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Canadian high school rugby coaches readiness for an injury prevention strategy implementation: Evaluating a Train-the-Coach workshop

1 Isla J. Shill¹, MSc, Anu Räisänen^{1,2}, PT, PhD, Amanda M. Black^{1,3-5}, CAT(C), PhD, Craig Barden⁶, GSR, BSc
2 Carla van den Berg¹, MSc, , Carly McKay⁶, PhD, Stephen West^{1,4}, PhD, Kati Pasanen^{1,3,7,8}, PT, PhD, Brent E.
3 Hagel^{1,3,4,9}, PhD, Carolyn A. Emery^{1,3-5,7,9}, PT, PhD

4 ¹ Sport Injury Prevention Research Centre, Faculty of Kinesiology, University of Calgary, Canada;

5 ²Department of Physical Therapy Education, College of Health Sciences, Western University of Health
6 Sciences, Lebanon, OR, US;

7 ³ Alberta Children's Hospital Research Institute, University of Calgary, Canada;

8 ⁴ O'Brien Institute for Public Health, University of Calgary, Canada;

9 ⁵ Hotchkiss Brain Institute, University of Calgary, Canada;

10 ⁶ Centre for Health and Injury and Illness Prevention in Sport, Department for Health, University of Bath,
11 United Kingdom

12 ⁷ McCaig Institute for Bone and Joint Health, University of Calgary, Canada;

13 ⁸ Tampere Research Center of Sports Medicine, UKK Institute, Tampere, Finland;

14 ⁹ Departments of Paediatrics and Community Health Sciences, Cumming School of Medicine, University of
15 Calgary, Canada;

16 *** Correspondence:**

17 Isla J. Shill
18 isla.shill@ucalgary.ca

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24

25 Abstract

26 Background: Canadian rugby coach injury prevention beliefs and attitudes have not been studied, yet
27 are key to informing injury prevention strategy implementation. Despite neuromuscular training
28 (NMT) warm-up success in reducing injury, adoption of these programs is variable. Therefore,
29 objectives of this study included (1) describing Canadian youth rugby coach injury prevention beliefs
30 and attitudes and current warm-up practices and (2) evaluating intention to use a rugby-specific NMT
31 warm-up.

32 Methods: High school rugby coaches completed a questionnaire before and after a rugby-specific NMT
33 warm-up workshop. The pre-workshop questionnaire captured demographics, current warm-up
34 practice, and NMT warm-up knowledge and use. Both questionnaires captured injury prevention
35 beliefs, attitudes and behavioural intention.

36 Results: Forty-eight coaches participated in the workshops. Pre-workshop, 27% of coaches were aware
37 of NMT warm-ups. Coaches primarily included aerobic and stretching components, while balance
38 components were not common in their warm-ups over the past year. Additionally, 92% of coaches
39 agreed to some extent they would 'complete a rugby-specific warm-up program prior to every game
40 and training session this season'. Post-workshop, 86% of coaches agreed to some extent that they
41 would use the program in every rugby session. No differences were observed between pre- and post-
42 workshop intention to implement the warm-up ($p=0.10$).

43 Interpretation: This is the first study to examine current Canadian youth rugby coach warm-up practices
44 and intention to use NMT warm-ups. Canadian rugby coach intention to use a rugby-specific NMT
45 warm-up is high, providing ample opportunity to investigate the efficacy of a NMT warm-up in youth
46 rugby.

47 1 Introduction

48 Youth rugby union (hereafter 'rugby') participation rates worldwide have increased
49 significantly over the past decade (1). Rugby Canada has reported an increase in player registration of
50 44% between 2012 and 2019 with youth players having a 13% increase (2,3). With the province of
51 Alberta recording the second highest absolute junior rugby registrants in Canada in 2019 (3). Despite
52 this increased interest, the governing body of high school athletics in Nova Scotia attempted to remove
53 rugby from high schools due to safety concerns (4). Importantly, few studies have focused on youth
54 rugby in Canada. Injury rates in youth rugby (age 14-18 years) range from 28-35 injuries/1000 match-
55 hours based on a 24 hr time-loss definition within countries, such as New Zealand, England, Australia,
56 and Northern Ireland (5). However, the Canadian youth rugby context can differ from that of other
57 countries given players do not typically get their first exposure until high school (age 14-18), there is
58 a shorter playing season, and the playing levels can differ, warranting Canadian-specific youth rugby
59 research to be completed.

60 Attention has been given to coach education across team sports to facilitate injury prevention
61 strategy implementation. While the literature surrounding rugby coaches is limited, 89% of netball
62 coaches and 96% of soccer and netball coaches reported that they altered the way they coached
63 following a coach education workshop, with most changes related to warm-up/cool-down and
64 stretching protocols (6). One such warm-up strategy is a neuromuscular training (NMT) warm-up (7).
65 NMT warm-ups consist of aerobic, balance, strength and agility exercises and have been shown to
66 reduce the risk of lower extremity injuries and all injuries by over 30% in youth team sports, leading
67 to considerable reductions in healthcare costs within a season of soccer in Alberta, Canada. (8,9). A

68 rugby-specific NMT warm-up was evaluated in English rugby schoolboys. A cluster randomized trial
69 with 40 teams (20 per trial arm) was used to evaluate efficacy of this NMT warm-up on reducing
70 injury rates. It was demonstrated that teams performing the NMT warm-up three or more times per
71 week suffered 39% fewer match injuries than teams completing the NMT warm-up less than three
72 times per week (10).

73 Several models have been used to understand the implementation context and guide injury
74 prevention strategy initiatives (11). One model is the Health Action Process Approach (HAPA), which
75 includes two phases: motivation and volition (12). Psychological constructs that make up the
76 motivation phase include risk perception, outcome expectancy, task self-efficacy, and intention (13).
77 Intention predicts behavior change (volition phase) with some psychological constructs (*i.e.*, action
78 self-efficacy, outcome expectancy, risk perception) predicting intention itself to varying degrees (12).
79 Certain constructs, such as task self-efficacy have been found to be stronger predictors of intention
80 than others (14). Constructs that make up the volition phase include maintenance and recovery self-
81 efficacy, action and coping planning, and self-monitoring (13). The intention-behavior gap is an
82 identified gap between these two phases, where some individuals with high intention to change their
83 behavior do not ultimately do so (12). Importantly, understanding the constructs that predict intention
84 can help understand why or why not a behavior change has occurred. More specifically, these
85 constructs can help researchers understand why coaches who have high intention to use evidence-based
86 NMT warm-ups with their teams do not take up or adhere to the warm-up.

87 An evaluation of the Canadian rugby coaching context is important given the growing
88 popularity of the sport and the lack of literature in this population. This will inform future injury
89 prevention strategy implementation in this setting. Therefore, the primary objectives of this study were
90 to describe 1) Canadian youth rugby coaches' current warm-up practices and coach injury prevention
91 beliefs and attitudes, which included risk perception and outcome expectancy towards youth rugby
92 injury prevention, 2) intention to implement a rugby-specific NMT warm-up before a train-the-coach
93 rugby-specific NMT warm-up workshop, and 3) intention, outcome expectancy, and task and
94 maintenance self-efficacy regarding the NMT warm-up following the workshop. An exploratory
95 objective compared coach intention to deliver a rugby-specific NMT warm-up before and after the
96 workshop.

97 **2 Methods**

98 This pre-experimental study was part of the Surveillance in High Schools and Community Sport
99 to Reduce Concussions and their Consequences in Youth (SHRed Concussions), conducted in 16 high
100 schools in Calgary, Canada. All rugby coaches from participating high schools were invited to rugby-
101 specific train-the-coach workshops delivered between January and March 2020, prior to the 2020 high
102 school rugby season (March 2020). Workshop participation was not a requirement to be a part of the
103 larger cohort study. At least one rugby coach attended from 15 of the 16 participating schools. The
104 SHRed Injuries Rugby NMT warm-up coach workshop was developed in partnership with the Sport
105 Injury Prevention Research Centre, Alberta High School Athletics Association, Rugby Canada, and
106 World Rugby, with engagement of community partners, players, coaches, researchers, sport
107 administrators and clinicians in the program development process. Workshops (N=4) took place at the
108 University of Calgary, as well as a high school participating in the SHRed Concussions study.
109 Workshops were administered by two members of the research team (certified exercise physiologist,
110 rugby coach). Pre-workshop questionnaires were administered when coaches arrived for the workshop
111 and post-workshop questionnaires were included immediately following conclusion of the workshop.
112 Participating coaches provided written consent to participate prior to the workshop and pre-workshop

113 questionnaire completion. This study was approved by the University of Calgary Conjoint Health
114 Research Ethics Board (REB 18-2107).

115 The two-hour workshop was designed and administered considering the HAPA model. Self-
116 efficacy was promoted by coaches practicing teaching and providing one another feedback on program
117 exercises during an active component. Risk perception and outcome expectancy were addressed during
118 an introductory injury prevention presentation and workshop debrief. The workshop structure was
119 designed as such to increase intention to use the NMT warm-up and maximize future adoption of the
120 warm-up. The workshop consisted of a pre-workshop questionnaire (15 minutes), an injury prevention
121 presentation (15 minutes), an active component where all exercises were taught and practiced (70
122 minutes), a debrief and concluding discussion (15 minutes), and a post-workshop questionnaire (5
123 minutes). Questionnaires were administered electronically, where paper copies were used as a backup
124 in case of technological issues. Paper copies were used for one of the four workshops administered.

125 The primary purpose of the workshop coach surveys was descriptive and an a-priori sample size
126 was not calculated. Rather, this was in alignment with the sample for a larger quasi-experimental
127 evaluation study to examine the effectiveness of a NMT warm-up in youth rugby players. After
128 completion of the workshop, an email was sent to participating coaches with SHRed Injuries Rugby
129 NMT warm-up resources (*i.e.*, summary handouts, exercise videos, instruction cue cards) to facilitate
130 the implementation of the rugby-specific NMT warm-up. Coaches were made aware they would be
131 receiving these resources during the introductory injury prevention presentation.

132 Coach injury prevention beliefs and attitudes were measured using HAPA constructs captured
133 during pre- and post-workshop questionnaires (*i.e.*, self-efficacy, risk perception, outcome expectancy,
134 intention). The pre-workshop questionnaire was developed and face validated by researchers from the
135 University of Bath (PI C McKay) and subsequently adapted to include language and demographics
136 relevant to Canadian rugby (*e.g.*, age group, level of play) (PI C Emery). It included four sections: (1)
137 coach demographics, (2) injury perceptions (*e.g.*, injury seriousness, risk of injury), (3) injury
138 prevention attitudes (*e.g.*, injury preventability, intention to use a rugby-specific NMT warm-up), and
139 (4) current warm-up practice, NMT warm-up knowledge and use. Coaches were asked to rate their
140 agreement with statements on a 7-point Likert scale (1: Strongly Disagree – 7: Strongly Agree). The
141 post-workshop questionnaire was developed by researchers at the Sport Injury Prevention Research
142 Centre and underwent face validation with five individuals familiar with NMT warm-ups (*i.e.*, a
143 community partner representative, physical education teacher, youth rugby coach, personal trainer,
144 high performance sport director). The questionnaire evaluated post-workshop intention to use the NMT
145 warm-up, outcome expectancy with using the NMT warm-up, and task and maintenance self-efficacy
146 for using and implementing the NMT warm-up. A 5-point Likert scale (1: Strongly Disagree – 5:
147 Strongly Agree) was used to record coaches' agreement with the statements. Two different Likert
148 scales were used as both surveys were in alignment with other projects and to facilitate a cross-site
149 rugby coach analysis.

150 Statistical analyses were conducted using STATA v16 (15). Proportions and means (standard
151 deviations) were calculated to describe coach baseline characteristics. Baseline characteristics that are
152 presented as means were tested for normality. Proportions were used for any characteristics that were
153 categorical data. Medians and interquartile ranges (IQR) were calculated for statements concerning
154 coach injury prevention beliefs and attitudes as statements are ordinal data. In the pre- and post-
155 workshop questionnaires, questions that pertained to a construct from the HAPA model (*i.e.*, risk
156 perception, outcome expectancy, intention, self-efficacy) were grouped as such and an overall median
157 and interquartile range (IQR) was calculated for each construct. If only one question was used to assess

158 a HAPA construct, the median and IQR of that question was taken as a representation of the construct.
 159 Questions that had missing responses were reported as missing. If coaches only completed the pre-
 160 workshop questionnaire, they were excluded from the cross-time point intention analysis.

161 Given the pre-workshop questionnaire was based on a 7-pt Likert scale and the post-workshop
 162 scale was based on a 5-pt Likert scale, exploratory analyses considered two different methods to
 163 evaluate the difference between intention across the two timepoints. Two different conversion methods
 164 were used to perform a sensitivity analysis to understand if a change would be detected given the
 165 limitations surrounding the use of different Likert scales. The conversion methods were facilitated by
 166 the lack of variability within intention scores and a clustering of results at the extremity of the Likert
 167 scale at both timepoints. Intention scores were converted firstly by collapsing both pre-workshop
 168 intention (“I would like my team to complete a rugby-specific warm-up program prior to every game
 169 and training session next season”) and post-workshop intention (“I will conduct the SHRed Injuries
 170 program in every session with my athletes”) into a 3-point Likert scale (*i.e.*, agree, neither agree nor
 171 disagree, disagree). The second method included collapsing the pre-workshop intention score to a 5-pt
 172 Likert scale to match the pre-existing post-workshop intention scale. Once the conversions were
 173 completed, two separate Wilcoxon signed rank tests were used to compare intention. Statistical
 174 significance was set at $\alpha=0.05$.

175 3 Results

176 Forty-eight coaches completed questionnaires (45 completed pre- and post-workshop; 3
 177 completed pre-workshop only). There were no dropouts during completion of the questionnaires;
 178 however, three coaches were unable to complete the post-workshop questionnaire, having left the
 179 workshop before completion. Preworkshop response rate was 48/48 (100%). Postworkshop response
 180 rate was 45/48 (94%). Coach characteristics are presented in Table 1.

181 3.1 Previous warm-up practice

182 Eighty-five percent (95% CI: 72-94) of coaches reported using a warm-up with their team
 183 within the past 12-months. Warm-up components that coaches most commonly reported always using
 184 were aerobic (83%, 95% CI: 68-92) and flexibility (76%, 95% CI: 60-87) (Figure 1). Fifteen percent
 185 (95%CI: 6-29) of coaches reported always using balance, while 29% (95%CI: 17-45) reported never
 186 using balance (Figure 1). Coaches reported a median warm-up duration of 15 minutes (IQR: 12.5-20).

187 3.2 Coach beliefs and attitudes: Intention, risk perception, outcome expectancy, and self- 188 efficacy

189 Coaches rated spinal injury (92%, 95% CI: 79-97) and concussion (79%, 95% CI: 64-88) in the
 190 category of ‘most serious’ rugby injuries (Figure 2). Bone fracture (38%, 95% CI: 25-53), overuse
 191 injury (17%, 95% CI: 8-30), shoulder injury (15%, 95% CI: 7-29) and knee injury (10%, 95% CI: 4-
 192 23) were reported by coaches to be ‘very’ serious in severity (Figure 2). Coaches perceived cuts/scrapes
 193 (44%, 95% CI: 30-58) and bruises/contusions (23%, 95% CI: 13-38) as ‘not serious’ (Table 2). Coaches
 194 could utilize each of the the seven categories as many times as they perceived necessary.

195 All responses from the pre-workshop questionnaire can be found in Supplementary Material 1.
 196 Before the workshop, coaches reported high intention to “complete a rugby specific warm-up prior to
 197 every game next season”, with 44 (92%) coaches agreeing or strongly agreeing. Questions that
 198 pertained to negative injury outcomes (*i.e.*, negative outcome expectancy) had a median score of 6/7
 199 (IQR: 6-7). Twenty-two (45%) coaches agreed or strongly agreed that they “expect a player they coach

200 to sustain a rugby injury sometime during the next season”. Questions that pertained to positive injury
 201 prevention outcomes (*i.e.*, positive outcome expectancy) had a median score of 6/7 (IQR: 6-7) and 45
 202 (94%) coaches agreed or strongly agreed that “it is possible to prevent some rugby injuries”. Coach
 203 risk perception was evaluated by two questions. The first question (*i.e.*, “*Injuries are not a problem for*
 204 *my athletes*”) targeted coach risk perception with his/her own team, while the second question (*i.e.*,
 205 “*Rugby players are at a high risk of suffering an injury*”) evaluated coach risk perception within rugby
 206 broadly. Coach risk perceptions with their team and the sport had median scores of 2/7 (IQR:1-2) and
 207 5/7 (IQR: 4-6), respectively.

208 All responses from the post-workshop questionnaire can be found in Supplementary Material
 209 2. After the workshop, coach intention to “conduct the SHRed Injuries program in every session with
 210 their students/athletes” was high with 85% (95% CI: 58-100) of coaches partly or strongly agreeing.
 211 Post-workshop task self-efficacy was high in coaches with a median positive task-self efficacy score
 212 of 5/5 (IQR: 4.5-5) and a median negative task self-efficacy score of 1.5/5 (IQR: 1-2). Maintenance
 213 self-efficacy was very high with a median score of 5/5 (IQR: 4.5-5). Following the workshop, coaches
 214 had high outcome expectancy with 41 (61%, missing 4) coaches strongly agreeing that they “believe
 215 using the SHRed Injuries program regularly will reduce the number of injuries in their athletes”. Thirty-
 216 six (80%) coaches strongly agreed that their “environment (e.g., school, club) supports the
 217 implementation of the SHRed Injuries program”.

218 Based on exploratory analyses, coach intention to use a rugby-specific NMT warm-up across
 219 the two timepoints (*i.e.*, pre-workshop, post-workshop) did not change. No statistically significant
 220 relationship was found between the two timepoints using either conversion method (*i.e.*, 3-point Likert
 221 scale p-value=0.1005, 5-point Likert scale p-value =0.4001). Pre- and post-workshop intention change
 222 is reported in Table 3.

223 4 Discussion

224 4.1 Previous warm-up and warm-up beliefs

225 Of the coaches that reported using a warm-up routine in the past 12 months, the use of NMT
 226 components (*i.e.*, aerobic, balance, strength, agility) within their warm-ups was variable with most
 227 coaches always using aerobic components and few using balance. This is similar to findings in
 228 Canadian youth basketball, where coaches reported including an aerobic component in their warm-up,
 229 but only 27% utilized balance exercises prior to attending a workshop on a NMT warm-up (16). Within
 230 the literature, balance appears to be the most neglected component of coaches’ previous warm-ups,
 231 though research suggests that it is an effective and important component (17). Previous research has
 232 established that balance exercises significantly reduce the risk of ankle injury in high school athletes
 233 and improve static and dynamic balance following a balance training program (18,19). Further,
 234 considering other components of a NMT warm-up, strength exercises have been associated with a
 235 significant reduction in ACL injuries (20). However, adoption of these exercises within a warm-up is
 236 limited. Further understanding of the barriers to the use of strength, balance and agility exercises in a
 237 warm-up program in youth rugby should be explored in future research. In a school setting, barriers
 238 identified may include lack of knowledge of their relevance to injury prevention, complexity and time
 239 to complete exercise components, and planning required to carry out a NMT warm-up in its’ entirety
 240 (21). Considering the use of strength exercises is important given the intense, collision-nature of rugby
 241 and the high physical demands of the sport.

242 Adoption of NMT warm-ups as a coach’s standard practice is variable despite high intention to
 243 use the warm-up initially (14). Previously, significant facilitators for a successful NMT warm-up in a

244 junior high school setting were identified as strength and quality of evidence supporting the warm-up,
245 adaptability of the warm-up, implementation climate, culture, and compatibility of the program with
246 users (21). Within our study, 54% of rugby coaches always include sport-specific components in their
247 warm-up. A facilitator to consider when addressing the implementation context for NMT warm-ups
248 within youth rugby is adjusting the NMT warm-up to be sport-specific, as what was done in the current
249 study, to increase program adoption (8).

250 4.2 Intention

251 Prior to the workshop, coach intention to administer a rugby-specific warm-up was high. These
252 results are similar to those of previous studies. High intention to implement an ACL injury prevention
253 program prior to a coach workshop was established in elite-level youth soccer coaches (22).
254 Importantly, they suggested that efforts should focus on reducing barriers to facilitate adoption and
255 adherence and promote general application of the program given the already high levels of intention in
256 these coaches (22).

257 Despite there being no statistically significant difference, based on exploratory analyses
258 between the two timepoints, it is important to highlight the few coaches that may have had less intention
259 following the workshop (Table 3). McKay et al. (2016) highlight the importance of understanding
260 barriers and facilitators of implementation to improve adoption, as well as future adherence to the
261 program (14). Future research should evaluate if coaches' feel they have enough support and resources
262 to implement a NMT warm-up. Coach support and resources should target teaching proper exercise
263 technique and how to manage/facilitate the warm-up in their specific setting. The coaches may have
264 had a more realistic expectation NMT warm-up implementation after the workshop. Certain aspects
265 they might not have previously considered prior to the workshop could be the importance of teaching
266 proper exercise technique and how to manage/facilitate the warm-up in their specific setting.
267 Ultimately, these factors could lead to less intention and potentially not adhering to, or even using the
268 warm-up.

269 4.3 Risk perception, outcome expectancy, and task self-efficacy

270 Within the sport injury literature, risk perception has not been shown to be a significant
271 predictor of intention while task self-efficacy and outcome expectancy have (14,23). Our results show
272 that Canadian rugby coaches are aware of the risk associated with participating in the sport. Given the
273 two ways risk perception was addressed within the study (*i.e.*, team-specific and general sport level),
274 coaches' personal experiences should be considered. Within a cohort of female youth soccer coaches,
275 years of playing experience was found to be negatively associated with high adherence to a NMT
276 warm-up (24). Moreover, a coach's personal experience with rugby, such as previous years of playing
277 experience, could also alter how a coach views rugby broadly and injury outcomes. This could affect
278 their receptiveness to injury prevention strategies for the sport and future adherence, as was the case
279 with youth female soccer coaches.

280 Regardless of negative or positive outcome expectancy before the workshop, coaches had
281 strong outcome expectancy, such as expecting a rugby-specific warm-up to reduce the risk of injury
282 and improve physical characteristics in their players and expecting one of their players to be injured
283 within the upcoming season. Within the motivational phase, positive outcome expectancy is a more
284 significant predictor of intention than negative outcome expectancy (12). Moreover, task self-efficacy
285 scores at the post-workshop timepoint were high, reflecting the coaches' firm belief in their ability to
286 administer the NMT warm-up. As task-self efficacy has been found to be the strongest predictor of
287 intention (14), it is understandable that post-workshop intention to administer the NMT warm-up

288 remained high. Nevertheless, it would be important to understand the ability of the motivational phase
289 constructs (*i.e.*, risk perception, outcome expectancy, task self-efficacy) to predict intention. Further
290 investigation into how a coach's personal experiences (*e.g.*, previous playing and coaching experience,
291 injury history) shape injury prevention beliefs and attitudes would be beneficial to understand behavior
292 change.

293 Ultimately, the behavior being assessed in this study is the uptake and continued use of this
294 rugby-specific NMT warm-up from the coaches, but follow-up with the coaches could not be
295 completed due to the COVID-19 pandemic cancellation of the 2020 high school rugby season. The
296 present evaluation describes Canadian youth rugby coach injury prevention beliefs, attitudes, and
297 behavioural intention following an injury prevention strategy implementation initiative. The results of
298 this study describe the implementation context in order to evaluate the effectiveness of a rugby-specific
299 NMT warm-up in this population (12).

300 **4.4 Limitations**

301 Due to the nature of the workshops and this being a part of a larger study, coaches self-selected
302 to attend the workshop. Self-selection could inherently result in selection bias and overestimate
303 intention and other injury prevention belief outcomes in this youth rugby coach population. Coaches
304 who selected to come may have had increased interest in the programs and injury prevention, while
305 coaches who did not attend might not have an interest in injury prevention strategies. We had coach
306 representation from 15/16 schools invited to the study, which does limit the potential aforementioned
307 effects of selection bias. As this study used an inclusive sampling strategy but participation was a
308 representative convenience sample across schools, generalizability of these findings could be limited.
309 Moreover, confirmation bias could have overestimated the injury prevention beliefs and attitudes
310 outcomes as coaches were attending a workshop on a rugby-specific NMT warm-up; therefore, they
311 might be more likely to say they are intending to use it and be more mindful of injury prevention, which
312 would also overestimate our results.

313 Two different Likert scales were used at the pre- and post-workshop timepoints as these
314 questionnaires were aligned with other studies at the University of Bath and the Sport Injury Prevention
315 Research Centre. Using different questionnaires was an initial attempt to implement a cross-site
316 comparison with the pre-workshop questionnaires while still being able to compare against other
317 research at the Sport Injury Prevention Research Centre. It is important to note that collapsing Likert
318 scale categories as per the two conversion methods used does limit the amount of variability in our
319 intention outcome. Moreover, when presented with different levels of Likert scales, a participant's
320 response could differ due to the amount of options available to them when responding to a
321 questionnaire (25). However, intention was very high, resulting in a considerable lack of variability in
322 intention scores, which facilitated a cross timepoint analysis despite the intention scales differing at the
323 two timepoints.

324 The sample size for this study was small and power in the present study was limited. An
325 assessment for potential modification and confounding of covariables (*e.g.*, previous coaching
326 experience, previous injury, coach qualifications) for intention could not be completed.

327 **5 Conclusion**

328 This is the first study to examine NMT warm-ups in the Canadian youth rugby coaching context.
329 Our results suggest that Calgary rugby coaches' intentions to use a rugby-specific NMT warm-up with
330 their respective teams is high, providing opportunity for further investigation into the effects of a NMT

331 warm-up within this population. The findings will be useful to guide future interventions in youth
332 Canadian rugby. Moreover, future research should evaluate how HAPA constructs (*i.e.*, pre-intenders,
333 intenders) can predict coach adherence to a rugby-specific NMT warm-up and further explore the
334 adoption of the NMT warm-up with coaches.

335 **6 Conflict of Interest**

336 *The authors declare that the research was conducted in the absence of any commercial or financial*
337 *relationships that could be construed as a potential conflict of interest.*

338 **6 Author Contributions**

339 IJS, AMB, BEH, KP and CAE contributed to the study design. CM and CB constructed the
340 preworkshop questionnaire. AMR constructed the postworkshop questionnaire. IJS and CV
341 contributed to conducting the coach workshops and data entry and management. IJS conducted data
342 cleaning and analysis. CAE was the nominated PI for the larger cohort. All authors critically
343 reviewed and edited the manuscript before submission.

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435 Table 1. Coach characteristics

Characteristics		Total (n=48) (%)	Missing
Age, mean (SD)		38.5 (11)	10
Sex, n (%)	Male	34 (71)	0
	Female	14 (29)	
Previous playing experience, n (%)	Yes	33 (69)	0
	No	15 (31)	
Coaching role	Athletics Director	1 (2)	1
	Head coach	21 (45)	
	Assistant coach	20 (43)	
	Team manager	1 (2)	
	Other	4 (9)	
Years coaching, n (%)	Never	6 (13)	0
	< 2 years	4 (8)	
	2-3 years	5 (10)	
	4-5 years	10 (21)	
	6+ years	23 (48)	
Coaching certification, n (%)	Yes	25 (53)	1
	No	22 (47)	
Previously heard of NMT warm-up, n (%)	Yes	13 (27)	0
	No	26 (54)	
	Unsure	9 (19)	

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441 **Table 2. Coach injury severity perceptions on pre-workshop questionnaire**

Injury	Frequency (%)						
	1: Not serious	2	3	4: Moderately serious	5	6	7: Very serious
Spinal Injury	0	0	0	0	0	4 (9)	43 (92)
Concussion	0	0	0	0	5 (2)	9 (19)	37(79)
Bone Fracture	0	0	0	7 (15)	11 (23)	11 (23)	18 (38)
Overuse injury	0	1 (2)	7 (15)	13 (27)	5 (10)	14 (29)	8 (17)
Shoulder injury	0	0	2 (4)	8 (17)	19 (40)	11 (23)	7 (15)
Knee	0	1 (2)	3 (6)	13 (27)	17 (35)	9 (19)	5 (10)
Bruise/contusion	11 (23)	22 (47)	8 (17)	4 (9)	1 (2)	0	1 (2)
Muscle strain	2 (4)	17 (36)	12 (26)	11 (23)	3 (6)	2 (4)	0
Ankle	1 (2)	4 (9)	11 (23)	24 (51)	5 (11)	2 (4)	0
Cut/scrape	21 (44)	18 (38)	6 (13)	1 (2)	2 (4)	0	0

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443 **Table 3. Pre- and post- “Train-The-Coach” SHRed Injuries workshop scores with Likert scale**
 444 conversions (Frequency [%])

		Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	A
Pre-workshop intention	7-point Likert scale (original)	0	0	0	2 (4)	2 (4)	2
	5-point Likert scale	Strongly disagree	Disagree/Slightly disagree	Neither	Agree/Slightly		

		0	0	2 (4)	27 (56)
	3-point Likert scale		Disagree	Neither	
			0	2 (4)	4
		Strongly disagree	Partly disagree	Unsure	Partly agree
Post-workshop intention (Missing: 4)	5-point Likert scale (original)	0	1 (2)	5 (11)	20 (45)
	3-point Likert scale		Disagree	Neither	
			1 (2)	5 (11)	

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Author version

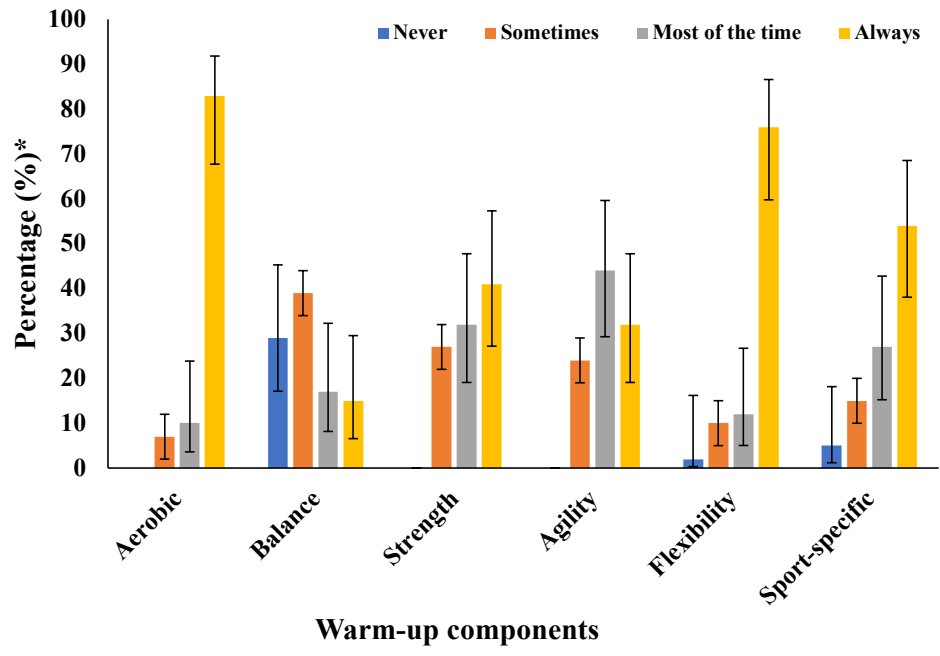


Figure 1. Previous warm-up routine of coaches who reported using a warm-up in the past year

*whiskers of each bar display the 95% confidence interval of the point estimate