

SAMPLE INJURY REPORT FORM *This sample injury report form can be modified for your sport.*

SPORT/ACTIVITY AT TIME OF INJURY:				
NAME (OR OTHER IDENTIFICATION) OF PERSON COMPLETING THIS FORM: e.g. player, coach, GP				
DATE OF INJURY:	AGE:	GENDER:	ETHNICITY:	
LEVEL OF ACTIVITY AT TIME OF INJURY: e.g. recreational or organised competition, grade, age group etc				
PLAYING POSITION AT TIME OF INJURY:			TIME OF INJURY: (HR/MIN)	
NAME OF PLACE WHERE THE INJURY OCCURRED:				
TYPE OF PLACE WHERE THE INJURY OCCURRED:	<input type="radio"/> Field	<input type="radio"/> Gym	<input type="radio"/> Stadium	<input type="radio"/> Court
	<input type="radio"/> Changing room	<input type="radio"/> Other		
1. WHAT WERE YOU DOING WHEN THE INJURY OCCURRED?	<input type="radio"/> Training	<input type="radio"/> Warming up	<input type="radio"/> Competing/playing	<input type="radio"/> Cooling down
2. HOW LONG HAD YOU BEEN TRAINING/ WARMING UP/COMPETING/COOLING DOWN WHEN THE INJURY OCCURRED (MINUTES)?				
3. WHAT SPECIFIC ACTIVITY WERE YOU INVOLVED IN WHEN THE INJURY OCCURRED? e.g. tackling a player, catching a ball, landing from a jump				
4. HOW DO YOU THINK YOUR INJURY HAPPENED? *	<input type="radio"/> Landing	<input type="radio"/> Running/jogging	<input type="radio"/> Colliding with equipment	<input type="radio"/> Developed gradually
	<input type="radio"/> Twisting	<input type="radio"/> Over-exertion	<input type="radio"/> Catching	<input type="radio"/> Landing on another player's foot
	<input type="radio"/> Pivoting	<input type="radio"/> Swinging	<input type="radio"/> Stretching	<input type="radio"/> Heads clashing in tackle
	<input type="radio"/> Falling	<input type="radio"/> Uncertain	<input type="radio"/> Other	
5. DESCRIBE EXACTLY HOW THE INJURY OCCURRED:				
6. WERE THERE ANY FACTORS THAT CONTRIBUTED TO THE INCIDENT? e.g. ground conditions, unsafe equipment, foul play, poor concentration, too much training, fatigue				
7. WHAT PROTECTIVE EQUIPMENT WAS USED ON THE BODY PART INJURED?	<input type="radio"/> Nothing	<input type="radio"/> Hand/wrist guards	<input type="radio"/> Brace	<input type="radio"/> Tape or strapping
	<input type="radio"/> Headgear	<input type="radio"/> Padding	<input type="radio"/> Bandage	<input type="radio"/> Thermal support
	<input type="radio"/> Mouthguard	<input type="radio"/> Other		
8. WHAT WAS THE TYPE OF INJURY?	<input type="radio"/> Bruise/contusion	<input type="radio"/> Broken bone	<input type="radio"/> Concussion	<input type="radio"/> Cut/open wound
	<input type="radio"/> Abrasion/graze	<input type="radio"/> Joint dislocation	<input type="radio"/> Puncture wound	<input type="radio"/> Overuse injury
	<input type="radio"/> Stress fracture	<input type="radio"/> Muscle/tendon strain	<input type="radio"/> Ligament/tendon sprain	<input type="radio"/> Dental
	<input type="radio"/> Uncertain	<input type="radio"/> Other		
9. WHERE ON YOUR BODY WAS THE INJURY?	<input type="radio"/> Toes (L/R)	<input type="radio"/> Foot (L/R)	<input type="radio"/> Ankle (L/R)	<input type="radio"/> Shin/calf (L/R)
	<input type="radio"/> Knee (L/R)	<input type="radio"/> Upper leg/thigh (L/R)	<input type="radio"/> Hamstrings (L/R)	<input type="radio"/> Hands/fingers/thumb (L/R)
	<input type="radio"/> Forearm (L/R)	<input type="radio"/> Elbow (L/R)	<input type="radio"/> Upper arm (L/R)	<input type="radio"/> Shoulder (L/R)
	<input type="radio"/> Stomach	<input type="radio"/> Chest	<input type="radio"/> Back	<input type="radio"/> Head
	<input type="radio"/> Neck	<input type="radio"/> Other		
10. SEVERITY OF INJURY (MEASURED AS TIME LOST FROM PARTICIPATION):	<input type="radio"/> Minor 1-7 days	<input type="radio"/> Moderate 8-21 days	<input type="radio"/> Major 21 days or more	
11. WAS YOUR INJURY TREATED BY ANY OF THE FOLLOWING PEOPLE IMMEDIATELY AFTER IT HAPPENED?	<input type="radio"/> Not treated	<input type="radio"/> Physiotherapist	<input type="radio"/> Parent	<input type="radio"/> Doctor
	<input type="radio"/> Yourself	<input type="radio"/> Coach	<input type="radio"/> St. Johns	<input type="radio"/> Other
12. WHAT INITIAL TREATMENT DID YOU RECEIVE?	<input type="radio"/> Manual therapy	<input type="radio"/> R.I.C.E.D.	<input type="radio"/> Water	<input type="radio"/> Sling/splint
	<input type="radio"/> Massage	<input type="radio"/> Strapping/taping	<input type="radio"/> Dressing	<input type="radio"/> Stretch/exercises
	<input type="radio"/> Crutches	<input type="radio"/> None given (none required)	<input type="radio"/> None given (referred elsewhere)	

* This may need to be modified depending on the sport.

For more information on injury reporting, contact:

The Injury Prevention Research Unit,
University of Otago:

www.otago.ac.nz/ipru/

or Injury Prevention, ACC:

www.acc.co.nz.

THE 10-POINT ACTION PLAN FOR SPORTS INJURY PREVENTION

1

SCREENING

2

WARM-UP, COOL-DOWN
AND STRETCH

3

PHYSICAL CONDITIONING

4

TECHNIQUE

5

FAIR PLAY

6

PROTECTIVE EQUIPMENT

7

HYDRATION AND NUTRITION

8

INJURY REPORTING

9

ENVIRONMENT

10

INJURY MANAGEMENT