The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports recognizes that the adoption of performance technologies, especially wearable technologies (electronic devices designed to be worn or attached to sporting equipment to collect data on physical function, movement and/or performance) is increasing across the Association.

The increasing use and evolving nature of such technologies, as well as ongoing discussion by the membership and student-athletes, prompted an update to the 2016 statement. As in 2016, guidance on the use of such technology (e.g., privacy considerations, medical decision-making) is not widely available and research about their validity and utility is unsettled. Consequently, CSMAS notes the following considerations for schools employing performance technologies:

1. **Intent, Transparency and Privacy.** Prior to implementing performance technology, schools should consider the following:

   a. What is the intent for the use of this technology? What is the intent for the collection and use of collected data?

   b. Has consent been established for the collection and use of the data?

   c. Who has access to the data and how will user privacy be protected?

   d. Will the data inform decision-making processes (e.g., playing time, medical treatment), and if so, how?

   e. What are the unintended social, behavioral and mental impacts on student-athletes (e.g., impact of surveillance, perceptions of required versus voluntary athletic activity, privacy) and have they been appropriately mitigated?

   f. Has use been vetted with athletic compliance to ensure it meets applicable legislation (e.g., voluntary athletic activity)?

   Schools should consider developing written policies and procedures on the use of performance technology that could be shared with student-athletes, coaches and the sports medicine team.

2. **Involvement of Sports Medicine Team.** CSMAS notes that the sports medicine team should be involved in determining if and how performance technology should be implemented, monitored and/or used in medical decision-making. This collaboration supports appropriate consideration of student-athlete health, safety and performance. The team should include, but not be limited to, the primary athletics health care providers and strength and conditioning professionals. Performance technology should not be implemented without collaboration with the sports medicine team.
Further, and consistent with NCAA legislation, performance technologies and the data they generate should be used for medical decision making in a manner that is consistent with the Independent Medical Care legislation. Specifically, medical decisions informed by performance technology should be made in the sole interest of student-athlete health and welfare. The primary athletics health care providers should be empowered with unchallengeable autonomous authority to determine medical management and return-to-play decisions of student-athletes in this setting.

3. **Playing rules.** NCAA playing rules committees and the Playing Rules Oversight Panel should continue to review existing and relevant playing rules and consider changes that would contribute to a more permissive environment for medical decision-making. Additionally, policies involving performance technology should avoid implicit or explicit endorsement of a specific product. Any rules modifications should be mindful of, and should not violate, existing playing equipment standards, certifications and/or warranties.

4. **Interest in further guidance.** CSMAS acknowledges that the use of these technologies raises many questions that are, to date, unanswered. Should the membership request additional guidance, CSMAS will evaluate referring the issue to an appropriate advisory group and/or commissioning a summit on the topic to better understand how performance technologies can advance the health, safety and performance of college student-athletes.