strength training in a specific session	5 (20.0)	5 (20.0)	15 (60.0)	24 (47.1)	16 (31.4)	11 (21.6)	13 (59.1)	7 (31.8)	2 (9.1)
On court mobility training	5 (19.2)	7 (26.9)	14 (53.8)	18 (35.3)	19 (37.3)	14 (27.5)	10 (45.5)	2 (9.1)	10 (45.5)
Mobility training before/ after training	13 (54.2)	3 (12.5)	8 (33.3)	29 (56.9)	8 (15.7)	14 (27.5)	19 (86.4)	1 (4.5)	2 (9.1)
Mobility training in a specific session	13 (54.2)	4 (16.7)	7 (29.2)	37 (72.5)	9 (17.6)	5 (9.8)	17 (77.3)	2 (9.1)	3 (13.6)
Coordination training	8 (33.3)	9 (37.5)	7 (29.2)	18 (35.3)	19 (37.3)	14 (27.5)	9 (40.9)	8 (36.4)	5 (22.7)
Sprint	7 (29.2)	12 (50.0)	5 (20.8)	21 (40.4)	22 (42.3)	9 (17.3)	8 (36.4)	4 (18.2)	10 (45.5)
Cooldown	11 (44.0)	2 (8.0)	12 (48.0)	26 (51.0)	11 (21.6)	14 (27.5)	14 (63.6)	4 (18.2)	4 (18.2)
Injury prevention protocols (eg, FIFA11+)	18 (75.0)	4 (16.7)	2 (8.3)	37 (72.5)	6 (11.8)	8 (15.7)	20 (90.9)	0 (0.0)	2 (9.1)
Other	21 (95.5)	0 (0.0)	1 (4.5)	45 (90.0)	2 (4.0)	3 (6.0)	20 (90.9)	0 (0.0)	2 (9.1)

'Other' answers in [table 2](#) included 'stretching', 'exercise protocols for specific body parts', 'practice other sports' and 'sleep'.
n, number of participants; NL1, National League 1 Men and Women; NLB, National League B Men and Women; SBL, Swiss Basketball League Men and Women.

performance (n=84, 80%). More details on perceived benefits are provided in online supplemental appendix 1. The importance of these benefits was considered very important by 39 (37.1%) participants, important by 52 (49.5%) and moderate by 12 (11.4%).

Thirteen (12.4%) participants answered that performing an IP intervention once a week was sufficient to reduce risk, 40 (38.1%) answered twice a week, while the other participants answered three times a week or more (n=52, 49.5%).

Current IP practice

Overall, 60 (57.1%) persons announced having their team perform an IP workout or other strategy in the last 24 months, while 25 (23.8%) did no, and 20 (19%) indicated that they did not know whether their team performed an IP workout. The target body areas for the IP workout were mainly the LL: (55 (52.4%) participants performed IP interventions for the ankle, 51 (48.6%) for the knee, 38 (36.2%) for the lower leg, 31 (29.5%) for the thigh and 26 (24.8%) for the hip and trunk. Fifty-three (50.5%) participants indicated that their team implemented exercise-based interventions to decrease the risk of injuries. IP interventions were performed off-season for 29 (27.6%) participants and during the season for 45 (42.9%) participants. More details on when these interventions were performed can be found in online supplemental appendix 2.

[Table 2](#) describes the overall modalities performed in the clubs and their frequencies according to the

participants ([table 2](#)). Participants reported having training planned for 3.5 (± 1.5) days a week. There were two significant differences in the league level and the frequencies at which some training modalities were performed. More details can be found in online supplemental appendix 3.

Perceived barriers and facilitators

Fifty (47.6%) participants reported that the athletes were the most responsible for IP, followed by the coach coming in second (n=32, 30.5%).

Most participants considered the team's compliance as either very important (n=48, 45.7%) or important (n=41, 39%). Similar results were observed for trainer compliance, with 58 (55.2%) participants considering it very important and 36 (34.3%) considering it important.

The head coach was considered the most influential coach by 45 (42.9%) participants. The conditioning trainer came second (n=33, 31.4%), followed by the athlete (n=14, 13.3%).

The perceived importance of different facilitators can be found in [table 3](#).

Environmental barriers in women's basketball

Participants were asked to answer six statements regarding women's basketball. [Table 4](#) presents the results.

DISCUSSION

To our knowledge, this study is one of the first to analyse the context of IP in basketball. We included the three

Table 3 Participants perceived importance of different factors in regard to facilitating the implementation of injury prevention strategies (n=105, % of participants per question)

Factors	Very important	Important	Moderate	Less important	Not important	Don't know
Trainer's motivation	50 (47.6)	41 (39.0)	11 (10.5)	1 (1.0)	1 (1.0)	1 (1.0)
Athlete's motivations	74 (70.5)	27 (25.7)	3 (2.9)	0 (0.0)	0 (0.0)	1 (1.0)
Training of the athlete's support staff (physiotherapist, conditioning trainer...)	56 (53.8)	40 (38.5)	6 (5.8)	0 (0.0)	0 (0.0)	2 (1.9)
Duration of the injury prevention programme (in minutes)	19 (18.3)	43 (41.3)	33 (31.7)	7 (6.7)	1 (1.0)	1 (1.0)
Available infrastructures	11 (10.5)	34 (32.4)	33 (31.4)	18 (17.1)	8 (7.6)	1 (1.0)
No of training sessions per week	16 (15.2)	44 (41.9)	30 (28.6)	9 (8.6)	4 (3.8)	2 (1.9)

n, number of participants.

Table 4 participants' opinion on environmental barriers to injury prevention related to women's basketball in comparison with men's basketball (n=number of participants (% of participants per question))

Gender	Male (n=60)				Female (n=45)			
	Agree or completely agree	Neutral	Disagree or completely disagree	Don't know	Agree or completely agree	Neutral	Disagree or completely disagree	Don't know
Female athletes have reduced infrastructures access (eg, basketball court, gym)	13 (21.7)	8 (13.3)	25 (41.7)	14 (23.3)	26 (57.8)	10 (22.2)	7 (15.6)	2 (4.4)
Female athletes have reduced physical preparation structure access (eg, gym)	11 (18.3)	11 (18.3)	25 (41.7)	13 (21.7)	32 (71.1)	5 (11.1)	6 (13.3)	2 (4.4)
Female athletes have reduced trainer access (eg, gym)	9 (15.0)	13 (21.7)	25 (41.7)	13 (21.7)	29 (64.4)	10 (22.2)	4 (8.9)	2 (4.4)
Female athletes have reduced medical resources access	12 (20.0)	7 (11.7)	29 (48.3)	12 (20.0)	19 (42.2)	10 (22.2)	15 (33.3)	1 (2.2)
Female athletes have team staff with less qualifications	11 (18.3)	10 (16.7)	27 (45.0)	12 (20.0)	26 (57.8)	9 (20.0)	10 (22.2)	0 (0.0)
Female athletes have reduced human resources access (eg, no of coaches, people in the medical team)	18 (30.0)	8 (13.3)	22 (36.7)	12 (20.0)	40 (88.9)	4 (8.9)	1 (2.2)	0 (0.0)

n, number of participants.

best leagues in Switzerland, which allowed us to look at differences related to level and gender.

The objectives of this study were to assess the overall IP situation in the SBL to better understand participants' views and knowledge, and to evaluate current IP practices and perceived obstacles towards IP implementation. This study showed that despite participants having overall good knowledge and positive views about IP, only half of them reported having their team use exercise-based interventions.

Performance and prevention

Performance has been described as one of the biggest drivers in performing prevention training, the latest being sometimes considered an accessory goal towards performance.^{13 18} For years, it has been suggested that if exercise-based IP programmes show performance enhancement effects, implementation could be facilitated.¹⁹ This argument seems to be of even greater value for coaches.^{20–23} In our sample, coaches have been described as playing a key role in the implementation of IP programmes and on-field performance was one of the perceived benefits of IP for 80% of the participants. Given that these programmes demonstrate an overall improvement in performance criteria,²⁴ this may be an argument that we should insist on more when trying to convince teams to implement these interventions. As a perfect programme for basketball may not yet exist, it is important to reflect on how we could create a programme that could be highly adopted by the teams. When creating an IP programme for basketball, it would need to reflect the demand of the sport and be challenging enough to increase performance, which could in turn increase adherence, which is key to obtaining the greatest effect from these programmes. For that to happen, involving coaches and athletes would be a great first step in the right direction, as co-creation has been suggested as a way to facilitate IP implementation.^{25–30}

It has been suggested that strength training has an impact on sports performance, as it is correlated with better jumping and sprinting abilities, change in direction capacity and sport-specific performance.³¹ Strength training was underperformed in our sample, especially in the NLB and NLI leagues. There is a tendency that the higher the league level is, the higher the frequency of strength training. However, these differences were not statistically significant (see online supplemental appendix 3). We argue that finding a way to include more strength training when conceptualising future programmes could help increase performance and reduce the risk of injuries, as strength has been described as one of the most important factors in multimodal IP programmes compared with stretching or proprioception.³² It has been proposed that increasing the volume and intensity of strength training leads to a reduction in injury risk.³³ That is a point on which participants could need more education, as maximal strength was rated as a low importance risk factor for injury.

Barriers to IP

There are many barriers to implementation that are currently studied in the literature, such as coach knowledge, lack of sport-specific exercises, lack of time and lack of resources.^{34 35} This study adds to the literature on gendered barriers towards IP. With regard to the study by Parsons *et al*,³⁶ we decided to explore the role of gender and how men and women perceived women's basketball in Switzerland. The majority of female participants agreed that women's basketball had considerable barriers to access to training infrastructure and medical and human resources. We argue that, in the context of Swiss basketball, female athletes encounter an additional environmental barrier to IP implementation compared with their male counterparts. Providing more access to health professionals to female athletes could improve IP among teams as it could allow for an interdisciplinary approach in the creation of an IP strategy, which is considered important.^{25 26 37} Furthermore, if there is no access to health professionals in clubs, it could mean that there is no way to have a broader view of IP. Ekstrand *et al* suggested that when the head coach and medical staff had good communication, the consequences and injury rates were lower.³⁸ In our case, there could be no exchange between the coach and medical staff, as there may be some cases, especially at the lower level, where no health professionals are available.

Limitations

The main limitation of this study was the relatively low response rate (17.5%), which could be attributed to various reasons. It is important to note that we changed our strategy to recruit participants. Given the low response rate, two supplementary reminders were sent to the coaches. This allowed more direct contact with the people concerned with this study. Overall, four reminders were sent, and we kept the survey open for answers for 2 months instead of one. Since our sample size was small, all results need to be interpreted with caution.

Participants may have been biased with an interest towards the IP topic, considering that more than 80% of the potential target groups did not answer the survey. We can hypothesise a selection bias since athletes with a history of injury or medical and coaching staff interested in IP could have been more prone to participate. We attempted to reduce this risk by using a digital questionnaire for easier accessibility. Despite our efforts to reduce this risk, the results should be interpreted with caution as they may overestimate the good knowledge and attitudes that participants reported in their answers.

Another limitation was the risk of recall bias. This risk could be increased by the COVID-19 pandemic since only the SBL men and SBL women conserved the possibility of training and competing normally for most of the 2020–2021 season. The other leagues did not train for the largest part of 2020–2021 and the competition calendar was cancelled after a few weeks. To reduce this

risk, we have attempted to avoid requesting historical information.

It is important to note that our survey did not include open-ended questions, which could provide us with further information. To partially resolve that problematic, we allowed participants to write customised answers when we thought it was relevant using an option named 'other'. This allowed the participants to add answers that were not listed if they wanted to. Even though we focused on quantitative data, our findings provide information regarding the context IP in the context of basketball, area where no such studies exist to our knowledge.

As the results mainly concern people with Swiss nationality (81%), they may vary from country to country due to cultural and socioeconomic differences that could exist.

Future research

Future research should consider including qualitative data that could provide further information regarding the specific context of basketball. Furthermore, introducing an injury surveillance system in SBL could allow us to better understand the burden of injury, which could lead to the creation of tailored IP interventions.

CONCLUSION

Good knowledge and positive attitudes towards IP were reported by the participants, but exercise-based IP strategies lacked implementation, with only 53 (50.5%) participants using them. Differences in practice were not significant between league levels, but strength training tended to be more frequently used at the highest level. The coach was considered as the most influential person and was reported with the athletes as playing an important role towards successful implementation.

Adopting an injury surveillance system in the SBL would be the first step towards the successful development of IP strategies. Co-creating challenging and sport-specific interventions with coaches and athletes could be an adequate follow-up strategy to facilitate the dissemination and implementation of IP strategies in these leagues.

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Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Ethics approval The local medical ethics committee exempted this project from submitting a request as associated anonymous health-related were collected anonymously using REDCap (Research Electronic Data Capture) The first question

of the survey asked if the participants consented to participate and had their answers used for analysis and publication.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are not publicly available. The data used in this study are available on reasonable request from the corresponding author (LB). The data are not publicly available for ethical reasons to guarantee not to compromise the privacy of research participants.

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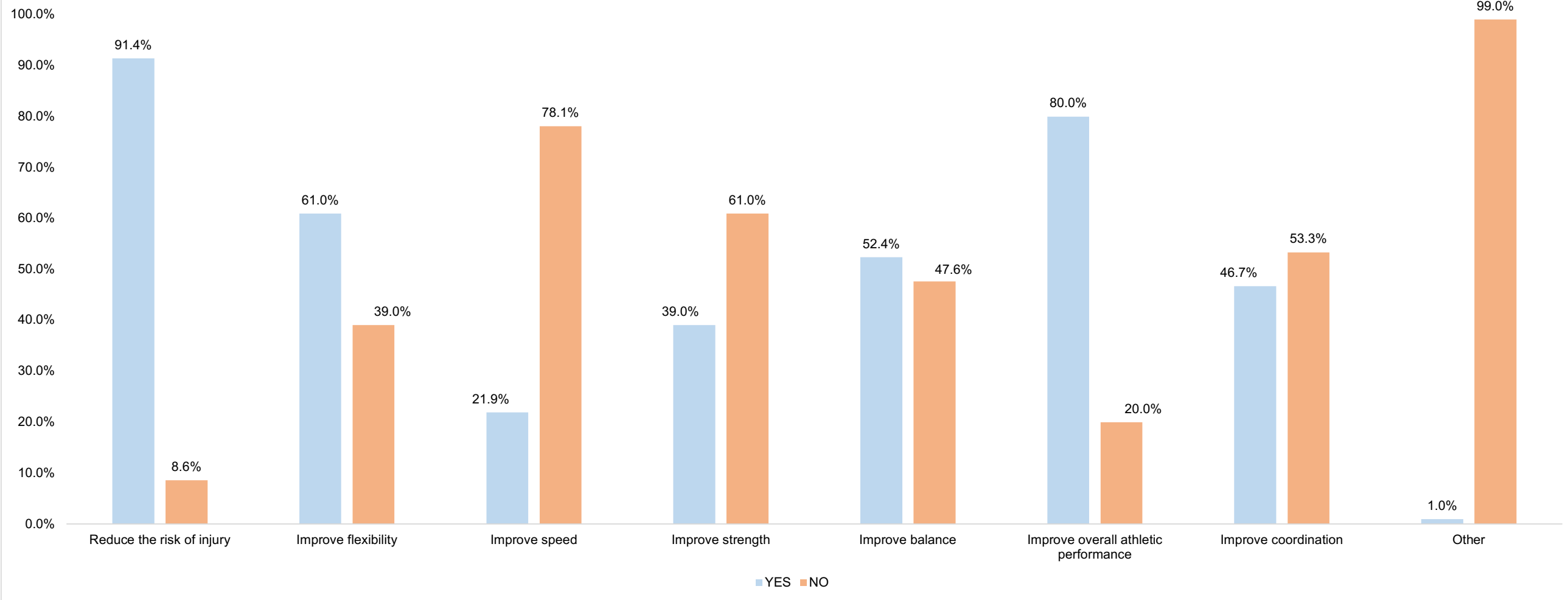
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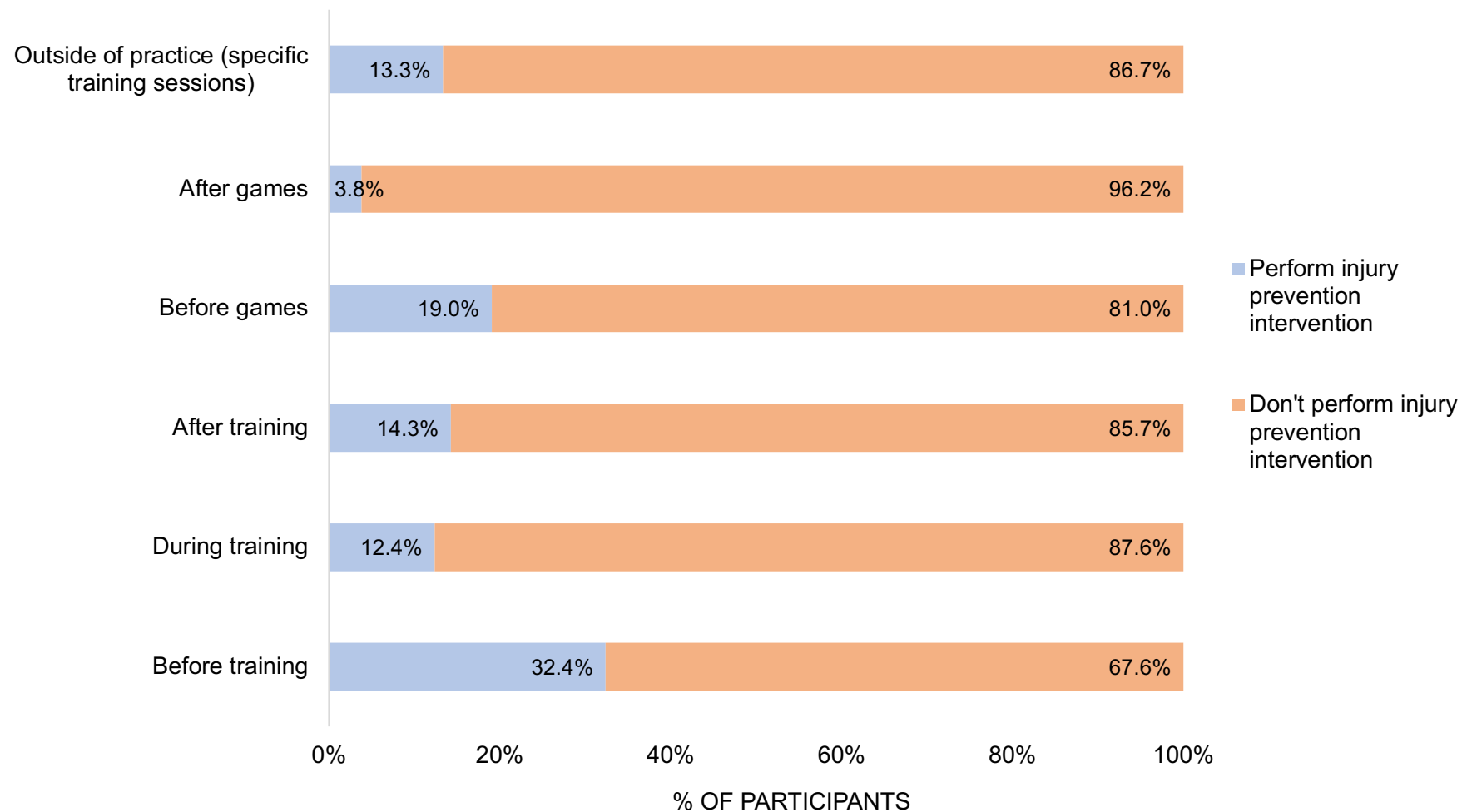
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Appendix 1: Perceived benefits of performing an injury prevention program according to participants (% of participants)

APPENDIX 2: Moment at which participants's clubs use injury prevention interventions



APPENDIX 3 : Influence of league level on training modalities that are performed more than once per week by the basketball teams. Numbers reported represent the number of participants and the % of participants per league

NEVER PERFORMED				
	SBL (n=28)	NLB (n=53)	NL1 (n=23)	P
Warm-up	2 (7.1)	2 (3.8)	1 (4.34)	0.602
Movement Preparation	3 (10.7)	10 (18.9)	5 (21.7)	0.878
On-Court Muscular Strengthening	10 (35.7)	15 (28.3)	10 (43.5)	0.512
Muscular Strengthening before/after training	12 (42.9)	24 (45.3)	15 (65.2)	0.823
Muscular Strengthening during a specific Session	5 (17.9)	24 (45.3)	13 (56.5)	0.316
On-Court Mobility	5 (17.9)	18 (34.0)	10 (43.5)	0.667
Session of Mobility before/after training	13 (46.4)	29 (54.7)	19 (82.6)	0.757
Mobility during a specific session	13 (46.4)	37 (69.8)	17 (73.9)	0.820
Coordination Training	8 (28.6)	18 (34.0)	9 (39.1)	0.974
Sprint Training	7 (25.0)	21 (39.6)	8 (34.8)	0.699
Cooldown	11 (39.3)	26 (49.1)	14 (60.9)	0.998
Specific IP protocol (E.g., FIFA11+)	18 (64.3)	37 (69.8)	20 (87.0)	0.868
Other	21 (75.0)	45 (84.9)	20 (87.0)	0.667

n: number of participants, p: P-value, IP: Injury Prevention

ONCE PER WEEK				
	SBL (n=28)	NLB (n=53)	NL1 (n=23)	P
Warm-up	0 (0)	1 (1.9)	3 (13.0)	0.013
Movement Preparation	2 (7.1)	8 (15.1)	5 (21.7)	0.293
On-Court Muscular Strengthening	7 (25.0)	24 (45.3)	9 (39.1)	0.684
Muscular Strengthening before/after training	4 (14.3)	14 (26.4)	4 (17.4)	0.898
Muscular Strengthening during a specific Session	5 (17.9)	16 (30.2)	7 (30.4)	0.628
On-Court Mobility	7 (25.0)	19 (35.8)	2 (8.7)	0.309
Session of Mobility before/after training	3 (10.7)	8 (15.1)	1 (4.3)	0.669
Mobility during a specific session	4 (14.3)	9 (17.0)	2 (8.7)	0.840
Coordination Training	9 (32.1)	19 (35.8)	8 (34.8)	0.702
Sprint Training	12 (42.9)	22 (41.5)	4 (17.4)	0.243
Cooldown	2 (7.1)	11 (20.8)	4 (17.4)	0.564
Specific IP protocol (E.g., FIFA11+)	4 (14.3)	6 (11.3)	0 (0)	0.193
Other	0 (0)	2 (3.8)	0 (0)	0.507

n: number of participants, p: P-value, IP: Injury Prevention, bold: statistically significant

MORE THAN ONCE PER WEEK

	SBL (n=28)	NLB (n=53)	NL1 (n=23)	P
Warm-up	26 (92.9)	50 (94.3)	19 (82.6)	0.422
Movement Preparation	23 (82.1)	33 (62.3)	12 (52.2)	0.986
On-Court Muscular Strengthening	10 (35.7)	12 (22.6)	3 (13.0)	0.653
Muscular Strengthening before/after training	11 (39.3)	13 (24.5)	3 (13.0)	0.555
Muscular Strengthening during a specific Session	15 (53.6)	11 (20.8)	2 (8.7)	0.060
On-Court Mobility	14 (50.0)	14 (26.4)	10 (43.5)	0.308
Session of Mobility before/after training	8 (28.6)	14 (26.4)	2 (8.7)	0.391
Mobility during a specific session	7 (25.0)	5 (9.4)	3 (13.0)	0.491
Coordination Training	7 (25.0)	14 (26.4)	5 (21.7)	0.755
Sprint Training	5 (17.9)	9 (17.0)	10 (43.5)	0.013
Cooldown	12 (42.9)	14 (26.4)	4 (17.4)	0.677
Specific IP protocol (E.g., FIFA11+)	2 (7.1)	8 (15.1)	2 (8.7)	0.378
Other	1 (3.6)	3 (5.7)	2 (8.7)	0.536

n: number of participants, p: P-value, IP: Injury Prevention, bold: statistically significant

Survey

0.0	<p>The answers to the questionnaire will be accessible only to the research team. The data is encoded by a software and therefore it will not be possible to trace you back after completion of the questions.</p> <p>If published in a scientific journal, we will not use data from a single team or individual to ensure that it is not possible to trace back to that individual or team.</p> <p>By answering "Yes" to this question, you are giving your consent to participate in this study and authorise us to use your answers for the given purpose of our study.</p>
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Characteristics of participants

The purpose of this section is to define the profile of the participants in the study.

1	I am <input type="checkbox"/> An athlete <input type="checkbox"/> Head coach <input type="checkbox"/> Assistant coach/Technical coach <input type="checkbox"/> Conditioning training <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Doctor <input type="checkbox"/> Massage therapist <input type="checkbox"/> Other (FILL)
2	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans* <input type="checkbox"/> Other
3	Year of birth <i>(Please indicate your birth year in numerical terms - Ex : 1984)</i>
	TEXT
4	Height (cm) (Athlete only) <i>(Please indicate your height in cm - Ex : 178)</i>
	TEXT
5	Weight (kg) (Athlete only) <i>(Please indicate your weight in kg - Ex: 78)</i>
	TEXT
6	Nationality <i>(Please indicate your nationality - Ex : Swiss)</i>
	TEXT
7	Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Afro-american <input type="checkbox"/> Asian <input type="checkbox"/> Middle-east <input type="checkbox"/> Indian <input type="checkbox"/> Other (FILL)

8	Level of academic qualification <i>(If you are currently in a course or on-going qualification, please select the highest present academic qualification)</i>
	<input type="checkbox"/> Compulsory Education <input type="checkbox"/> Diploma of General Education School (Baccalaureate, Specialised Baccalaureate, Specialised School Certificate) <input type="checkbox"/> Vocational Education and Training (Federal Certificate of Vocational Education and Training, Federal Diploma of Vocational Education and Training, Federal Vocational Baccalaureate) <input type="checkbox"/> Professional Education (Advanced Federal Diploma of Higher Education, Federal Diploma of Higher Education) <input type="checkbox"/> Universities (Bachelor's Degree, Master's Degree, PhD/Doctorat) <input type="checkbox"/> Other (FILL)
9	Do you have a sport-specific qualification? (Physiotherapist, conditioner, MD)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	If YES to 9 – What qualifications have you completed?(Physiotherapist) <i>Please, tick the box only for the qualifications you have completed (Multiple answers allowed)</i>
	<input type="checkbox"/> Further qualifications : CAS in sports rehabilitation <input type="checkbox"/> Further qualifications : DAS in sports physiotherapy <input type="checkbox"/> Master's degree in sports physiotherapy <input type="checkbox"/> Other (FILL)
11	If YES to 9 – What qualifications have you completed?(Condi trainer) <i>Please, tick the box only for the qualifications you have completed (Multiple answers allowed)</i>
	<input type="checkbox"/> Master's degree in sports sciences <input type="checkbox"/> Master's degree in sports sciences, athletic performance orientation <input type="checkbox"/> Swiss Olympic Physical condition trainer <input type="checkbox"/> Other (FILL)
12	If YES to 9 – What qualifications have you completed?(MD) <i>Please, tick the box only for the qualifications you have completed (Multiple answers allowed)</i>
	<input type="checkbox"/> Post-graduate training (Advanced interdisciplinary training in Sports medicine) <input type="checkbox"/> GOTS « Sports Doctor » Certificate <input type="checkbox"/> IOC Diploma in Sports Medicine <input type="checkbox"/> Other (FILL)
13	Please indicate your level of qualification specific to basketball <i>(Select your present highest level of qualification)</i>
	<input type="checkbox"/> Trainer 1 <input type="checkbox"/> Trainer 2 <input type="checkbox"/> Trainer 2+ <input type="checkbox"/> Trainer 3 <input type="checkbox"/> Trainer 4 <input type="checkbox"/> SO Reg. <input type="checkbox"/> SO Nat.
14	In what league do you play/coach? <i>(If you play/coach in multiple teams, please select the team which plays at the highest level)</i>
	<input type="checkbox"/> SBL Men <input type="checkbox"/> SBL Women <input type="checkbox"/> NLB Men <input type="checkbox"/> NLB Women <input type="checkbox"/> NL1 Men <input type="checkbox"/> NL1 Women

15	In what league does the team for which you work for play in? <i>(If you work with multiple teams, please select the team which plays at the highest level)</i>
	<input type="checkbox"/> SBL Men <input type="checkbox"/> SBL Women <input type="checkbox"/> NLB Men <input type="checkbox"/> NLB Women <input type="checkbox"/> NL1 Men <input type="checkbox"/> NL1 Women
16	In which team do you play/coach/work for ?
	List of the teams related to 1.8/1.8b
17	What position do you play ? (Athlete)
	<input type="checkbox"/> Poste 1 (Point Guard) <input type="checkbox"/> Poste 2 (Shooting Guard) <input type="checkbox"/> Poste 3 (Small Forward) <input type="checkbox"/> Poste 4 (Power Forward) <input type="checkbox"/> Poste 5 (Center)
18	Number of years of professional career as a basketball player within a basketball league (Athlete) <i>(Please indicate the number corresponding to the amount of years spent as a basketball player in Switzerland or abroad – Ex: 5)</i>
	TEXT
19	Number of years of professional career as a basketball player playing in your current league (Athlete) <i>(Please indicate the number corresponding to the amount of years spent in your current league – Ex: 5)</i>
	TEXT
20	Do you have any experience as a basketball player? (Coach & Med. Staff)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If YES to 20 – For how many years were you a basketball player? <i>(Please indicate the number corresponding to the amount of years spent as a basketball player – Ex: 5)</i>
	TEXT
22	If YES to 20 – What was the highest level you played at? <i>(please indicate the highest level at which you played – E.g: A League, national team...)</i>
	TEXT
23	How many years have you been a coach for a basketball team? (Coaching Staff) <i>(Please indicate the amount of years you have coached in basketball - E.g. 5)</i>
	TEXT
24	How many years have you practiced as a medical professional on a basketball team? <i>(Please indicate the amount of years during which you worked as a medical professional in a basketball team - E.g. 5)</i> (Med. Staff)
	TEXT
25	During the past 24 months, have you suffered an injury that did not require stopping sport while playing basketball at your club (E.g: head, shoulder, hip, groin, thigh, knee, calf, shin, ankle, foot...) (Athlete only)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	If YES to 25 – Which parts of the body were concerned <i>(Multiple answers allowed)</i> (Athlete)
	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder

	<input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Trunk <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other...
27	If YES to 25 – How did you get your XXX injury (XXX= Body part) (Athlete)
	<input type="checkbox"/> Contact with an opponent <input type="checkbox"/> After contact <input type="checkbox"/> No contact <input type="checkbox"/> Overuse
28	If YES to 25 – What injury was it (Please, specify the diagnosis of each injury – E.g: ankle sprain) (Athlete)
OPEN TEXT	
29	During the past 24 months, have you injured yourself as a result of playing basketball which prevented you from participating in games or training sessions? (E.g: head, shoulder, hip, groin, thigh, knee, calf, shin, ankle, foot...) (Athlete)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	If YES to 29 – Which parts of the body were concerned (Multiple answers allowed) (Athlete)
	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Trunk <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other (FILL)
31	If YES to 29 – How did you get your XXX injury (XXX= Body part)
	<input type="checkbox"/> Contact with an opponent <input type="checkbox"/> After contact <input checked="" type="checkbox"/> No contact <input type="checkbox"/> Overuse

32	If YES to 29 – What injury was it <i>(Please, specify the diagnosis of each injury – E.g: ankle sprain)</i> (Athlete)
OPEN TEXT	

Knowledge, Opinions, Attitude and Beliefs.

The purpose of this section is to assess the participants' knowledge, opinions, attitudes and beliefs regarding injury prevention.

33	In your opinion, how high is the risk of getting injured as a basketball player?
<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> I don't know	
34	At what point of the season is the risk of injury the highest?
<input type="checkbox"/> Before the season <input type="checkbox"/> During the season	
35	If DURING THE SEASON at 2.2 – In your opinion, at what moment is the injury risk the highest?
<input type="checkbox"/> During practice <input type="checkbox"/> During games <input type="checkbox"/> Other (FILL)	
36	Please indicate which areas you think are most susceptible to injury when playing basketball. Choose the five most injury prone areas and rank them according to their level of risk (1=most at risk) <i>(One answer possible per column)</i>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Trunk <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other...	
37	In your opinion, what do you think are the most common reasons for injury among basketball players ? <i>(Multiple answers allowed)</i>
<input type="checkbox"/> Poor physical condition <input type="checkbox"/> Deconditioning following an injury <input type="checkbox"/> Lack of flexibility <input type="checkbox"/> Lack of strength <input type="checkbox"/> Lack of endurance <input type="checkbox"/> Lack of coordination	

<input type="checkbox"/> Bad equipment <input type="checkbox"/> Lack of training <input type="checkbox"/> Lack of recovery <input type="checkbox"/> Psychological fatigue <input type="checkbox"/> Physical fatigue <input type="checkbox"/> Other (FILL)					
38	Can you indicate what, in your opinion, the importance of the intrinsic risk factors listed below in relation to non-contact injuries is? (Coaches & Medical staff) <i>(Intrinsic: belonging naturally, essential, inherent)</i>				
Very high	High	Moderate	Low	Very low	don't know
<input type="checkbox"/> History of injury <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Maximal strength <input type="checkbox"/> Strength endurance <input type="checkbox"/> Muscle imbalance (difference between right and left sides) <input type="checkbox"/> Muscle imbalance between two opposing muscle groups (E.g: quadriceps-hamstrings) <input type="checkbox"/> Balance, coordination <input type="checkbox"/> Joint mobility <input type="checkbox"/> Flexibility <input type="checkbox"/> Well-being (mood, fatigue, aches...) <input type="checkbox"/> Psychological factors (stress, anxiety) <input type="checkbox"/> Physical fitness <input type="checkbox"/> Technique <input type="checkbox"/> Genetics					
39	Can you indicate what, in your opinion, the importance of the extrinsic risk factors listed below in relation to non-contact injuries is? (Coaches & Medical staff) <i>(Intrinsic: not part of the essential nature of someone or something)</i>				
Very high	High	Moderate	Low	Very low	I don't know
<input type="checkbox"/> Training load <input type="checkbox"/> Warm-up quality <input type="checkbox"/> Training infrastructures <input type="checkbox"/> Match/Game participation <input type="checkbox"/> League level <input type="checkbox"/> Equipment <input type="checkbox"/> Type of basketball court (wood, synthetic) <input type="checkbox"/> External pressure (relatives, club committee) <input type="checkbox"/> Recovery (sleep, nutrition)					
40	Can you indicate how important you think the risk factors listed below are in relation to non-contact injuries? (Athlete)				
Very high	High	Moderate	Low	Very low	I don't know
<input type="checkbox"/> History of injury <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Maximal strength <input type="checkbox"/> Strength endurance <input type="checkbox"/> Muscle imbalance (difference between right and left sides)					

	<input type="checkbox"/> Muscle imbalance between two opposing muscle groups (E.g: quadriceps-hamstrings) <input type="checkbox"/> Balance, coordination <input type="checkbox"/> Joint mobility <input type="checkbox"/> Flexibility <input type="checkbox"/> Well-being (mood, fatigue, aches...) <input type="checkbox"/> Psychological factors (stress, anxiety) <input type="checkbox"/> Physical fitness <input type="checkbox"/> Technique <input type="checkbox"/> Genetics <input type="checkbox"/> Training load <input type="checkbox"/> Warm-up quality <input type="checkbox"/> Training infrastructures <input type="checkbox"/> Match/Game participation <input type="checkbox"/> League level <input type="checkbox"/> Equipment <input type="checkbox"/> Type of basketball court (wood, synthetic) <input type="checkbox"/> External pressure (relatives, club committee) <input type="checkbox"/> Recovery (sleep, nutrition)
41	In your opinion, is it possible to reduce the risk of injury in basketball?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
42	How important do you think it is to prevent injuries in basketball?
	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> I don't know
43	In your opinion, does physical preparation play a role in injury prevention?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
44	In your opinion, can the risk of injury be reduced by using an exercise program adapted to the individual?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
45	In your opinion, can a specific warm-up decrease the risk of injury?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	In your opinion, is it possible to reduce the risk of injury by monitoring the training load?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
47	In your opinion, is it possible to avoid injuries by staying hydrated and having good nutrition?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

48	In your opinion, is it possible to reduce the risk of injury by getting enough sleep (>8 hours) and paying attention to the players' recovery? (Coaches & Medical staff)																								
	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
49	In your opinion, is it possible to reduce the risk of injury by getting enough sleep (>8 hours) and paying attention to your recovery? (Athletes)																								
	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
50	In your opinion, what is the minimum amount of times an injury prevention program must be done per week to achieve a positive result?																								
	<input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> 3x a week <input type="checkbox"/> 4x a week <input type="checkbox"/> More than 4x a week																								
51	What do you think are the benefits of doing an injury prevention program for athletes?																								
	<input type="checkbox"/> Reduce the risk of injury <input type="checkbox"/> Improve flexibility <input type="checkbox"/> Improve speed <input type="checkbox"/> Improve strength <input type="checkbox"/> Improve balance <input type="checkbox"/> Overall improvement in athletic performance <input type="checkbox"/> Improved coordination <input type="checkbox"/> Other (FILL)																								
52	How important to you are the perceived benefits of doing an injury prevention program?																								
	<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Moderate <input type="checkbox"/> Less important <input type="checkbox"/> Not important <input type="checkbox"/> I don't know																								
53	Please indicate which people or groups of people you think are most responsible for preventing injuries. Choose from the list below the three most important and classify them according to their level of responsibility (1=most responsible) <i>(One answer possible per column)</i>																								
	<table border="1"> <thead> <tr> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Trainer</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Athlete</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Swiss Basketball League</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Referee</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical staff (doctor, physiotherapist...)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Parents and relatives</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (FILL)</td> <td></td> <td></td> </tr> </tbody> </table>	1	2	3	<input type="checkbox"/> Trainer			<input type="checkbox"/> Athlete			<input type="checkbox"/> Swiss Basketball League			<input type="checkbox"/> Referee			<input type="checkbox"/> Medical staff (doctor, physiotherapist...)			<input type="checkbox"/> Parents and relatives			<input type="checkbox"/> Other (FILL)		
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<input type="checkbox"/> Other (FILL)																									

Practices

The purpose of this section is to assess the injury prevention interventions currently in place in the participant's club

54	Has your team done injury prevention workouts or other injury prevention strategies in the past 24 months
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
55	If YES to 54 – If yes, on which areas did you try to prevent injuries? <i>(Multiple answers allowed)</i>
	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Trunk <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot
56	Has your team implemented exercise-based interventions to decrease the risk of injury?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
57	If YES to 56 – Please select at which point in the season these interventions are carried out <i>(Multiple answers allowed)</i>
	<input type="checkbox"/> Off season (before/after the season) <input type="checkbox"/> During the season
58	If YES to 56 – Please select when these interventions are being performed <i>(multiple answers allowed)</i>
	<input type="checkbox"/> Before training <input type="checkbox"/> During training <input type="checkbox"/> After training <input type="checkbox"/> Before games <input type="checkbox"/> After games <input type="checkbox"/> Outside of practice during specific training sessions
59	How many days a week do you have scheduled training?
	<input type="checkbox"/> 1 day a week <input type="checkbox"/> 2 days a week <input type="checkbox"/> 3 days a week <input type="checkbox"/> 4 days a week <input type="checkbox"/> 5 days a week <input type="checkbox"/> 6 days a week <input type="checkbox"/> 7 days a week
60	What type of training do you do at your club? And how many days a week <i>(multiple answers allowed)</i>

1 day/wk	2 days/wk	3 days/wk	4 days/wk	5 days/wk	6 days/wk	7 days/wk
<input type="checkbox"/> General warm-up <input type="checkbox"/> Movement preparation/Basketball specific movements <input type="checkbox"/> On-court muscular strengthening <input type="checkbox"/> Muscular strengthening before/after practice <input type="checkbox"/> Muscular strengthening during a specific training session <input type="checkbox"/> Mobility training on-court <input type="checkbox"/> Mobility training before/after practice <input type="checkbox"/> Mobility training during a specific training session <input type="checkbox"/> Coordination training <input type="checkbox"/> Sprint training <input type="checkbox"/> Cool-down <input type="checkbox"/> Injury prevention protocols (Ex: FIFA11+) <input type="checkbox"/> Other measures (FILL)						

Barriers and facilitators

The purpose of this section is to assess the barriers and/or facilitators perceived by the participants that could favour or prevent the implementation of injury prevention strategies and interventions.

61	In your opinion, how important is team compliance when trying to implement an injury prevention intervention? <i>Compliance : the act of an individual to follow professional recommendations regarding the predetermined dosage, timing, and frequency of an intervention</i>					
<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Moderate <input type="checkbox"/> Less important <input type="checkbox"/> Not important <input type="checkbox"/> I don't know						
62	In your opinion, how important is the compliance of the coach when trying to implement an injury prevention intervention? <i>Compliance : the act of an individual to follow professional recommendations regarding the predetermined dosage, timing, and frequency of an intervention</i>					
<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Moderate <input type="checkbox"/> Less important <input type="checkbox"/> Not important <input type="checkbox"/> I don't know						
63	For each option on the list, please rate their importance in facilitating the implementation of an injury prevention intervention					
Very important	Important	Moderate	Less important	Not important	I don't know	
<input type="checkbox"/> Motivation from the coach <input type="checkbox"/> Motivation from the players <input type="checkbox"/> Training of the athlete's support staff (conditioning trainer, physiotherapist...) <input type="checkbox"/> Duration of the injury prevention program (in minutes) <input type="checkbox"/> Infrastructures available <input type="checkbox"/> Number of training sessions per week						

64	In your opinion, who do you think is the most influential person when wanting to implement an injury prevention intervention ?				
<input type="checkbox"/> Head coach <input type="checkbox"/> Assistant coach/Technical coach <input type="checkbox"/> Conditioning trainer <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Doctor <input type="checkbox"/> Athlete <input type="checkbox"/> Other (FILL)					
65	Please indicate your response to the statements listed below that relate to women's basketball				
Completely agree	Agree	Neutral	Disagree	Completely disagree	I don't know
<input type="checkbox"/> Male athletes have more access to training room (E.g: basketball court, fitness) than female athletes <input type="checkbox"/> Male athletes have easier access to physical preparation resources (E.g: fitness) than female athletes <input type="checkbox"/> Male athletes have easier access to supervision by coaches than female athletes <input type="checkbox"/> Male athletes have easier access to medical resources (E.g: doctor, physiotherapist) than female athletes <input type="checkbox"/> Male athletes have more qualified staff (E.g: coach, conditioning trainer, medical staff) than female athletes <input type="checkbox"/> Male athletes have greater human resources to supervise them (E.g: number of coaches, presence of a conditioning trainer, number of people in the medical team) than female athletes					