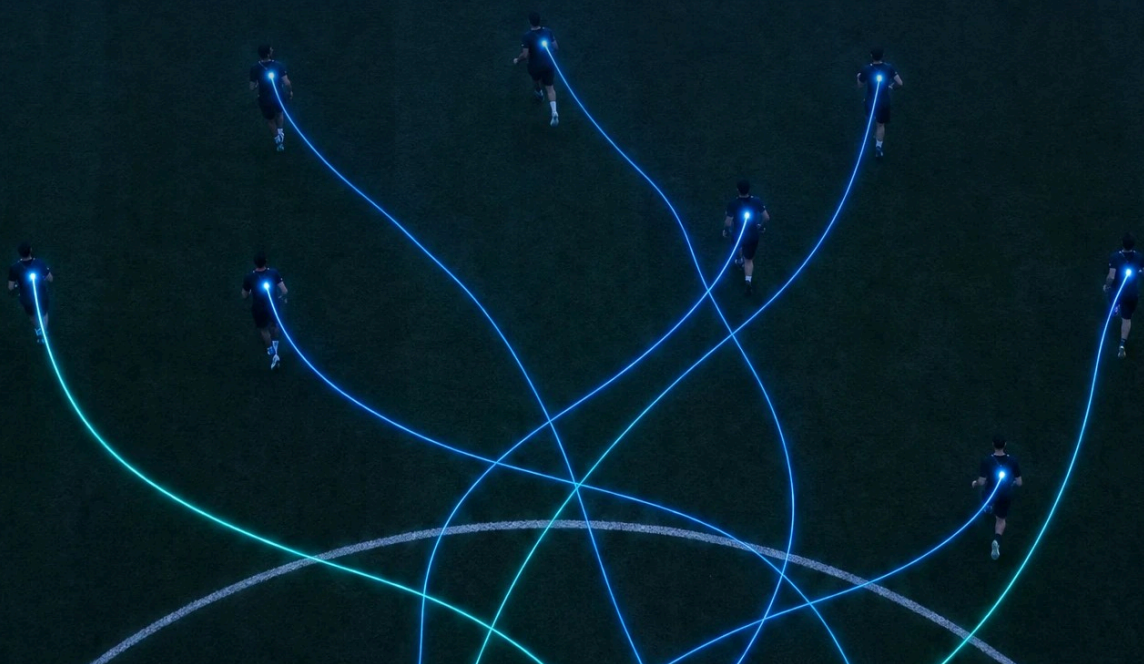


Wearable Technologies Self-Assessment Toolkit

Erasmus+ Sport Small-Scale Cooperation Partnerships
ERASMUS-SPORT-2025-SSCP | Project No: 101229603



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Coordinator:

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Wellnist (Türkiye)

Focus Coaching Academy (Türkiye),
Vidisport (Estonia), Oslo Orcas IF
(Norway)

Focus Coaching Academy

WEARCOACH project team

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How to use the four tools

Find out where you stand before you start, check again as you go, and leave with a 90-day plan for your own team.

- 1 **At day 0.** Take the knowledge quiz and rate yourself on the checklist, from 1 (not confident at all) to 5 (I could teach others). If a module average is below 3, study that module again.
- 2 **While you learn.** Write your 90-day integration plan. Module 5 walks you through its eight fields.
- 3 **At day 30 and day 90.** Take the checklist again and enter the module averages in progress tracking. The guide there tells you what to do next: study the module again, reinforce it with a hands-on task, or maintain it and share it with your staff. You can take the quiz again as well and compare the result.

You will use the checklist three times, at day 0, day 30 and day 90, and you may take the quiz more than once. Copy those sheets before you write on them.

The four tools can also be used on screen at wearcoach.sports4.eu/toolkit/. There the quiz tells you after each question whether your answer is right and why, and the checklist works out your module averages.

The four tools

- 1 Knowledge quiz (page 4)
- 2 Self-evaluation checklist (page 11)
- 3 90-day integration plan (page 13)
- 4 Progress tracking (page 17)

The templates this toolkit names and the sections it points to are in the training manual, which can be downloaded from wearcoach.sports4.eu/downloads/, and in the modules online at wearcoach.sports4.eu/learn/.

1 Knowledge quiz

Forty questions, eight for each module, with the answer and a short explanation for every one.

Enter the correct option (a-d) for each item; the answer key follows at the end.

Count the answers matching the key. Each correct answer = 1 point; each incorrect answer = 0 points. Quiz % = number of correct answers / 40 × 100. Example: 30 correct answers = 75%. Quiz % shows the proportion of questions answered correctly. Record it in the tracking table and compare it with later quiz results to monitor progress.

Module 1: Fundamentals of Wearable Technology

Your answer

1.1	Which of the following is a measured physical quantity, not a derived metric?	
	a Total distance b PlayerLoad c Linear acceleration d Sprint count	
1.2	Under GDPR, an athlete's heart-rate data is most appropriately classified as:	
	a Special-category personal data b Anonymous data c Ordinary personal data d Public data	
1.3	A wearable that is accurate in the lab but unreliable during outdoor team training lacks:	
	a Reliability b Precision c Ecological validity d Sensitivity	
1.4	The optical PPG heart-rate signal is MOST sensitive to:	
	a Magnetic interference b Motion artefact, skin tone and device tightness c Satellite geometry d Electrode gel	
1.5	GPS-derived metrics such as total distance are most robust:	
	a Indoors b Underwater c In steel-framed halls d In open outdoor sport	
1.6	The most durable way to teach the device market is by:	
	a Popularity b Category and feature c Ranking brands d Price only	
1.7	True/False: If two devices report different PlayerLoad for the same drill, one is simply wrong.	
	a True b False	
1.8	Before turning a device on, the Module-1 operational rule is to:	
	a Buy the most expensive unit b Collect the maximum possible data c Have an informed-consent process in place d Skip guardian consent for minors	

1 Knowledge quiz

Module 2: Real-Time Data Tracking

Your answer

- 2.1 External load is best defined as:**

 - a** What the athlete did, in physical terms
 - b** Heart-rate variability
 - c** Sleep efficiency
 - d** The biological cost the athlete experienced

2.2 Session RPE (sRPE) is computed as:

 - a** RPE × duration (min)
 - b** TRIMP × ACWR
 - c** Volume × monotony
 - d** HR × distance

2.3 For a 60-minute session at RPE 7, sRPE equals:

 - a** 94 AU
 - b** 67 AU
 - c** 420 AU
 - d** 720 AU

2.4 If acute load is 3,300 AU and chronic load is 2,400 AU, ACWR equals approximately:

 - a** 1.375
 - b** 2.40
 - c** 0.727
 - d** 0.73

2.5 In real time (within seconds), a coach should most trust:

 - a** Weekly strain
 - b** Smoothed composite indices
 - c** Live asymmetry index
 - d** Simple metrics (HR, distance, impacts)

2.6 A drill shows a player covering 50 m in 10 minutes. The best action is to:

 - a** Praise elite pacing
 - b** Increase the load
 - c** Log it as valid recovery
 - d** Suspect GPS dropout indoors; treat as missing

2.7 True/False: A scatter plot showing correlation is sufficient to act on by itself.

 - a** True
 - b** False

2.8 The best moment to give an athlete brief metric-anchored feedback is:

 - a** Never
 - b** Only in writing
 - c** Between drills or at the end of a block
 - d** Mid-execution during a drill

1 Knowledge quiz

Module 3: Performance Optimization

Your answer

- 3.1 A meaningful athlete baseline is best described as:**

 - a** A distribution (mean + SD over weeks)
 - b** One morning reading
 - c** The squad average
 - d** A single number

3.2 HRV interpretation must be rooted in:

 - a** Population norms
 - b** The squad median
 - c** The individual (self vs self)
 - d** Manufacturer defaults

3.3 Minimum data collection before drawing baseline inferences is about:

 - a** 1 week
 - b** 1 day
 - c** 1 season
 - d** 4-6 weeks

3.4 Sleep-stage classification from consumer wearables should be treated as:

 - a** Suggestive, not definitive
 - b** More reliable than total sleep time
 - c** Definitive
 - d** A medical diagnosis

3.5 The discipline of 'triangulation' means:

 - a** Averaging everything
 - b** Using exactly three devices
 - c** Acting on one metric
 - d** Never acting on a single metric alone

3.6 During a well-executed taper you would expect HRV to:

 - a** Stay flat then crash
 - b** Rise
 - c** Become unreadable
 - d** Fall steadily

3.7 True/False: Adding a new metric is worthwhile even if it will change no decision.

 - a** True
 - b** False

3.8 A single day's HRV reading should:

 - a** Be shared live with the athlete
 - b** Trigger immediate action
 - c** Be ignored entirely
 - d** Never alone trigger action: watch the 5-7 day trend



1 Knowledge quiz

Module 4: Injury Prevention

Your answer

- | | | | |
|-------|---|--|---|
| 4.1 | Which is a MODIFIABLE injury risk factor?
a Anatomy
c Age | b Prior injury history
d Training-load progression | <input style="width: 60px; height: 30px; border: 1px solid #ccc;" type="text"/> |
| <hr/> | | | |
| 4.2 | The often-cited ACWR 'sweet spot' is approximately:
a 0.8-1.3
c 0.2-0.5 | b 2.0-3.0
d 1.5-2.0 | <input style="width: 60px; height: 30px; border: 1px solid #ccc;" type="text"/> |
| <hr/> | | | |
| 4.3 | The honest synthesis on ACWR for a practising coach is that it is:
a Only for elite sport
c Irrelevant | b A useful prompt, not a verdict
d A definitive yes/no injury predictor | <input style="width: 60px; height: 30px; border: 1px solid #ccc;" type="text"/> |
| <hr/> | | | |
| 4.4 | Training monotony is defined as:
a Mean daily load / SD of daily load
c ACWR x sleep | b HRV / RPE
d Weekly load x strain | <input style="width: 60px; height: 30px; border: 1px solid #ccc;" type="text"/> |
| <hr/> | | | |
| 4.5 | Jump-landing asymmetry is commonly flagged for follow-up above approximately:
a 40-50%
c 2-3% | b 10-15%
d 70% | <input style="width: 60px; height: 30px; border: 1px solid #ccc;" type="text"/> |
| <hr/> | | | |
| 4.6 | A coach's role with asymmetry data is best described as:
a Corrective prescription alone
c Triage: identify, document, refer | b Ignore it
d Diagnose the injury | <input style="width: 60px; height: 30px; border: 1px solid #ccc;" type="text"/> |
| <hr/> | | | |
| 4.7 | True/False: Wearable monitoring can eliminate injury risk.
a True
b False | | <input style="width: 60px; height: 30px; border: 1px solid #ccc;" type="text"/> |
| <hr/> | | | |
| 4.8 | In wheelchair basketball (para-sport), the key load to monitor is:
a GPS distance
c Jump height | b Stroke/push counts and shoulder load
d High-speed running | <input style="width: 60px; height: 30px; border: 1px solid #ccc;" type="text"/> |



1 Knowledge quiz

Module 5: Integration into Coaching Practice

Your answer

5.1	PDCA stands for:	
	a Predict-Do-Confirm-Act b Prepare-Deliver-Compare-Adjust c Plan-Do-Check-Act d Plan-Deploy-Control-Assess	
5.2	The most important 'Act' option in PDCA is often to:	
	a Be willing to stop an effort that did not add value b Hide the results c Scale immediately d Expand to the whole organisation	
5.3	The most common special-category lawful basis in sport coaching is:	
	a Legitimate interests b Explicit consent (Art. 9(2)(a)) c Vital interests d Public task	
5.4	Under GDPR, certain data breaches must be reported within:	
	a 24 hours b 72 hours c 7 days d 30 days	
5.5	'Your HRV says you're not ready' vs 'Your HRV suggests recovering, let's adjust' is best described as:	
	a Both verdicts b Both information c Information vs a verdict d A verdict vs information	
5.6	A RACI matrix in a multi-disciplinary staff mainly prevents:	
	a Tapering b Conflicting decisions and unanalysed data (ownership gaps) c Obtaining consent d More data collection	
5.7	True/False: In PDCA, the 'Do' step should roll out across the whole organisation in week one.	
	a True b False	
5.8	Limiting athlete-facing metrics for a perfectionism-prone adolescent addresses:	
	a Time-sync issues b Sensor drift c Number anxiety d Ecological validity	

1 Knowledge quiz

Answer key

Module 1: Fundamentals of Wearable Technology

- 1.1 c Linear acceleration**
Why: Acceleration is the raw signal a sensor captures; the others are computed from it.
Read about it: Module 1, 1.2 Sensor types and what they actually measure
- 1.2 a Special-category personal data**
Why: Health data falls under Article 9 special categories and needs stricter handling.
Read about it: Module 1, 1.5 First-look ethics and GDPR: the consent baseline
- 1.3 c Ecological validity**
Why: Ecological validity asks whether lab performance holds up in real coaching conditions.
Read about it: Module 1, 1.4 Validity and reliability for coaches who are not researchers
- 1.4 b Motion artefact, skin tone and device tightness**
Why: Wrist PPG is degraded by motion, skin factors and how tightly it is worn.
Read about it: Module 1, 1.2 Sensor types and what they actually measure
- 1.5 d In open outdoor sport**
Why: GNSS needs clear sky view; it degrades or fails indoors and in dense structures.
Read about it: Module 1, 1.2 Sensor types and what they actually measure
- 1.6 b Category and feature**
Why: Specific models change quickly; categories and the questions they invite are stable.
Read about it: Module 1, 1.3 Mapping the device market: category-based comparison
- 1.7 b False**
Why: Usually they use different proprietary derivation formulas, not right vs wrong.
Read about it: Module 1, 1.2 Sensor types and what they actually measure
- 1.8 c Have an informed-consent process in place**
Why: Do not deploy a device without an informed-consent process in place.
Read about it: Module 1, 1.5 First-look ethics and GDPR: the consent baseline

Module 2: Real-Time Data Tracking

- 2.1 a What the athlete did, in physical terms**
Why: External load is the prescribed dose (distance, sprints, reps); internal load is the response.
Read about it: Module 2, 2.1 Internal load versus external load: the Impellizzeri-Marcora framework
- 2.2 a RPE × duration (min)**
Why: sRPE = RPE × session duration in minutes.
Read about it: Module 2, Practical lab: Stat Pack #1

- 2.3 c 420 AU**
Why: $7 \times 60 = 420$ arbitrary units.
Read about it: Module 2, Practical lab: Stat Pack #1
- 2.4 a 1.375**
Why: ACWR = acute / chronic = $3300 / 2400 = 1.375$ (upper edge of the sweet spot).
Read about it: Module 2, Practical lab: Stat Pack #1
- 2.5 d Simple metrics (HR, distance, impacts)**
Why: Trust simple metrics live; trust composites at session debrief.
Read about it: Module 2, 2.2 Live data feeds: what dashboards actually offer
- 2.6 d Suspect GPS dropout indoors; treat as missing**
Why: Such a value is almost certainly indoor GPS dropout; treat the metric as missing.
Read about it: Module 2, 2.4 Data quality, anomalies, and the discipline of scepticism
- 2.7 b False**
Why: Correlation is not causation; never act on a scatter pattern alone.
Read about it: Module 2, 2.3 Dashboard literacy: reading five visualisation families
- 2.8 c Between drills or at the end of a block**
Why: During execution, metric talk distracts; feedback belongs between drills or at block end.
Read about it: Module 2, 2.5 Real-time feedback to athletes: the timing question

Module 3: Performance Optimization

- 3.1 a A distribution (mean + SD over weeks)**
Why: A baseline is a distribution: mean and standard deviation over several weeks.
Read about it: Module 3, 3.1 Building an athlete baseline that is actually meaningful
- 3.2 c The individual (self vs self)**
Why: Between-athlete variability dwarfs within-athlete variability: compare to themselves.
Read about it: Module 3, 3.1 Building an athlete baseline that is actually meaningful
- 3.3 d 4-6 weeks**
Why: Collect data for at least 4-6 weeks before drawing inferences.
Read about it: Module 3, 3.1 Building an athlete baseline that is actually meaningful
- 3.4 a Suggestive, not definitive**
Why: Track total sleep time and efficiency; treat stage data as suggestive only.
Read about it: Module 3, 3.3 Recovery metrics: what they show and what they do not
- 3.5 d Never acting on a single metric alone**
Why: Never act on one metric alone; combine HRV, sleep, wellness and performance signals.
Read about it: Module 3, 3.3 Recovery metrics: what they show and what they do not

1 Knowledge quiz

Answer key

- 3.6 b Rise**
Why: HRV rises as parasympathetic recovery exceeds training-induced sympathetic load.
Read about it: Module 3, 3.4 Tapering with wearable confirmation
- 3.7 b False**
Why: If a metric changes no decision, it should not be in the system.
Read about it: Module 3, 3.5 The measurement-burden trade-off
- 3.8 d Never alone trigger action: watch the 5-7 day trend**
Why: A single day should never trigger action; the 5-7 day trend is what matters.
Read about it: Module 3, 3.3 Recovery metrics: what they show and what they do not

Module 4: Injury Prevention

- 4.1 d Training-load progression**
Why: Load progression is modifiable; age, injury history and anatomy are not.
Read about it: Module 4, 4.1 Injury epidemiology and the role of monitoring
- 4.2 a 0.8-1.3**
Why: Gabbett proposed ~0.8-1.3 as the commonly cited sweet spot.
Read about it: Module 4, 4.2 Load management and the injury-training paradox
- 4.3 b A useful prompt, not a verdict**
Why: ACWR is a useful prompt; use it with history, wellness and training context.
Read about it: Module 4, 4.2 Load management and the injury-training paradox
- 4.4 a Mean daily load / SD of daily load**
Why: Monotony = mean daily load divided by the standard deviation of daily load (Foster, 1998).
Read about it: Module 4, 4.2 Load management and the injury-training paradox
- 4.5 b 10-15%**
Why: Asymmetries above ~10-15% are commonly flagged for follow-up.
Read about it: Module 4, 4.3 Asymmetry and movement-quality red flags
- 4.6 c Triage: identify, document, refer**
Why: Coaches triage; refer for fuller assessment if asymmetry is large, persistent or symptomatic.
Read about it: Module 4, 4.3 Asymmetry and movement-quality red flags
- 4.7 b False**
Why: Monitoring reduces risk; it does not eliminate it.
Read about it: Module 4, 4.1 Injury epidemiology and the role of monitoring
- 4.8 b Stroke/push counts and shoulder load**
Why: The propulsive joint is the playing joint; monitor stroke counts and shoulder load.
Read about it: Module 4, 4.5 Five worked case studies, case 4.5.4

Module 5: Integration into Coaching Practice

- 5.1 c Plan-Do-Check-Act**
Why: Deming's PDCA = Plan, Do, Check, Act.
Read about it: Module 5, 5.1 The Plan-Do-Check-Act integration framework
- 5.2 a Be willing to stop an effort that did not add value**
Why: Being willing to stop a low-value effort earns credibility for the next attempt.
Read about it: Module 5, 5.1 The Plan-Do-Check-Act integration framework
- 5.3 b Explicit consent (Art. 9(2)(a))**
Why: Health data typically relies on explicit consent under Article 9(2)(a).
Read about it: Module 5, 5.2 Data governance and GDPR in coaching practice
- 5.4 b 72 hours**
Why: Article 33: certain breaches must be reported to the authority within 72 hours.
Read about it: Module 5, 5.2 Data governance and GDPR in coaching practice
- 5.5 d A verdict vs information**
Why: Frame metrics as information, not verdicts; the framing changes the conversation.
Read about it: Module 5, 5.3 Talking to athletes about their numbers
- 5.6 b Conflicting decisions and unanalysed data (ownership gaps)**
Why: RACI clarifies who owns each data domain, preventing conflicts and neglected data.
Read about it: Module 5, 5.4 Integrating into a multi-disciplinary staff
- 5.7 b False**
Why: Implement at small scale first (one cohort, one season) before scaling.
Read about it: Module 5, 5.1 The Plan-Do-Check-Act integration framework
- 5.8 c Number anxiety**
Why: Some athletes fixate on metrics unhelpfully; limit athlete-facing numbers where this risk exists.
Read about it: Module 3, 3.5 The measurement-burden trade-off
Read about it: Module 5, 5.3 Talking to athletes about their numbers



2 Self-evaluation checklist

Rate your confidence from 1 to 5 on 25 statements, five for each module, and on five about your organisation.

1 not confident at all

5 I could teach others

If a module average is below 3/5, re-study that module.

Tick one box for each statement. A module average is the five ratings of that module added together and divided by five.

Module 1: Fundamentals of Wearable Technology		1	2	3	4	5
C1.1	I can classify the main families of wearable technology and distinguish sensors by what they physically measure.	☐	☐	☐	☐	☐
C1.2	I can explain the data journey from athlete → sensor → platform → coaching decision.	☐	☐	☐	☐	☐
C1.3	I can evaluate a device using validity, reliability and ecological validity.	☐	☐	☐	☐	☐
C1.4	I can apply a multi-criteria selection matrix to a real device-choice scenario.	☐	☐	☐	☐	☐
C1.5	I can recognise baseline ethical and GDPR obligations before introducing a wearable.	☐	☐	☐	☐	☐

Average

Module 2: Real-Time Data Tracking		1	2	3	4	5
C2.1	I can distinguish internal from external load and pick appropriate metrics for my sport.	☐	☐	☐	☐	☐
C2.2	I can compute sRPE, TRIMP and ACWR from raw session data.	☐	☐	☐	☐	☐
C2.3	I can interpret the five dashboard visualisation families.	☐	☐	☐	☐	☐
C2.4	I can diagnose common data-quality issues and apply basic filtering rules.	☐	☐	☐	☐	☐
C2.5	I can decide what to share with athletes in real time and what to defer.	☐	☐	☐	☐	☐

Average

Module 3: Performance Optimization		1	2	3	4	5
C3.1	I can build an individualised baseline (mean + SD) and define personalised reference ranges.	☐	☐	☐	☐	☐
C3.2	I can integrate wearable data into micro-, meso- and macrocycle periodisation.	☐	☐	☐	☐	☐
C3.3	I can interpret HRV, sleep, wellness and CMJ and synthesise a recovery judgment.	☐	☐	☐	☐	☐
C3.4	I can design a wearable-informed tapering plan for a competition peak.	☐	☐	☐	☐	☐
C3.5	I can weigh the marginal value of a new metric against measurement burden.	☐	☐	☐	☐	☐

Average



Module 4: Injury Prevention		1	2	3	4	5
C4.1	I can identify modifiable injury risk factors detectable via wearable data.	☐	☐	☐	☐	☐
C4.2	I can compute ACWR, monotony and strain and apply defensible thresholds while acknowledging debate.	☐	☐	☐	☐	☐
C4.3	I can detect biomechanical asymmetries and triage (document/refer) appropriately.	☐	☐	☐	☐	☐
C4.4	I can construct an early-warning system with pre-decided escalation actions.	☐	☐	☐	☐	☐
C4.5	I can manage return-to-play using wearable confirmation alongside clinical judgment.	☐	☐	☐	☐	☐

Average

Module 5: Integration into Coaching Practice		1	2	3	4	5
C5.1	I can design a 90-day integration plan using the PDCA cycle.	☐	☐	☐	☐	☐
C5.2	I can develop a written data-governance policy (consent, access, retention, sharing, breach).	☐	☐	☐	☐	☐
C5.3	I can communicate wearable data to athletes and parents with supportive framing.	☐	☐	☐	☐	☐
C5.4	I can manage change among staff who resist data-driven practice.	☐	☐	☐	☐	☐
C5.5	I can choose and operationalise the right delivery pathway for my organisation.	☐	☐	☐	☐	☐

Average

Organisational readiness		1	2	3	4	5
O1	We have a written informed-consent process in place before any device is deployed.	☐	☐	☐	☐	☐
O2	We have a documented data-governance policy (access, retention, sharing, breach).	☐	☐	☐	☐	☐
O3	Access permissions are explicitly defined and audited.	☐	☐	☐	☐	☐
O4	Retention periods are defined and communicated.	☐	☐	☐	☐	☐
O5	A RACI (or equivalent) clarifies who owns each data domain.	☐	☐	☐	☐	☐

Module average	Band	What to do
< 3	■ Red	re-study
3-3.9	■ Amber	reinforce
≥ 4	■ Green	maintain

3 90-day integration plan

Eight fields that turn what you learned into a plan for your own team.
Module 5 ends with this plan.

Fill each field; the examples are a guide.

Examples

1. Context analysis

Grassroots football: Grassroots youth football academy; 20 players aged 12-16; budget €1,200; paper sRPE logs + shared GPS pod.

Para sport: Wheelchair-basketball team; 12 senior athletes; national league; IMU stroke counts + weekly shoulder-pain scales.

2. PDCA question

Grassroots football: Can weekly sRPE-based load flags reduce avoidable overuse complaints this season?

Para sport: Can stroke-count + shoulder-pain monitoring catch overuse two weeks earlier?

3. Metrics (3-5) + personalised thresholds for one named athlete

Grassroots football: Weekly sRPE, monotony, ACWR (from sRPE), wellness. Flag: ACWR>1.5 or 2 wks wellness decline.

Para sport: Weekly stroke count vs 8-wk chronic, shoulder-pain (0-10), wellness, sRPE. Flag: pain ≥4 or +1 SD strokes.

4. Governance statement (consent, access, retention)

Grassroots football: Guardian consent (minors), coach-only access, retain 24 months post-season (Template A1).

Para sport: Explicit athlete consent, medical+coach access, retention per club policy (Template A1).

5. Communication plan (athletes / parents)

Grassroots football: Brief players + parents at season start; frame flags as 'modify, not punish'.

Para sport: Brief athletes; pain scales collected privately; framing as shared decision.

6. Success criteria at Day 30 / 60 / 90

Grassroots football: D30: logs complete >90%. D60: flags reviewed weekly. D90: fewer overuse complaints vs baseline.

Para sport: D30: monitoring routine embedded. D60: 2 early flags acted on. D90: lower shoulder time-loss.

7. Review checkpoints (calendar dates)

Grassroots football: ___ / ___ / ___ (fill dates)

Para sport: ___ / ___ / ___ (fill dates)

8. Stop conditions

Grassroots football: Stop if logging burden causes drop-off or players show number anxiety.

Para sport: Stop if monitoring adds no decision value or increases athlete anxiety.



3 90-day integration plan

1. Context analysis

2. PDCA question

3. Metrics (3-5) + personalised thresholds for one named athlete

4. Governance statement (consent, access, retention)



3 90-day integration plan

5. Communication plan (athletes / parents)

6. Success criteria at Day 30 / 60 / 90

7. Review checkpoints (calendar dates)

8. Stop conditions

3 90-day integration plan

Review your plan

Read your plan field by field and rate each one. Be honest: the rating is for you, or for a colleague who reviews your plan in a course.

0 Not yet **1** Partly **2** In place

90-day integration plan	In place	Partly	Watch for	Your rating
1. Context analysis	States the sport, the level, the number of athletes, what is monitored today, the resources available and who is on the staff.	Names the setting, but says nothing about current practice or current workload.	Most plans fail by ignoring the current workload.	
2. PDCA question	One specific question that wearables will answer this season, and that can be answered yes or no by day 90.	A theme, or several questions at once.	If it cannot be answered yes or no by day 90, it is a theme, not a question.	
3. Metrics (3-5) + personalised thresholds for one named athlete	Three to five metrics, with personalised thresholds for one named athlete.	Metrics are listed, but there are more than five, or the thresholds are missing or not personalised.	Use the mean and SD of your athlete profile (Template A3).	
4. Governance statement (consent, access, retention)	Says how consent is obtained (from guardians too, for athletes under 16), who has access, how long the data is kept, and who owns each.	Covers consent, but leaves access or retention open.	Start from the gaps your governance self-audit flagged; the self-audit is a tool of Module 5 on the project website.	
5. Communication plan (athletes / parents)	Says how athletes (and parents, where applicable) will be briefed, and when.	A briefing is planned, but only after the system has started, or without saying how.	Brief before the system runs, not after the first flag fires.	
6. Success criteria at Day 30 / 60 / 90	Says what will be true at day 30, at day 60 and at day 90 if the plan is working.	Describes success in general terms, or for day 90 only.	Day 30 is usually about compliance, day 60 about data quality, day 90 about decisions changed.	
7. Review checkpoints (calendar dates)	Calendar dates for review, booked, with the people who will sit in the room.	Intervals without dates.	A review that is not in the calendar does not happen.	
8. Stop conditions	Names what would cause you to stop or substantially change the plan.	A general intention to review if needed.	The field most coaches leave blank, and the one that protects your credibility.	

- The plan is usable when at least six of the eight fields are filled in, whether you rate them “Partly” or “In place”.
- In a course, plans are reviewed by a peer in the cohort. On your own, review your plan within two weeks of writing it.

4 Progress tracking

Your module averages and your quiz result at day 0, day 30 and day 90, with a guide to what to do next.

Re-take the checklist and enter the module averages.

Module averages, from 1 to 5

Area	Day 0	Day 30	Day 90
Module 1: Fundamentals of Wearable Technology			
Module 2: Real-Time Data Tracking			
Module 3: Performance Optimization			
Module 4: Injury Prevention			
Module 5: Integration into Coaching Practice			
Quiz %			

Quiz %: Count answers matching the key. Each correct answer = 1 point; each incorrect answer = 0 points. Quiz % = number of correct answers / 40 × 100 (e.g. 30 correct answers = 75%). It shows the proportion answered correctly. Record it above and compare it with later quiz results to monitor progress.

Recommendation guide

Average	Band	What to do
< 3	■ Red	Re-study the module Templates Module 2: A4 Load calculation sheet Module 3: A3 Individual athlete profile, A8 Daily decision rules Module 4: A9 Early-warning checklist Module 5: A1 Consent and data governance statement, A5 90-day integration plan (page 13), A10 Staff roles for data (RACI)
3-3.9	■ Amber	Reinforce with a hands-on task
≥ 4	■ Green	Maintain and share with staff

Beware 'number anxiety' and over-measurement: a small set of well-used metrics outperforms a large set of unused ones.

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