The purpose of this study was to evaluate pre-participation categorization of collegiate football players as high-risk versus low-risk for prediction of subsequent costs associated with treatment of sport-related injuries.

**RESULTS**

- Costs for core or LE sprain / strain (Total payments: $133,309; Secondary payments: $14,516)
  - Among 46 High-Risk players – 87% (40/46) injured; 37% (17/46) with treatment costs ($79,159; $9,787)
  - Among 125 Low-Risk players – 30% (38/125) injured, 5% (10/125) with treatment costs ($54,150; $4,729)
  - Total insurance payments per player: High-Risk 4 X greater than Low-Risk
  - Secondary insurance payments per player: High-Risk 5.6 X greater than Low-Risk
- Costs for any MSK (core or upper / LE) fracture injury (Total Payments: $224,664; Secondary Payments: $25,893)
  - Among 46 High-Risk players – 37% (17/46) with treatment costs ($109,375; $14,678)
  - Among 125 Low-Risk players – 10% (12/125) with treatment costs ($115,229; $11,216)
  - Total insurance payments per player: High-Risk 2.5 X greater than Low-Risk
  - Secondary insurance payments per player: High-Risk 3.5 X greater than Low-Risk
- Average per player secondary payment for 27 injured players with any cost for core or LE sprain / strain ($536)
  - 17 of 40 injured High-Risk players: $576
  - 10 of 38 injured Low-Risk players: $473
- Average per injured player who imposed any cost 1.2 X greater for High-Risk than Low-Risk.

**CONCLUSIONS**

- The WSH test, ODI survey, and anticipated game exposure can categorize athletes as high- or low-risk for injury.
- Categorization of risk also appears to identify athletes who will impose higher costs for medical services.
- Although the 3-factor injury prediction model was developed to identify players at-risk for core or LE sprain / strain, the model also appears to identify players who will impose higher costs for other MSK injuries as well.
- Individualized injury prevention programs for high-risk players may reduce secondary insurance expenditures.

**REFERENCES**