Dear Editor:

How accurate are secondary school injury data?

Published secondary school injury data are generally based on large multi-institutional studies. Although the High School Reporting Information Online (HS RIO) injury-reporting system is the primary vehicle for collecting secondary school sport injury data, it is also an example of the problems that plague any such systems.

With a standard definition and defined reporting guidelines, individuals collecting and reporting the data are often the weak link. It is the duty of the primary investigator to verify the accuracy and validity of the submitted data before they are made available to the athletic community.

In the recently published article, "The first decade of Web-based sports injury surveillance: descriptive epidemiology of injuries in United States high school football (2005–2006 through 2013–2014) and National Collegiate Athletic Association football (2004-2005 through 2013-2014)"¹ 18189 time-loss football injuries were reported through the HS RIO system over the 9-year period. These data were collected from 900 schools, and, on average, each school reported 20.21 time-loss football injuries per year. Although this number is similar to the 22 time-loss injuries per team reported by Dompier et al,² it is well below the data reported by Kerr et al,³ Powell,⁴ and Garrick and Requa.⁵ Over 30 years at Punahou School, the average was 73.6 per year (unpublished data). Only 20 time-loss injuries should raise questions about the accuracy of the reported data. Similar underreported results are noted for the other 8 primary HS RIO sports, leading to diminished exposure rates.

Unique in serving as a data-aggregation system, HS RIO is valuable in assembling diverse data sets from across the country. It provides a window into the injuries reported in secondary school sports. Unfortunately, it falls far short of the reality of secondary school sports injuries. Accurate data would support the importance of increased sports medicine care at the secondary school level and emphasize the need for athletic trainers to provide that appropriate care.

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