

1 Practitioner perceptions of evidence-based practice in elite sport in the United States of  
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28 **ABSTRACT**

29 Practitioners' perceptions regarding the use and effectiveness of research evidence in sport is  
30 not well understood. The purpose of the present study was to examine practitioners'  
31 perceptions around the use, implementation, and barriers to evidence-based practice (EBP) in  
32 sport science in the United States of America (USA). A survey (28 items) was completed by  
33 67 full-time staff who were a physical performance team member employed by universities  
34 and/or professional sporting organisations in the USA. Questions included the use of research,  
35 contribution of research areas, barriers to accessing and implementing EBP, and methods of  
36 feedback to coach and players. All respondents (100%) stated they used research evidence in  
37 their performance/training program, ranking research as contributing most (largest contribution  
38 = 1 to smallest contribution = 4) to individualised preparation or recovery recommendations  
39 ( $1.98 \pm 1.02$ ). The top three preferred sources of information were 'peer-reviewed research'  
40 (100% of respondents), 'conferences/seminars' (76%) and 'practitioners within your sport'  
41 (63%). Commonly reported perceived barriers between accessing and implementing research  
42 were 'lack of staff' (accessing = 33%, implementing = 46%) 'time' (accessing = 38%,  
43 implementing = 48%) and non-applicable research' (accessing = 33%, implementing = 37%),  
44 whilst "poor player compliance" was a clear barrier to implementing EBP (56%). Practitioners  
45 most preferred, and actual, method of feedback for coaching staff (87% for both) and players  
46 (94% and 95%, respectively) was 'informal conversations/speaking'. Improved access to  
47 educational and financial resources, increased integration of staff in coach settings and  
48 understanding of player/coach contexts may help to alleviate barriers to EBP.

49

50 **INTRODUCTION**

51 Research within sport science disciplines aims to enhance athlete/team performance via its  
52 translation into practice(2). Typically, support staff including (but not limited to) strength and  
53 conditioning coaches, sport scientists, nutritionists/dietitians, physiotherapists or athletic  
54 trainers and medical doctors apply this research during their day-to-day service provision. The  
55 result of this process is commonly termed evidence-based (or evidence-informed) practice (6).  
56 Whilst the interest in sport science research along with the financial wealth of professional  
57 sports teams has increased in recent years (22), many authors recognise there remains a gap in  
58 translating research into practice with key stakeholders (i.e. coaches and athletes (2, 3, 17, 24)).  
59 For instance, in a survey of 222 Australian National Olympic sport coaches and 125 registered  
60 sport science researchers, the majority of research areas of ‘benefit to the coach or researcher’  
61 differed significantly between coaches and researchers (33). This is concerning given the  
62 proposed long-term benefits of an evidence-based approach for both scientific and applied  
63 stakeholders as well as the enhancement of the sport science programme (6).

64

65 Evidence-based practice is the collated integration of practitioner expertise, athlete values and  
66 research evidence aimed to optimise the decision-making process surrounding sport  
67 performance (6). The role of a practitioner (i.e. performance staff) who aims to implement  
68 evidence-based practice in sport is to apply scientific principles and techniques that assist  
69 coaches and athletes to improve their processes surrounding preparation and performance.  
70 Indeed, the dynamic between staff and coaches is viewed as important as it can influence player  
71 wellbeing, success and the health of the overall workplace (1, 2)). Incorporating these scientific  
72 principles include reducing training errors (e.g. injuries or inappropriate training), helping to  
73 balance the benefits and risks in decision making (e.g. tactical assistance, recruiting),  
74 challenging subjective, belief-based views with objective evidence, and integrating athlete and

75 coach preferences into decision making relating to training and performance (6). This process  
76 is met with many challenges (i.e. funding available, disseminating and administration ability),  
77 but overall is considered the ideal route for optimal outcomes for clients, patients, and athletes  
78 (1).

79

80 One critical part of integrating sport science research into practice is understanding what  
81 resources practitioners' access for information. For instance, Australian sport science  
82 researchers report preferences for reading scientific articles, networking and attending  
83 conferences to 'keep up to date with the latest developments' in their sport (33). Whilst such  
84 research defines the resources used to access information, there is little understanding of how  
85 practitioners use, transfer and integrate these external sources of information (e.g. research)  
86 into everyday practice. Malone et al. (17) examined the perspectives of 93 researchers and  
87 practitioners (predominantly from Europe and Australia/Oceania) on collaborative research  
88 within team sports. Respondents placed high importance on research that had a high  
89 'application to performance', typically reflecting research that was embedded within a  
90 club/organisational setting. However, despite the perceived importance of applied research, the  
91 perceptions of practitioners on the characteristics surrounding the use of research evidence (e.g.  
92 preferred research areas, contribution of expertise/experience *versus* research evidence) in  
93 sport remains unknown.

94

95 Perceptions on how to best translate research in to practice may differ between regions of the  
96 world, with research to date focusing on respondents from the United Kingdom (18), Australia  
97 (33), and areas across mainland Europe (17) (e.g. Portugal and the Netherlands (3)).  
98 Interestingly, despite the popularity and investment in North American sports (valued at ~\$70  
99 billion in 2018 (22)), there is no peer-reviewed evidence detailing practitioners' perceptions of

100 the characteristics surrounding the use, implementation of, and barriers to evidence-based  
101 practice in the United States of America (USA). Although the employment of sport scientists  
102 is in its infancy in the USA compared with other countries such as Australia and the United  
103 Kingdom (8), there has been an expansion in high performance teams (i.e. number of sport  
104 scientists employed) in recent years (8). Given this recent growth, interest, investment and  
105 popularity of American sport, it would be appropriate to compare the similarities/differences  
106 between the USA and previously researched countries.

107

108 Several barriers can affect the implementation of appropriate, valid and applicable sport science  
109 research into practice. Such reasons include a lack of ‘applied research’ (23, 24), research  
110 questions that do not align with coaches’ needs (26) and characteristics of the coach  
111 himself/herself (i.e. ‘buy in’ (13), communication (8)). In addition, practitioners commonly  
112 report ‘funding/cost’ and ‘time to dedicate’ as the two greatest barriers to research collaboration  
113 in team sports (17). Despite this knowledge, there remains a limited understanding of the  
114 barriers that practitioners face in *accessing* research components of evidence-based practice,  
115 and subsequently *integrating* these external sources of information (e.g. research) into  
116 everyday practice. Furthermore, there is limited research on how practitioners feedback their  
117 knowledge, information and data to coaches and players (30). Since coach and player ‘buy in’  
118 are critical parts to successful implementation of evidence-based practice (4), such information  
119 could help practitioners, coaches and players to provide the best learning environment and  
120 design interventions to better fit their perceived needs. Such a process is critical, as sport  
121 science information can influence player welfare, athlete/team success and workplace health  
122 (2). Therefore, the purpose of the present study was to examine practitioner perceptions of the  
123 characteristics surrounding the use, implementation of, and barriers to evidence-based practice  
124 in sport science within the USA.

125 **METHODS**

126 *Experimental Approach to the Problem*

127 A 28-item survey was designed, tested and used to examine practitioner perceptions of the  
128 characteristics surrounding the use, implementation of, and barriers to evidence-based practice  
129 in sport science within the USA. This survey was filled out once by full-time  
130 members/employees of a physical performance team (practitioners) in a sporting organisation  
131 in the USA.

132

133 *Subjects*

134 Sixty-seven subjects (mean  $\pm$  standard deviation (SD); age:  $33.2 \pm 7.7$  y) who were full-time  
135 members/employees of a physical performance team (practitioner) in a sporting organisation  
136 in the USA, received an invitation to participate in a voluntary survey between March-  
137 November 2018. The invitation to participate was accompanied by a study information package  
138 including information regarding that the study was approved by the local Institutional Review  
139 Board, and subjects were informed of the benefits and risks of the investigation prior to  
140 providing written informed consent to participate in the study.

141

142 Subjects were employed in either professional ( $n = 36$ ), collegiate ( $n = 27$ ) or 'other' (i.e.  
143 Olympic Centres;  $n = 4$ ) settings, and worked in a range of sports: soccer ( $n = 15$ ), American  
144 football ( $n = 14$ ), basketball ( $n = 11$ ), athletics ( $n = 9$ ), baseball ( $n = 5$ ), ice hockey ( $n = 4$ ),  
145 winter sports ( $n = 2$ ), combat sports ( $n = 2$ ), and military/tactical forces ( $n = 2$ ). Three further  
146 Subjects worked in 'multiple sports'. The majority (42%) of Subjects had 5-10 years of  
147 experience in elite sport. Subjects worked as nutritionists/dietitians ( $n = 19$ ), sport scientists ( $n$   
148  $= 19$ ), strength and conditioning/fitness coaches ( $n = 16$ ), athletic trainers ( $n = 8$ ), physical  
149 therapists ( $n = 3$ ) and other [i.e. consultants ( $n = 2$ )]. There was no further details required by

150 the study but subjects had to be full-time staff who were a physical performance team member  
151 employed by universities and/or professional sporting organisations in the USA. The subjects'  
152 position was confirmed by the Chief Investigator and approved for inclusion in the study if so.

153

#### 154 *Procedures*

155 Using opportunity sampling, the survey was distributed to existing networks of sporting  
156 associations, advertised through social media channels (Twitter) and available industry  
157 contacts including publicly available email addresses. The survey was available online through  
158 a web link hosted by the survey tool, SurveyMonkey (SurveyMonkey, California, USA). One  
159 hundred and seventeen survey email (weblinks) were initially sent out to interested parties who  
160 fulfilled the inclusion criteria (full-time members/employees of a physical performance team  
161 (practitioner) in a sporting organisation in the USA)). Reminder emails were sent 60 days later  
162 if the survey was not completed. In total, 67 were completed in full (57% compliance). Data  
163 were stored on a secure web server and password protected databases/university computers,  
164 accessible only by the Chief Investigator to protect subjects' data identity.

165

#### 166 *Survey Design*

167 We designed a survey consisting of 28 items to assess elite sport science practitioners'  
168 experiences of using and implementing evidence-based practice. The survey was specifically  
169 designed for full-time practitioners who worked for an Olympic, professional or collegiate-  
170 level sporting team, individual or organisation within the USA. The survey was developed by  
171 three members of the research team, two of which have previous experience within high  
172 performance sport organisations in the USA. Following initial development, the survey was  
173 distributed to the remaining members of the research team for critical analysis and feedback.  
174 All members of the research team currently work, or have worked, in high performance sport,

175 research institutes and/or academic settings. Following further refinement, and for content  
176 validity, the survey was piloted with five practitioners who currently work in high performance  
177 sport in the USA, but who did not participate in the final data collection, for clarity of  
178 information, correct verbiage and likelihood of compliance. In addition, answer options (where  
179 applicable) were randomised to limit order effects. Further changes were made to the survey  
180 including question reduction, language used in multiple choice options and survey presentation  
181 before being redistributed for final approval.

182

183 Following the collection of general information (age, years of experience, type of practitioner),  
184 an established definition (6) of evidence-based practice was provided: *Evidence-based practice*  
185 *in sport can be defined as the “integration of expertise, values and the best relevant research*  
186 *evidence applied to the decision-making process for the day to day service delivery to athletes”.*  
187 *Specifically, within this definition we are interested in how you use, and what value you place,*  
188 *on the integration of research in your day-to-day decision making as a practitioner. Please*  
189 *consider this concept when answering the following questions and how such practice is*  
190 *integrated in your organisation.* Following this definition, the survey was provided. The survey  
191 focussed on i) use of research ii) contribution of objective evidence *versus* subjective expertise  
192 when using a variety of research areas iii) sources of evidence-based practice iv) barriers to  
193 accessing and implementing evidence-based practice and v) methods of feedback to coach and  
194 players. The “use of research” section comprised of multiple-choice questions (using 5-point  
195 Likert scales) to assess the importance of research to practitioners’ profession (“Research is  
196 important to your profession?”; *strongly disagree, disagree, neither agree nor disagree, agree*  
197 *and strongly agree*) and what areas of research are used in their performance/training program.

198



## *Evidence-based practice in the United States*

199 The second section of the survey focussed on what contribution scientific evidence and  
200 practitioner expertise/values make to a variety of common research areas. As has been utilised  
201 previously (17), practitioners were required to use sliding scales (0-100) to indicate this  
202 contribution (0 = *all scientific experience*, 100 = *all personal experience*, 50 = *an equal*  
203 *contribution of both*). Following this section, practitioners were asked for their top five sources  
204 of information for using evidence-based practice from a range of multiple-choice options.  
205 Practitioners then reported and ranked the barriers (most relevant barrier (e.g. 1) to least  
206 relevant barrier (e.g. 10)) they perceived existed in accessing and implementing research  
207 components of evidence-based practice within their organisation. The final section of the  
208 survey focussed on characteristics relating to feedback of player/team health and performance  
209 information to coaching staff and players.

210

### *Statistical analyses*

212 Data from the survey was coded as descriptive statistics and is presented as such within the  
213 results section. Numerical and closed response data derived from the survey were collated and  
214 coded as mean and standard deviation (SD), percentages and frequency counts where  
215 appropriate. Answers to the open-ended questions were read several times for familiarisation  
216 with the concepts, before being organised and subjected to inductive content analysis(21) by  
217 the lead (HF) and second author (LH) as per previous research(10). Similar themes were  
218 established as general dimensions before second order themes were developed under assigned  
219 descriptive labels. The inductive analysis was then continued until data saturation occurred.  
220 Together, both authors independently validated the themes before undertaking peer debriefing  
221 to ensure a valid representation of the data had been obtained.

222

223

224 **RESULTS**

225 *Use of research*

226 Nearly all respondents agreed (60% “*strongly agreed*” and 33% “*agreed*”) with the statement  
227 that research was important to their profession, while one respondent “*strongly disagreed*”. All  
228 respondents (100%) stated they used research evidence in their performance/training (science  
229 and medicine) program. Specific research areas that practitioners report use in their program  
230 are presented in Table 1.

231

232 INSERT TABLE 1 ABOUT HERE

233

234 *Contribution of evidence versus expertise*

235 The contribution of scientific evidence and practitioner personal experience/expertise make to  
236 the various research areas are presented in Table 1. The areas of recovery, injury prevention,  
237 nutrition, rehabilitation (return to play), strength and conditioning/fitness and training load  
238 monitoring showed preferences for scientific evidence rather than using own personal  
239 experience when using it in practice (Table 1). Practitioners ranked research as contributing  
240 most (largest contribution = 1 to smallest contribution = 4; Figure 1a) to individualized  
241 preparation or recovery recommendations ( $1.98 \pm 1.02$ ), followed by optimizing individual  
242 player performance ( $2.16 \pm 0.97$ ), confidence in delivering key messages to the coach/athlete  
243 ( $2.60 \pm 1.10$ ) and increasing chances of team success ( $3.25 \pm 0.95$ ).

244

245 INSERT FIGURE 1A AND B ABOUT HERE

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247

248

249 *Sources of evidence-based practice*

250 The preferred sources of information for practitioners when using evidence-based practice are  
251 presented in Figure 1b. The top three most preferred sources of information were ‘peer-  
252 reviewed research’ (100% of respondents), ‘conferences/seminars’ (76%) and ‘practitioners  
253 within your sport’ (63%). General dimensions and second order themes with quotes to support  
254 which development(s) in the last 10 years in sport science and medicine research that have had  
255 the greatest influence on the applied work respondents have performed at their organisation are  
256 presented in Table 2.

257

258 INSERT TABLE 2 ABOUT HERE

259

260 *Barriers to accessing and implementing evidence-based practice*

261 The perceived barriers to *accessing* and *implementing* research components of evidence-based  
262 practice are presented in Figure 2. General dimensions and second order themes with quotes to  
263 support which (feasible) strategies practitioners suggest could help overcome the barriers  
264 which exist that impede optimal access and implementation of research into practice within  
265 their respective organisation are presented in Table 3.

266

267 INSERT FIGURE 2 AND TABLE 3 ABOUT HERE

268

269 *Methods of feedback to coach and players*

270 The preferred and actual methods of feedback to coaching staff and players are provided in  
271 Figure 3a-b. Practitioners most preferred and actual method of feedback for coaching staff  
272 (87% for both) and players (94% and 95%, respectively) was ‘informal

273 conversations/speaking’ whilst the least preferred was ‘shared access of databases’ (coaches:  
274 35% and 19%; players: 24% and 17%, respectively).

275

276 INSERT FIGURE 3A AND B ABOUT HERE

277

## 278 **DISCUSSION**

279 The purpose of the present study was to examine practitioners’ perceptions surrounding the  
280 use, implementation, and barriers to, evidence-based practice in sport science in the USA. In  
281 general, the majority of practitioners who participated in this survey see value in, and  
282 commonly use, research in their performance/training programs, especially for individualized  
283 athlete recommendations. Interestingly, the research used in practice arises from different areas  
284 and sources, although it appears there are preferences for peer-reviewed evidence in areas such  
285 as recovery and injury prevention and rehabilitation, nutrition, general physical preparation and  
286 training load management. However, practitioners report several barriers to accessing and  
287 implementing evidence-based practice including lack of staffing, time, non-applicable research  
288 and poor player compliance and coach buy-in.

289

290 Research within applied sport science disciplines aims to enhance athlete/team performance  
291 through its uptake by support staff into practice (2). However, practitioners’ perceptions  
292 regarding the use and effectiveness of research evidence in sport is not well understood. The  
293 present study showed that all practitioners use research evidence within their performance  
294 programs and 93% thought that research was important to their profession. Interestingly, there  
295 is a limited understanding of whether practitioners use and/or value research in other countries  
296 or sports. Approximately 80% of Turkish coaches believe research contributes to new ideas  
297 relative to their sport (16). These results combined with our study highlight the majority view

298 of surveyed respondents' belief and use of research, which may be due to various benefits  
299 proposed by evidence-based practice including improvements in injury prevention (27) and  
300 perceived benefits to improving team health and performance (17). The reason most pertinent  
301 to respondents in our study was individualised preparation or recovery recommendations;  
302 having important implications for conducting and reporting of future research outcomes in the  
303 field of sport sciences (12). Understanding further reasons behind these preferred research  
304 views, and cultural contexts which help form these, may help to develop better research  
305 questions and strategies applicable to performance in the future (1).

306

307 In terms of the areas of research used in their performance/training program, practitioners  
308 reported a high prevalence for using research evidence in recovery, injury prevention and  
309 nutrition. A similar preference for using research evidence to inform injury prevention and  
310 recovery strategies was also reported by Williams and Kendall (33). These authors surveyed  
311 125 Australian sport science researchers with a preference shown towards research dedicated  
312 to technique/efficiency of athletes, recovery techniques and reducing the incidence of injury  
313 (33). A survey of 93 researchers and practitioners (predominantly from Europe and  
314 Australia/Oceania) on collaborative research within team sports showed that both groups  
315 considered research that focused on 'application to performance' of greatest importance (17).  
316 It is likely practitioners are drawn to the aforementioned areas as they represent populous areas  
317 of research (e.g. those with established freely accessible International Olympic Committee  
318 consensus statements; nutrition (19), recovery/injury risk (28)) or areas of strong historical  
319 context in their sport or country (1). Indeed, results from our study showed that practitioners  
320 prefer to use scientific evidence in these areas rather than personal experience, representing an  
321 evidence-based (led) approach whereby practitioners seek research evidence to guide what they  
322 do in practice rather than implementing strategies without any scientific basis for doing so.

323

324 The least used research areas by practitioners in our study were team building/leadership,  
325 tactical/strategical components and talent development/recruiting. This is interesting since the  
326 use of team building and recruitment strategies has strong historical context in the United States  
327 (1). The most plausible reason for the lack of research-based evidence in these areas is that  
328 these do not typically fall within an applied practitioner's skills and tasks within these areas  
329 may be instead be conducted by a coach, analyst or scout (4). For instance, an important  
330 responsibility of coaches in sport is to lead and design a programme which strategically guides  
331 their athletes/teams through their careers toward success (15). An alternative view may be that  
332 given the increased competitiveness for sport science positions (7) as well as developments in  
333 technology and data science (8), applied practitioners may need to expand their skills to cope  
334 with the demand from coaches and the industry. An example would be increased role of high-  
335 performance managers and the leadership expected in these roles (4). In addition, research  
336 shows coaches place more importance on mental training, preparation and team building rather  
337 than nutrition and supplementation practices. For instance, 205 Canadian coaches report  
338 'tactical/strategy' and 'mental training and preparation' as the two most likely areas they would  
339 look for new ideas (23). Since a practitioners role is to ultimately serve the coach, practitioners  
340 would do well to develop skills in these areas (i.e. attending tactical coaching courses or spend  
341 additional time in team meetings) to optimize the practitioner-coach dynamic (8). Whilst  
342 polymathic sport science practitioners would be advantageous to an organization, having an  
343 inter-disciplinary team may also allow for a better quality of delivery and service support in  
344 areas such as leadership and tactics that typically fall outside the remit of the sport scientist.

345

346 For practitioners to effectively communicate and implement practice within applied  
347 environments, they first need to collect relevant information and acquire knowledge.

348 Practitioners in our study reported preferences for peer-reviewed research,  
349 conferences/seminars and learning from practitioners within their chosen sport. Our results  
350 provide insight, given they are more akin to perceptions of the preferred learning strategies of  
351 sport and university researchers in Australia who place the highest importance on “reading  
352 scientific journals” followed by “networking” and “attending conferences”(33). Collectively,  
353 these results are surprising since practitioners may be expected to report preferences for  
354 alternative methods such as one-on-one, infographics and/or small group conversations given  
355 their time demands (17). In our study, many practitioners reported open answer responses that  
356 focused on the increased availability of open access to journals and social media/sharing as  
357 large influences on their ability to transfer scientific theory to practice. Given part of a  
358 researchers role (at least when collaborating with elite sport) is to answer questions that align  
359 with coaches’ needs (26), our results may have important implications for how research is  
360 disseminated and transferred from the academic to the applied setting.

361

362 Integrating research into practice is difficult, with several factors influencing implementation  
363 (17, 29, 32). In our study, the most commonly reported barriers to both accessing and  
364 implementing sport science research into practice was time, lack of staffing, poor player  
365 compliance and non-applicable research. These identified barriers concur with research that  
366 showed practitioners and researchers perceived time as an impediment to research  
367 collaboration and athlete monitoring in elite sport settings (17, 30). Interestingly, coaches  
368 perceive time as less of a barrier and rather conservatism in clubs and lack of funding as a  
369 larger barrier (3). These perceived dysfunctions in collaboration between science and practice  
370 are not uncommon (9). To alleviate this issue, sports organisations could embed research and  
371 development (R&D) departments to provide scientific expertise in assessing long-term  
372 performance solutions, as well as build new ideas that promote player health and welfare (20).

373 For example, this could help with commonly reported issues handling and attempting to use  
374 large data sets (personal communication). In addition, collaborations between elite sporting  
375 teams and universities could help increase the effectiveness, in addition to the efficacy, of  
376 research-derived interventions and the uptake of sport science information by coaches (14, 20).  
377 Integration of sport science research from the university setting to elite sport could be achieved  
378 through direct collaborations (i.e., the shared costs of hybrid research students and  
379 practitioners), or the utilisation of qualitative research (i.e., interviews and focus groups) to  
380 better ascertain the priorities of coaches and create mutually developed research questions (11).  
381  
382 Practitioners' most preferred and actual method of feedback for coaching staff and players were  
383 'informal conversations/speaking' whilst the least preferred was 'shared access to databases  
384 (software)'. Indeed, building relationships with players and coaches present several potential  
385 challenges such as context of success, team development and cohesion, the increased drive for  
386 sport as entertainment and the financial power of the players and primary sports organizations  
387 in the US (1). A preference towards verbal communication methods was expected, since  
388 coaches have been shown to prefer informal learning and communication methods as they can  
389 acquire information more quickly and efficiently compared to more formal methods (23, 24,  
390 31). In addition, providing data feedback where delivery is flexible (25), visualised in a  
391 meaningful way (28) with effective timing and clarity (32) should all help to establish a  
392 parsimonious data communication system (5). Given practitioners' general line of reporting is  
393 directly to the coach, they will often be best served to deliver immediate information (30) in a  
394 manner that suits the coach (e.g. building trust and rapport (11)). Indeed, getting "buy-in" from  
395 the coach and other staff is a well-recognised barrier to implementation of evidence-based  
396 practice (4, 6, 13, 17).

397



398 Whilst we believe our study shows important characteristics of practitioners' perceptions  
399 regarding evidence-based practice, there are several limitations. There is a possibility for self-  
400 selection bias with regards to subjects, as well as a lack of ability of to compare between sports  
401 due to a low sample size from each sport represented. Since player compliance was seen as  
402 such a large barrier for implementing practice, collecting a range of data from key stakeholders  
403 (i.e. coaches and players) would strengthen the study and help further understanding in relation  
404 to implementing practice. Our study was delimited to a sample of one country; therefore,  
405 conducting similar surveys in other countries would allow a cross-cultural comparison of how  
406 coaches from different countries translate sport science research into practice within elite sport.  
407 Indeed, this study provides useful preliminary information regarding sport science  
408 practitioners' learning strategies and the challenges faced to implementing evidence-based  
409 practice within the USA, however, studies using a larger cohort from multiple stakeholders are  
410 required to yield more detailed results regarding the challenges practitioners face when  
411 implementing EBP globally. In addition, the subjects were derived from different performance  
412 teams, thus their role may have been configured differently depending upon the situation,  
413 organisational context, role expectations and funding.

414

415 In conclusion, the majority of USA practitioners who participated in this survey see value in,  
416 and commonly use, research in their performance/training programs, ranking research as  
417 contributing most to individualised preparation or recovery recommendations. Respondents  
418 preferred information from sources such as peer-reviewed research, conferences/seminars and  
419 practitioners within their sport. Practitioners most preferred and method of feedback for  
420 coaching staff (87% for both) and players (94% and 95%, respectively) was 'informal  
421 conversations/speaking' whilst the least preferred and used was 'shared access of databases'  
422 (feedback to coaches: 35% and 19%; feedback to players: 24% and 17%, respectively).

423 Respondents reported using research in practice from a variety of areas and sources, although  
424 it appears there are preferences for peer-reviewed evidence in areas such as recovery, injury  
425 prevention and rehabilitation, nutrition, general physical preparation and training load  
426 management. Improvements in education, research applicability, relationships and resources  
427 were reported as methods for overcoming barriers to implementing evidence into practice.

428

### 429 **PRACTICAL APPLICATIONS**

430           • Understanding practitioners' preferred methods of feedback and barriers to  
431 implementing research into practice could help towards implementing strategies  
432 to optimise coach, staff and player integration with shared goals. Furthermore,  
433 since player compliance is a large barrier to implementation, facilitating an  
434 environment that encourages player understanding and buy-in towards sport  
435 science initiatives is important, albeit a potentially challenging objective to  
436 achieve.

437           • Applied practitioners rely on access to peer-reviewed journals, industry  
438 conferences and peer-to-peer networking to keep their knowledge up to date.  
439 Senior hierarchical members of sporting organizations (i.e. head coaches,  
440 general managers and board directors) should implement procedures whereby  
441 these activities are supported.

442           • Improved access to educational and financial resources, increased integration of  
443 staff in coach settings and understanding of player/coach contexts may help to  
444 alleviate barriers to EBP.

445

446

447

448 **FIGURE LEGENDS:**

449 Figure 1: Practitioners' rank of research contribution (Figure 1a) and preferred sources of  
450 information when using evidence-based practice (Figure 1b)

451

452 Figure 2: Practitioners' perceived barriers to accessing and implementing research components  
453 of evidence-based practice

454

455 Figure 3: The preferred and actual methods of practitioners' feedback to coaching staff (Figure  
456 3a) and players (Figure 3b)

457

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