IMPLIED CONSENT

SAINT LOUIS UNIVERSITY

Recruitment Statement for Research Participation

1. Drs. Olu Owoeye, Tim Howell, Katie Stamatakis, and Chris Sebelski are inviting you to participate in this research study.

2. The title of this study is SPIN: Surveillance in Pickleball players to reduce INjury burden –a hybrid observational-implementation study. Despite being one of the fastest growing sports in the United States, there is very limited research information regarding the burden and characteristics of injuries and pain among pickleball player. The purpose of this study is to provide an extensive report on the burden of injuries, including all muscle, joint and bone injuries, concussions, and pain in pickleball players while also exploring strategies to help prevent these injuries.

3. Your participation in this study will involve completing a 1-

time survey that will take about 10 mins. This anonymous survey will collect general demographic data, injury prevention routines, current/past injuries or pain and data regarding mental health.

4. The risks to you as a participant are minimal. These include a potential discomfort while answering some of the questions in the study questionnaire. As survey is completely anonymous, the chance of a loss of confidentiality will occur is low. We will make extra effort to ensure that all data stay unidentifiable. The google form extension you complete at end of the survey is optional and completely separated from your survey information as they are two different survey tools that are not connected. Your personal data will remain unidentifiable and protected.

5. The results of this study may be published in scientific research journals and/or presented at professional conferences. However, your name and identity will not be revealed, and your record will remain anonymous. Any reported results of the study will in no way identify study participants.

6. Participation in this study will not benefit you directly. However, the knowledge gained from this study will give researchers a better understanding of injury risk and mechanisms and this will inform the development of pickleball specific injury prevention strategies that may benefit the general population of pickleball players across the United States and abroad.

7. You can choose not to participate. If you decide not to participate, there will not be a penalty to you or loss of any benefits to which you are otherwise entitled. You may withdraw from this study at any time.

8. If you have questions about this research study, you can call Dr. Olu Owoeye at 314-977-8546 or email tip.lab@health.slu.edu. If you have questions about your rights as a research participant, you can call the Saint Louis University Institutional Review Board at 314-977-7744 and reference IRB #33859

Saint Louis University IRB #33859; Approved 05-01-24; Board #1

DEMOGRAPHICS AND GENERAL QUESTIONS

Today's Date:

	Month	Day	Year
Please Select:			

Age:

Please enter your weight in pounds OR kg

pounds

kg

Please enter your height in feet OR meters

feet

inches

meters

Country of Residence

State of Residence

Which of the following best describe your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

Which of the following best describes your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Sex at birth:

- Male
- Female

Do you currently describe yourself as male, female or transgender?

- ○ Male
- ○ Female
- ○ Transgender
- ○ None of these

Please specify your highest level of academic education

- ○ Less than grade 7
- ○ Some high school
- ○ Graduated from high school
- ○ Trade School
- ○ College diploma
- ○ Undergraduate degree
- ○ Graduate degree

What is your current employment status (please select all that apply)?

- ☐ Employed for wages (part-time or full-time)
- ☐ Self-employed
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work (disabled)

Approximate years of pickleball playing experience:

How often do you play pickleball, on average?

- 1x weekly
- 2x weekly
- 3x weekly
- >3x weekly
- I don't play weekly (e.g., 1x in a month)

What is the average time spent playing pickleball each time you play?

- <1 hr
- 1-2 hr
- 2-3 hrs
- >3 hrs

At what level do you mostly play?

- Recreational
- Amateur
- Semi-professional
- Professional

Do you have an official skill rating (e.g., DUPR)?

- ○ Yes
- ○ No

Which most accurately reflects your level?

- ○ 2.5-2.99
- ○ 3.0-3.49
- ○ 3.5-3.99
- ○ 4.0-4.49
- ○ 4.5-4.99
- ○ 5+

Do you generally play singles or doubles?

- ○ Singles
- ○ Doubles
- ○ Both

Do you regularly play any other sports?

- ○ Yes
- ○ No

Please state the other sport in which you are most consistent

Have you ever had any formal concussion awareness training (please select all that apply)?

- [ ] Yes, online
- [ ] Yes, in-person
- [ ] No

Have you ever had any formal musculoskeletal sports injury prevention training whether online or in-person (please select all that apply)?

- [ ] Yes, online
- [ ] Yes, in-person
- [ ] No

Why do you play pickleball (please rank each option either 1, 2, or 3, with 1 being the most important to you and 3 least important)?

For physical health

For mental health

It is fun

On a scale of **0 (not at all)** to **10 (completely)**, how knowledgeable are you, currently, about musculoskeletal injury prevention in pickleball? Please select an option:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

On a scale of **0 (not at all) to 10 (completely)**, how important is injury prevention to you? Please select an option:

- 0
- 1
- 2
- 3

- 4
- 5
- 6
- 7
- 8
- 9
- 10

On a scale of **0 (not at all) to 10 (completely)**, how dangerous do you think pickleball is as a sport? Please select an option:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

INJURY PREVENTION ROUTINES

Are you familiar with any structured warm-up exercise programs (e.g., FIFA 11+, Harmoknee, SHRED, Prep to play) aimed at reducing injuries?

- ○ Yes
- ○ No

What program(s)?

Do you regularly engage in warm-up exercises before pickeball sessions?

- ○ Yes
- ○ No

What exercises do you mainly include in your warm-ups (please select all that apply)?

- ☐ Static stretching (holding stretched muscles for some seconds)
- ☐ Dynamic Stretching (stretching muscles while slowly moving your limbs)
- ☐ Balance exercises (e.g., standing on one leg)
- ☐ Strength exercises (e.g., planks)
- ☐ Aerobic exercises (e.g., some form of running or jogging)

☐ Others (please list):

When do you normally complete your warm-up routines

☐ Before practice/training

☐ Before games/matches

☐ Others, please specify:

Considering the factors below, which **THREE** factors (based on ranks: #1 being the most important to you) would make you **MOST LIKELY** to routinely participate in a pickleball-specific injury prevention warm-up exercise program, and which **ONE** factor would make you **LEAST LIKELY** to routinely participate in a pickleball-specific injury prevention warm-up program?

	Most likely to want to participate (Please rank your top 3 and others as NO)				**Least likely** to want to participate (Check one factor only)
	1	2	3	NO	
The warm-up exercise program takes less than 5 minutes to complete	○	○	○	○	☐

	Most likely to want to participate (Please rank your top 3 and others as NO)				**Least likely** to want to participate (Check one factor only)
	1	2	3	NO	
The warm-up exercise program is based on best research evidence supporting the injury prevention claim	○	○	○	○	☐
The warm-up exercise program contributes to performance enhancement	○	○	○	○	☐
The exercises in the warm-up program are fun and enjoyable	○	○	○	○	☐
The exercises in the warm-up program are easy to complete	○	○	○	○	☐
Access to educational resources (e.g., online training, infographics) on how to complete the warm-up exercise program	○	○	○	○	☐

	Most likely to want to participate (Please rank your top 3 and others as NO)				**Least likely** to want to participate (Check one factor only)
	1	2	3	NO	
The warm-up exercise program is co-developed by multiple stakeholders in pickleball, including researchers, coaches, players and administrators	○	○	○	○	☐
The warm-up program has 2 levels of exercise progression to adjust for body adaptation	○	○	○	○	☐

Where do you mostly get information about sports injury prevention (select all that apply)?

- ☐ I do not seek injury prevention information
- ☐ Online websites
- ☐ Social Media
- ☐ Books/magazines
- ☐ Other players
- ☐ Workshop/seminars
- ☐ Therapist/doc
- ☐ TV

☐ Other

PHYSICAL COMPLAINTS AND INJURIES

Have you experienced any physical complaints, discomfort (e.g., pain, ache, stiffness) or injuries related to pickleball in the past 12 months?

- ○ Yes
- ○ No

How many physical complaints, discomfort or injuries did you experience?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more

Please specify the type(s) of physical complaints or injuries that you have experienced (please select either "(a)" or "(b)" for each body part applicable). If you have had more than

one complaints/injury for any of the body parts, please select an option for the most significant complaints/injuries.

	(a) A physical complaint, discomfort or problem that did not stop me from playing pickleball and/or any other forms of exercise (a)	(b) A physical complaint, discomfort or problem that resulted in at least 1 day of missed participation from pickleball and/or any other forms of exercise (b)
Head/neck	☐	☐
Shoulder	☐	☐
Elbow	☐	☐
Wrist	☐	☐
Other parts of my upper limb (e.g., arm, hand, fingers)	☐	☐
Back	☐	☐
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐
Other parts of my lower limb (e.g., thigh, lower leg, foot)	☐	☐

Which of the following describes the situation around your single MOST SERIOUS physical complaint or injury in the past 12

months? The physical complaint or injury happened during:

- ○ A tournament
- ○ A league
- ○ A pick-up game/recreational play
- ○ A practice session

Which of the following BEST describe your MOST SERIOUS physical complaints or injuries in the past 12 months (please select all that apply)?

- ☐ Abrasion or scrape
- ☐ Bruise
- ☐ Burn
- ☐ Blister
- ☐ Bleeding, laceration or cut
- ☐ Broken bone or fracture
- ☐ Dislocation
- ☐ Hypothermia
- ☐ Joint or ligament sprain
- ☐ Joint swelling
- ☐ Knocked out or concussion
- ☐ Muscle strain or pulled muscle
- ☐ Sunburn or heat stroke
- ☐ Tendon injury (tendinopathy/tendonitis)
- ☐ Overuse or chronic
- ☐ [ ] Other

Do you CURRENTLY have any physical complaint or injury?

- ○ Yes
- ○ No

What part of your body is affected?

Which of the following best describe your current physical complaint or injury?

- ○ An injury
- ○ A discomforting pain

PSYCHOLOGICAL WELLBEING: THE WHO-5 WELLBEING INDEX

Please respond to each item by marking one box per row, regarding how you felt in the last two weeks.

	All of the time 5	Most of the time 4	More than half the time 3	Less than half the time 2	Some of the time 1	At no time 0
I have felt cheerful in good spirits.	☐	☐	☐	☐	☐	☐
I have felt calm and relaxed.	☐	☐	☐	☐	☐	☐
I have felt active and vigorous.	☐	☐	☐	☐	☐	☐
I woke up feeling fresh and rested.	☐	☐	☐	☐	☐	☐
My daily life has been filled with things that interest me.	☐	☐	☐	☐	☐	☐

FUTURE PICKLEBALL INJURY PREVENTION AND HEALTH RESEARCH

Would you like to be involved in future pickleball injury prevention and health research (please note that your current survey data remains anonymized)?

- ○ Yes
- ○ No

Questionnaire is completed - thank you!

Kindly provide your name and email address through this Google form that is completely unconnected with your survey information. The above link will take you to a new page, if you choose to complete the quick Google form. **Please return to this current page** and click the "next" sign to submit your survey. THANK YOU!