

SportSafe

Australian Sports Injury Data Dictionary

**Guidelines for injury data collection and classification for
the prevention and control of injury in sport and recreation.**



SportSafe Australia
Australian Sports
Commission

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Acknowledgments

This working document of the Sports Injury Data Dictionary was prepared by the Australian Sports Injury Data Working Party, with support from the Australian Sports Injury Prevention Taskforce and Active Australia.

In 1996/98 the Australian Sports Injury Data Working Party comprised the following members:

Chair: Dr Caroline Finch (Deakin University)
Members: Assoc Prof James Harrison (Australian Institute of Health and Welfare and Flinders University)
Ms Donna Harvey (Australian Sports Commission)
Mr Ron Burns (Confederation of Australian Sport)
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About the Working Party

The ASID Working Party is a national group including representatives from the fields of epidemiology, statistics, database management/computing, injury surveillance, sports administration, both male and female sports participants, sports medicine professionals. It also has links with major national health and sport data collections, such as the National Injury Surveillance Unit, Australian Bureau of Statistics and the Active Australia Monitoring Group.

Wide consultation has taken place in the development of the data dictionary, which has included a one day workshop, a session at the Australian Conference of Science and Medicine in Sport 1997, and working meetings and valuable comments and input from Dr David Chalmers, Alex Donaldson, John Orchard, Dr Willem van Mechelen, Dr David Janda, and the Qld, SA and WA Branches of Sports Medicine Australia.

TABLE OF CONTENTS

ACKNOWLEDGMENTS	2
TABLE 1: SUMMARY TABLE OF DATA ITEMS AND SOURCE.....	4
INTRODUCTION.....	5
ADMINISTRATION ITEMS	9
<i>Person recording case information.....</i>	9
<i>Immediate source of injury record.....</i>	9
<i>Date of injury.....</i>	10
<i>Time of injury.....</i>	10
<i>Date of Injury Record.....</i>	10
DEMOGRAPHICS.....	11
<i>Age</i>	11
<i>Gender.....</i>	11
<i>Area of usual residence.....</i>	11
<i>Place of injury occurrence</i>	12
<i>Name of injury place - text.....</i>	12
<i>Place of Injury - Type.....</i>	13
<i>Sport and Recreation places- Specific</i>	13
<i>Part of Specific Injury Place</i>	16
ACTIVITY WHEN INJURED.....	17
<i>Activity when injured: broad areas.....</i>	17
<i>Activity when injured - Name of sport or activity.....</i>	18
<i>Phase or aspect of involvement in activity or event</i>	20
<i>Activity when injured: grade or level.....</i>	20
INJURY FACTORS	21
<i>Equipment used with intent to protect against injury</i>	23
MECHANISM OF INJURY.....	24
<i>Narrative of mechanism of injury</i>	26
INJURY SITE	27
<i>Body Region and Body Chart.....</i>	27
<i>Specific Structure Injured.....</i>	28
NATURE OF INJURY - PATHOLOGY.....	30
<i>Provisional Diagnosis</i>	32
<i>Diagnosis Text</i>	32
TREATMENT FACTORS	33
<i>Date of presentation.....</i>	33
<i>Time of presentation for treatment</i>	33
<i>Reason for presentation.....</i>	34
<i>Treatment.....</i>	35
<i>Advice given to injured person</i>	36
<i>Referral.....</i>	36
<i>Treating Person</i>	37
REFERENCES.....	38
APPENDICES.....	39
<i>Appendix A: Orchard Sports Injury Classification System (OSICS)</i>	39
<i>Appendix B - Sports injury definitions</i>	45
<i>Appendix C - Injury severity definitions</i>	46
<i>Appendix D - Major Injury Factors NDSIS v2c</i>	47
<i>Appendix E - An example of a Sport Specific Data Collection Form.....</i>	51

Table 1: Summary table of data items and source

Data Item	Data Source/s	Core or Recommended Item
Administration Items		
Person recording case information	ASIPWP	Strongly recommended
Immediate source of injury record	ASIDWP	Strongly recommended
Date of injury	NDSIS v2.1	Core
Time of injury	NDSIS v2.1	Recommended
Date of injury record	NDSIS v2.1	
Demographics		
Age	NDSIS v2.1	Core
Gender	NDSIS v2.1	Core
Area of usual residence	NDSIS v2.1	Strongly recommended
Place of Injury Occurrence		
Name of injury place - text	ASIDWP	Strongly recommended
Place of injury - type	NDSIS v2.1	Strongly recommended
Sport and recreation places - specific	ASIDWP	Strongly recommended
Part of specific injury place	ASIDWP	Recommended
Activity When Injured		
Activity when injured - broad areas	ICECI	Core
Activity when injured -name of sport or activity	ASIDWP, ASC, NDSIS v2.1, CAS	Strongly recommended
Phase or aspect of involvement in activity or event	ASIDWP	Recommended
Major Injury Factors		
Injury Factors	NDSIS v2.1, ASIDWP	Strongly recommended
Equipment used with intent to protect against injury	ASIDWP	Strongly recommended
Mechanism of Injury		
Mechanism of injury	NDSIS v2.1, ASIDWP	Core
Narrative of mechanism of injury	NDSIS v2.1	Strongly recommended
Body Region Injured		
Body region and body chart	NDSIS v2.1	Core
Specific structure injured	ASIDWP	Recommended
Nature of Injury - Pathology		
Nature of injury	NDSIS v2.1, ASIDWP	Core
Provisional diagnosis text	Free text	Optional
Treatment Factors		
Date of presentation	NDSIS v2.1	Strongly recommended
Time of presentation	NDSIS v2.1	Recommended
Reason for presentation	ASIDWP	Recommended
Treatment		
Treatment	ASIDWP	Strongly recommended
Advice given to injured person	ASIDWP	Strongly recommended
Referral	ASIDWP	Strongly recommended
Treating person	ASIDWP, SMA	Strongly recommended

Introduction

Australian information on the incidence, severity and causes of sport and recreational injury is limited. There are several sources of sports injury data which include:

- VISS - Victorian Injury Surveillance System, which analyses data from 25 Victorian hospitals
- SMIS (Sports Medicine Injury Surveillance) project which is collecting data on new injuries presenting to 5 sports medicine centres in Melbourne
- hospital discharge data (beginning with cases in 1996/97)
- NSW Youth Sports Injury Report
- sporting organisation or competition collections such as the AFL injury record
- insurance records
- individual sport, club or practitioner collections

(Please refer to the SportSafe web page for contact details for data collections on www.ausport.gov.au/partic/spsafe.html)

With such a variety of sources of injury information, all collected with different methodology, it is difficult to provide comprehensive information on the incidence, costs and impact of sports injury in Australia.

Injury surveillance is the ongoing systematic collection, analysis and interpretation of health data needed to plan, implement and evaluate public health programs (Graitcer et al., 1987). Injury surveillance can provide the information necessary for determining priorities and targets for prevention activities by specific sports, organisations, or groups of participants (Finch, 1997). Surveillance data can sometimes be used to evaluate the effectiveness of current activities or be used to trial new policies on rules or protective equipment.

Barriers towards collecting sports injury data by clubs and organisations include the lack of clear guidance about what information to collect and how it should be done. A standardised data collection methodology, including a simple to use data collection form, was identified as a key requirement by sporting clubs and organisations (Finch et al., 1995).

Australian Sports Injury Prevention Taskforce

The feasibility of a national sports injury data and information system was identified as a priority in 1997 by the Australian Sports Injury Prevention Taskforce (ASIPT). A vital element of this system would be the sampling and collection of information across all levels of sport and recreation. To do this, a standardised approach to the collection of injury data in a variety of sport settings was recommended for investigation. The Australian Sports Injury Data (ASID) Working Party was established in October 1997 to undertake this project.

Australian Sports Injury Data Working Party

The working party conducted a review of local and international data sources and current Australian sports injury data deficiencies. The main data sources included the National Data Standards for Injury Surveillance Version 2.1 (NDSIS v2.1), International Classification of Diseases Version 9 and 10 (ICD 9 & 10), Orchard Sports Injury Classification System (OSICS) and a sample of national and international injury data collection forms. This review guided the development of a sports injury data dictionary for sports injuries in Australia.

Sports injury information can be collected from a variety of settings which include hospital emergency and outpatient departments, sports medicine clinics, medical practices, sporting and recreational venues and schools. The person recording the information can vary between settings, with a sports first aider recording information at a club, or a doctor recording information at a clinic or hospital. Therefore, the data dictionary and data collection forms need to be comprehensive, but also user friendly. The ASID working party has focused on the information requirements for non-professional formal sport, school sport, and data from clinical and insurance settings, as these areas are not well serviced by current data collection resources.

Australian Sports Injury Data Dictionary

The Australian Sports Injury Data Dictionary has been developed to provide guidelines for injury data collection and classification for the prevention and control of injury in sport and recreation. The dictionary is written to assist sporting and recreation organisations, researchers, sports medicine professionals, first aiders and individual clubs collect information on sports injury. The sporting organisation or researcher may customise a data collection form to suit their needs, but a sporting club may choose to use the sport specific forms. The dictionary is prescriptive in the use of data categories and options within those categories. This is necessary if the advantages of comparability and consistency are to be gained. Users are, of course, free to design forms and data systems that meet their needs, and to extend the items and classification in the Dictionary.

A definition of sports injury is essential for all data collections, and a formal definition that is workable for all settings has not been established. Several definitions of sports injury are included in Appendix B. Whatever definition of injury is used for a collection, it is important that it is documented, understood and applied in the data collection process. For instance, an injury sustained at the 1997 Australian Masters Games was defined as an injury incident in which a member of the sports medicine team attended and provided treatment. This included assessing a concussion, dressing a wound or taping an injured finger. If the team member was called to assess an injured player, but no injury was evident and the player returned immediately to play, then an injury report was not required.

Injuries range from trivial to devastating. Sometimes injury severity forms part of the case definition for an injury surveillance system (eg one may wish to omit trivial injuries) and it is often useful to record information that indicates the severity of the cases. The best developed approach to measuring injury severity is in terms of "threat to life" (eg Osler 1997). Fortunately most sports injuries pose little or no threat to life, so other approaches to severity measurement are required (van Mechelen 1997). These can include:

- the nature of injury eg fracture or bruise
- the duration and nature of treatment of the injury eg surgery or rest
- sports time lost eg 3-6 months for an ACL reconstruction, 3 weeks for a ligament sprain
- working time lost (this can vary depending on the occupation of the person)
- permanent damage eg permanent disability such as loss of an eye, head injury
- costs of sports injury, includes the financial implications of the previous 5 dot points

Further description on severity of injury is included in Appendix C.

Issues Addressed by the Data Dictionary

Some of the identified problem areas from the review of current injury data collections have been addressed by the ASID working party in the working draft of the dictionary. The number of sports and activities listed in the dictionary has been expanded from 35 in the NDSIS v2.1 to over 120. Additional categories in the 'activity when injured' category allows for formal club sport to be differentiated from social sport, recreation, fitness activities and informal play. This information allows identification of the organisation or individual who is responsible for the safe conduct of the activity, which will help to target the most appropriate injury prevention strategy.

Place of injury has also been addressed to provide a further breakdown of 'recreation/fitness area' and 'sports or athletic area' area into practical classifications of where people are participating. The responsibility for the provision of a safe environment can lie with local, state and federal governments, and private facility owners. Policies directed at providing safe environments will need to be developed in conjunction with these facility providers. The additional classifications of sport and recreation places will also provide information on levels of participant supervision. A surfer at an unpatrolled beach will have minimal supervision, whereas, an indoor cricket game will be well supervised. It will be easier to implement prevention strategies in a well supervised place of activity.

Injury factors are broken into types of objects, substances and environment factors involved in the occurrence of injury. A list of potential sports injury factors have been subjectively edited from the NDSIS v2c list. This list will be modified so that the most relevant factors to sport are listed and the use of the 'other' category will be minimal. Factors that are shown to be not related to sports injury will be deleted. The complete NDSIS v2c list is in Appendix D.

The use and regulation of protective equipment can be quite a controversial issue in sport. Bicycle helmets are now mandatory in Australia, but even though there is data to support the use of helmets, cyclists still show resistance by carrying their helmets on the handle bars. Questions on the use of protective equipment on the injured body part have been included in the dictionary to establish relationships between equipment and injury. This information will assist sports, clubs or controlling bodies make decisions on the use of protective equipment.

The options for 'body site of injury' have been fairly limited in the reviewed data collection forms. Comments received from the field included that it was difficult to select the most appropriate category for a groin strain and that the categories were not specific enough for a professional filling out the form. Dr John Orchard has developed a classification of injury system that address the specific body and is included in Appendix A. As well, the NDSIS v2.1 list of body regions has been expanded into specific structures such as muscle, ligament, blood vessel, cartilage and nerves. This will allow further identification for data entry and subsequent searching of specific injuries such as muscle tears, tendon injuries and bony fractures.

'Nature of injury presented' using the list from the NDSIS v2.1 with additions that account for the most common sports injury pathology. Recent data collections from masters, university and police and fire games revealed that sprain and strain were the most common injuries accounting for 48% of injuries at the Healthpact 6th Masters Games in Canberra in 1997. The categories of sprain and strain have been separated in the data dictionary, with other addition such as blisters, hypothermia or heat stress, bruise/haematoma and inflammation/swelling.

Treatment factors are included in the dictionary as injury reporting is often conducted at treatment settings. Adequate documentation of treatment is essential for ongoing treatment, medico-legal reasons and to provide the necessary information for injury analysis. Treatment information will also provide details to analyse the cost of injury, the severity of the injury and the services required to provide sports medicine coverage for events.

Working Draft of the Dictionary

This dictionary is distributed as a working draft, recognising that it is yet to be applied in the settings of sporting and recreation clubs, sporting and recreation organisation, sporting districts, local councils or schools. The dictionary and associated data collection forms and an Access database will be available to a large cross section of sporting organisations and settings for feedback on the usefulness of the document and associated resources. Comments are sought and are most welcome. The dictionary, data forms and database are available without cost by downloading the files from the SportSafe web page (www.ausport.gov.au/partic/spsafe.html). Hard copies or disk copies are available from the ASC bookshop at a cost.

*Please address comments on the dictionary, date forms or database by email to
sportsafe@ausport.gov.au or by post to Sports Medicine Australia, PO Box 897, Belconnen ACT
2616.*

Administration Items

Person recording case information

- Definition** This data item characterises the person providing the injury details on the data collection form. It is **not** the setting of the data collection. Typically, but not always, this will be the person providing the initial management, treatment or assessment of the injury, eg. emergency department staff, sports trainer etc.
- Guidelines** Select the first appropriate category in the list or select other and specify if known.
- Comment:** The item is useful for identifying who is completing the forms in a particular setting also establishing expectations on the quality of the data.

Coding Options

- 1. self - injured person
- 2. health professional (includes, nurse, doctor, allied health professionals)
- 3. sports first aid/ sports trainer
- 4. parent or guardian
- 5. other (specify) _____
- 99. unknown

Immediate source of injury record

- Definition** This item describes the immediate source of where the injury data is collected.
- Guidelines** Select the most appropriate source of the injury record.
- Comment:** Injury records will differ in the variety of settings. Insurance records are often compiled a significant time after the injury and be a compilation of medical and allied health records. The amount of information related to treatment will also differ between the sources.

Coding Options

- 1. hospital - ambulatory (includes emergency department and outpatients)
- 2. hospital - in-patient record
- 3. sports medicine clinic record
- 4. other health clinic record (eg General Practitioner)
- 5. dental records
- 6. allied health service records
- 7. insurance company records
- 8. sports event medical coverage service records
- 9. school records
- 10. sporting club or organisation records (eg pony club, basketball club)
- 11. sporting and/or recreation facility records(eg indoor stadium, aquatic centre)
- 12. tertiary education setting records
- 13. other setting records (specify) _____
- 99. unknown

Date of injury

This item provides the date on which the injury occurred. The date of injury should be a compulsory data item in all sports injury data collections. It should be recorded in the following format:

DD/MM/YYYY

Time of injury

The time at which the injury occurred should be recorded by using a 24 hour clock. A 12 hour clock may be used on a data collection form but it is important to indicate whether the injury occurred during the morning or afternoon.

In some settings, where the time of treatment of the injury is also recorded, the difference between these two variables can be used to determine the time lag between injury and administration of treatment.

HH:MM am/pm

Date of Injury Record

This item is the date on which the injury record is made. It is not necessarily the same as the date of injury. For example, a person may not attend a sports medicine clinic for treatment of their injury until days after the injury occurred. This date can be cross referenced to the source of record date of injury.

DD/MM/YYYY

Demographics

Age

The age at the time of injury of the injured person is one of the most important variables needed to characterise people and populations. It should be a compulsory data item for all sports injury data collections. Recording of the Date of Birth is the preferred measure of age, since it allows direct comparison with other variables such as the Date of Injury.

Date of Birth

DD/MM/YYYY

If age (in years) is used, this should be recorded as the "age last birthday".

Age in years

XXX years

Comment: if there is reluctance for the person to reveal their date of birth, the month and year is desirable.

Gender

The gender of the injured person should be recorded in ALL sports injury data collections since injury risk appears to differ between males and females. The following coding is recommended.

Coding Options

- 1. male**
- 2. female**
- 3. not stated, inadequately described.**

Area of usual residence

The area of usual residence is an important demographic variable. It may not necessarily be the same as the area where the injury occurred. It is used to build a demographic profile of the injured population.

XXXXXX

In order to fully characterise the demographic profile of a group of people, additional information may be required. The suburb name should therefore also be given in words.

Suburb name

Comment: Postcodes vary greatly and this variable is often difficult to use.

Place of injury occurrence

Definition Place where person is participating in activity and is injured

The place of injury is important in data collections to ascertain where the injury occurred with sufficient detail to describe the place/venue/facility. This information is useful for determining the patterns of injury as they relate to the types of places that people use for sport, recreation and leisure.

An activity that is undertaken in an indoor or outdoor environment can have a very different risk profile. Weather can impact greatly on the playing conditions in an outdoor environment and influence temperature, humidity, surface conditions of the playing area or water conditions. For indoor facilities, the environment can be better controlled and greater risk of injury may relate to factors such as placement of equipment and separation of players from spectators and officials.

Most often, the place of injury on an injury surveillance form will name the specific place of injury for example, a specific leisure centre, tennis centre or aquatic complex. This level of identification is suitable for analysis at a local level, but it will be important for large scale injury surveillance that the injury place is defined according to national data standards.

To improve the safety of the playing environment, it is important to ascertain who is responsible for providing the facility or outdoor area. The owner may be a local council, state or federal government, private owner or lessee. It may be the council's responsibility to provide the facility and to maintain it, but it is also a club or organiser to ensure the area is safe before activity commences.

Name of injury place - text

Guidelines write actual name of place in text (eg Melbourne Cricket Ground)

Place of Injury - Type

(Data source NDSIS v 2.1, p 26)

Guidelines Choose the most appropriate category or for the injury place. If more than one is appropriate, choose the one first in the list.

1. Home (includes farm house)
2. Residential Institution (excludes hospital)
3. School, other institution or public administrative area (excludes hospital [4]; includes child day care centre)
4. Hospital or other health service
5. Recreation/fitness area (place mainly for informal recreational activity)
6. Sports or athletics area (place mainly for formal sports)
7. Street or highway (public road)
8. Trade or service area
9. Industrial or construction area
10. Mine or quarry
11. Farm (excludes farm house)
12. Other specified place (includes forest, beach, abandoned building)
13. Unspecified place

Sport and Recreation places- Specific

Definition: The type of place for sport or recreation at which the injury was sustained.

Guidelines: “Specific Sport and Recreation Place” is intended to enable more specific coding of places coded to “5. Recreation/fitness area” or “6. Sports and Athletics area” in the previous item, “Place of injury – Type”.

First, select the most appropriate category from the “Specific Sport and Recreation Place” list. Second, indicate whether this Place is best described as an “indoor” or “outdoor” place. Third, select the most appropriate type of owner/manager for the place.

This list includes the most common types of venues at which sporting activities occur, with special emphasis on places designed for this purpose. It is not exhaustive, and sport sometimes occurs at many other types of place. Use the “other” categories to record such places.

In this item, *outdoor* and *indoor* refer to the venue. This may not always correspond to the location of the person when injured. For example, use *outdoor* for injuries at or around a swimming pool that is open to the sky, even injuries that occur in a changing room.

Owned or managed: A venue may be owned by one party (eg a State government) and managed by another (eg a sports federation). Select the party with most direct operational control over the venue – usually the managing body.

Comment: For more detailed coding of types of place that are not specialised sport or recreation places, consider using the NSD-IS items “Place – sub-type” and “Place – part”.

A. Categories of specific sport and recreation place

Places intended to be used solely or mainly for a particular sport

Includes places used by more than one sport with very similar requirements, or for which the place is modified from time to time (eg a field used for one sport in summer and another in winter). Record according to the use of the venue when the injury occurred.

Includes the whole of a venue – ie: playing area, spectator areas, changing and storage areas, etc.

1. Court

1. tennis
2. basketball
3. netball
4. squash
5. volleyball
6. court for other sport

2. Field

Includes playing areas given special names such as pitch, oval, ground and diamond.

1. Australian football
2. soccer
3. rugby league
4. rugby union
5. cricket
6. hockey
7. baseball
8. softball
9. field for other sport

3. Track and field venue

1. Track and field venue

4. Combat sport venue

1. boxing venue
2. other combat sport venue

5. Racing track

1. velodrome or other cycling track
2. motor-sport track
3. horse racing track
4. other racing track

6. Target range

1. shooting (all types of firearms)
2. archery
3. other target range
- 4.

7. Other specialised sports place

1. golf course
2. tenpin bowling venue
3. lawn bowls
4. climbing venue
5. other specialised sports place _____
- 6.

Places intended to be used for multiple sports, or sport and recreation

Includes places normally used for two or more sports at the same time (eg sporting complexes) and multipurpose venues.

Includes places used for sport and for recreation (eg many swimming pools)

8. Swimming facility
9. Fitness centre
10. Sports ground (multi-purpose or undefined)
11. Gymnasium
12. Ice rink
13. Snow sports area
14. Skate-boarding/in-line skating facility
15. Dance venue
16. Billiards, pool, snooker venue
17. Other multiple use sports facility _____

Other and unspecified places

Includes: places not primarily intended for sport or recreation.

18. Other place _____
(ie a place coded 1 to 4 or 7 to 12 in Place of injury – Type)

19. Unspecified place

B. Indoor or outdoor place

1. indoor
2. outdoor
3. other _____
4. unknown

C. Owned by or managed by

1. local council
2. state government
3. federal government
4. private
5. other _____
6. unknown

Part of Specific Injury Place

Definition part of specific injury place

Guidelines this category can include travelling to and from an activity. This item identifies the part of the venue where the injury occurred. A more specific explanation can be defined using the 'other' category, for example in a specific quarter or zone of play.

- 1. within the bounds of the participation area/field of play
- 2. surrounds, including spectator area, car park, officials area
- 3. warm up area
- 4. dressing rooms, showers
- 5. travelling to and from event/activity
- 6. other _____
- 7. unspecified

Activity when injured

Activity when injured: broad areas

(Source: International Classification for External Causes of Injuries [ICECI])

Definition The general type of activity being undertaken by the person when injured.

Context: This item categorises sport into 'organised' and 'unorganised' categories. The unorganised category was created to include informal and social sport, fitness activities, and recreational activity. These categories are important to differentiate injuries that occur in a formal club structure to those that occur ad hoc such as in back yard cricket and touch at lunchtime.

Guidelines Select the most appropriate item which best characterises the type of activity being undertaken by the person when injured. If two or more items are judged to be equally appropriate, select the one that comes first in the code list.

Comment: **Organised Sport** is limited to organised physical activities undertaken under the auspices of a sports club, federation or similar organisation.

Unorganised Sport includes all sport and recreation physical activities that are not included in organised sport. This category can be broken down further where more information is required.

Coding Options

- | |
|------------------------------|
| 1. paid work |
| 2. unpaid work |
| 3. travelling |
| 4. organised sport |
| 5. unorganised sport |
| 6. leisure |
| 7. education |
| 8. health care |
| 9. vital activity |
| 10. being taken care of |
| 11. nothing in particular |
| 18. other specified activity |
| 19. unspecified activity |

5 Unorganised Sport

5.1 Fitness activity includes activities such as aerobics, weights, running/jogging, walking.

5.2 Recreational activity includes outdoor and adventure sports

5.3 Social and informal sport includes informal activities such as backyard cricket or lunch time volleyball which are not conducted under the auspices of a club, but are recognised as a form of sport. It is important to differentiate formal and informal sport so that factors such as having formal enforcement of rules by a referee, preparation of the playing area and training of the players etc are taken into account when recording injury.

Activity when injured - Name of sport or activity

(expanded from 'Activity when injured' items 4 and 5)

Definition Type of sport, recreation or activity performed or participated in at the time of injury.**Guidelines** It is possible to choose either the broad level of activity by using the whole numbers, or specify the particular activity with decimal numbers from the list of activities below. This coding will facilitate comparisons of sports across data collections.**1. Ball Team**

- .01 basketball
- .02 handball
- .03 netball
- .04 volleyball
- .05 Australian football
- .06 rugby league
- .07 rugby union
- .08 soccer
- .09 touch
- .10 futsal (indoor soccer)
- .11 grid iron
- .12 korfball
- .99 other

- .05 diving (platform/springboard)
- .06 water skiing
- .07 underwater sports (scuba diving and snorkelling)
- .08 wind surfing
- .99 other

2. Bat and Ball Team

- .01 baseball
- .02 cricket
- .03 hockey
- .04 indoor cricket
- .05 lacrosse
- .06 softball
- .07 vigoro
- .99 other

6. Ice and Snow

- .01 bob sled
- .02 cross country skiing
- .03 down hill skiing
- .04 freestyle skiing
- .05 ice hockey
- .06 speed skating
- .07 ice skating/dancing
- .08 luge
- .09 ski patrol
- .10 snowboarding
- .11 tobogganing
- .99 other

3. Water Team

- .01 Rescue and Resuscitation
- .02 canoeing
- .03 rowing
- .04 water polo
- .05 yachting
- .99 other

7. Individual Land Based

- .01 athletics
- .02 orienteering
- .99 other

4. Boat

- .01 canoeing
- .02 rowing
- .03 surf boating
- .04 yachting
- .99 other

8. Racquet

- .01 badminton
- .02 squash
- .03 table tennis
- .04 tennis
- .99 other

5. Individual Water Based

- .01 fishing
- .02 surfing
- .03 surf life saving
- .04 swimming

9. Acrobatic and Aesthetic

- .01 acrobatics
- .02 aerobics
- .03 callisthenics
- .04 gymnastics
- .05 marching
- .06 synchronised swimming
- .07 trampolining
- .08 dancing
- .99 other

10. Target	.01	archery	.02	hiking
	.02	bocce	.03	mountaineering
	.03	billiards and snooker	.04	rafting
	.04	lawn bowls	.05	rock climbing
	.05	croquet	.99	other
	.06	darts		
	.07	golf	.01	motor cycling
	.08	ten pin bowling	.02	motor racing - car
	.09	shooting	.03	go-karting/karting
	.99	other	.99	other
11. Combative			15. Motor	
	.01	boxing	.01	motor cycling
	.02	fencing	.02	motor racing - car
	.03	akido	.03	go-karting/karting
	.04	judo	.99	other
	.05	ju-jitsu		
	.06	karate		
	.07	kendo		
	.08	kung fu		
	.09	taekwondo		
	.10	wrestling		
	.11	self defence		
	.99	other		
12. Power			16. Wheeled	
	.01	powerlifting	.01	BMX
	.02	strength and conditioning	.02	cycling - road
	.03	weightlifting	.03	cycling - mountain
	.99	other	.01	in-line skating (roller blading)
			.02	roller hockey
			.03	roller skating
			.04	skateboarding
			.99	other
13. Equestrian			17. Multidiscipline and Related	
	.01	dressage	.01	biathlon
	.02	endurance riding	.02	modern pentathlon
	.03	eventing	.03	triathlon
	.04	pony club	.04	duathlon
	.05	show jumping	.99	other
	.06	polo/polocrosse		
	.07	rodeo		
	.08	trotting/harness		
	.09	racing		
	.10	mustering or stock work		
	.11	trail or general riding		
	.99	other		
14. Adventure			18. Aero	
	.01	abseiling	.01	aerobatics
			.02	gliding
			.03	hang gliding
			.04	parachuting
			.05	para-gliding
			.99	other
			19. Disabled	
			.99	other
			20. Other	
			.01	Aussie Sport (modified sport)
			.02	school sport
			.03	school PE
			.04	school free play
			21. Unspecified	
			.99	other

Phase or aspect of involvement in activity or event

- Definition** the phase of the activity when the injury occurred.
- Guidelines** Select term most applicable to a particular sport or select 'other' category and explain
- Comment:** This item will help to identify the particular phase of sport when injury occurs. If trying to identify when during competition the injury occurred, to try and relate the injury to warm up or fatigue, it would be important to record the time of injury, the amount of time the person had been participating and the time into the game.

Coding Options

1. pre-event (eg journey, taping, dressing)
2. warm up
3. training
4. competition
5. cool down
6. post event (eg journey, showering)
7. during other activity
8. unknown

Activity when injured: grade or level

- Definition:** Grade or level of competition or type of activity at the time of injury. The elite level includes state or national representation, a national level competition such as the National Basketball League or National Soccer League, or athletes on an AIS/SIS scholarship. The grade of competition can be broken down into Masters/Veterans, Adult/Other and Junior. The grade of competition can be broken down into sport specific categories if required.
- Guidelines:** Using the matrix, identify if the competition is elite or non-elite and then the grade of activity.
- Comment:** This item can help to identify if injuries are more prevalent in elite or non-elite competition as well as if the injury rate is higher in lower grade competition. In some sports the level of sports medicine support is higher for first grade with doctors, physiotherapists and sports trainers, whereas in lower grades the players are not well supported. Skill levels and fitness may vary between levels of play and relate to injury prevalence.

Elite	Non-elite/other
Masters/Veterans • age groups etc	Masters/Veterans • age groups etc
Adult/Other Examples • 1 st , 2 nd , 3 rd etc grade • Pennant, A, B, C grade • weight categories etc	Adult/Other Examples • 1 st , 2 nd , 3 rd etc grade • Pennant, A, B, C grade • weight categories etc
Junior • age or weight categories etc	Junior • age or weight categories etc

Injury Factors

Definition Types of objects, substances and environmental factors involved in the occurrence of injury.

Guidelines Select the code that best describes the main factor which led to the occurrence of the injury. Give preference to specific factors over general ones. If two or more categories are judged to be equally appropriate, select the one that comes first in the code list.

Alternatively, as sports injuries are often multi-factorial, a data collection system might record more than one factor. In a situation where there are two or more risk factors, list the item occurring first in the list as factor 1 and the next factor in the list as factor 2.

The following list has been subjectively abbreviated from NDSIS - Level 2, item 6 Major Injury Factors to include factors most relevant to sport. Where the item maps to the NDSIS list, the code item is shown. Where there is an asterisk (*), the item has been added as a potential injury factor. As the item is used in sports injury surveillance and feedback is given, the factor list will be modified.

A complete list of injury factors from the NDSIS v2c is included in Appendix D for reference.

Injury Factor Group Name	Factor Number	Title
EXTERNAL FACTORS		
06. Sporting Equipment		
	0601	ball
	0609	other sporting projectile eg javelin, puck, discus
	0629	bat, racquet, hockey stick etc
	*	field equipment eg goal post, corner post, base, stumps
	*	surrounding equipment eg fencing, signs, spectator seating, PA system
	*	other object/structure on or near playing area
	0699	other or unspecified sporting equipment
08. Natural object or animal		
	0801	tree (includes branch, stick, twig)
	0802	plant (excludes tree [0801])
	0811	climatic factor (eg wind, rain, snow, sunshine)
	0821	natural surface (includes irregularity such as pothole)
	0832	dog
	0833	horse
	0899	other or unspecified natural object or animal
09. Food, drink, personal use item		
	0903	alcohol (beverage)
	0921	footwear (includes sporting or industrial shoe or boot)

11. Structure or fitting		
	1124	floor
	*	floor - wooden
	*	floor - concrete
	*	floor - synthetic surface (grass, rubber matting)
	*	floor - tennis etc hard court surfaces
* Outdoor playing environment		
	*	surface - turf (uneven, long grass, pot holes)
	*	surface - sand (compacted, wet, unraked)
	*	bitumen, concrete (poor condition, holes, loose stones)
	*	clay, crusher dust etc
13. Miscellaneous		
	1302	hypodermic needle, syringe
* Other: environmental		
	*	heat: solar, humidity
	*	cold: snow, blizzard, ice
	*	wet and slippery ground conditions
	*	hard and compacted ground conditions
	*	windy, storm
	*	lightning

Equipment used with intent to protect against injury

Definition equipment used or designed to protect participant or spectators from injury.

Context this will generally be protective equipment such as padding, braces and guards, but may include vehicle safety devices, or barriers constructed to separate the activity from the spectator

Guidelines choose the item or items from the list that were used on the body part injured, or may relate to the cause of injury. For example, a mouthguard can protect the teeth and gums, but can also reduce the forces transmitted to the head and reduce concussion.

Specific questions may be phrased on the data collection form such as:

- Was protective equipment worn on the body part injured, or related to the injury (eg mouthguard can lessen concussion from a blow to the jaw)? If yes, specify _____
- Were the required protective devices, such as goal post padding or netting behind batter and catcher, in use and of required standards? Specify _____

Comment: Protective devices, personal or environmental, are important factors in creating a safer environment for sport. This question is designed to ascertain the use of protective equipment and the relationship to injury. This can be a valuable question for assessing the effectiveness of protective equipment of reducing or preventing injury.

Personal Protective Devices and Equipment

1. braces, guards, orthoses
2. rigid taping of joints
3. padding of joints and bony prominences
4. thermal devices (thermoskin, wetsuit)
5. splints
6. box (cricket, hockey etc)
7. gloves
8. mouthguard
9. eye goggles (squash, cycling, swimming)
10. helmet
11. face mask
12. footwear (safety design eg hard toes, cleat design, high tops, orthotics)
13. flotation device
14. vehicle restraints

Environmental Protective Devices

1. goal post padding, corner markers etc
2. protective padding, (high jump pits, judo mats)
3. barriers between area of activity and spectators and surrounds
4. safety restraints (ropes, harnesses etc)

Mechanism of injury

(Source: NDSIS v2.1, additions to list are in italics)

- Definition** The way in which the injury was sustained ie what hurt the person. For example if a player is tackled and collides with the knee of another player with their head, it is the collision with the knee that is the injury mechanism, not the tackle.
- Guidelines** Select the category which best describes the main mechanism of injury, ie the last step in the chain of events which causes the injury. Where two or more categories are judged to be equally appropriate, select the one that comes first in the code list.
- Comment:** A new category of 'non acute/overuse' has been included to identify an injury that may not have a well defined injury initiating event but presents for treatment due to a gradual worsening of the condition. These types of injury are usually overuse injuries where several factors combine in effect to cause an injury event, for example, anterior shin pain in runners, shoulder tendinitis in swimmers and patella tendinitis in basketballers and volleyballers.

Fall

- 01 fall or stumble on same level
- 02 fall, slip or trip on same/uneven level
- 03 fall on or from stairs
- 04 fall/jump/awkward landing from lesser height (< 1m)
- 05 fall/jump/awkward landing from greater height (=> 1m)
- 08 other specified fall
- 09 unspecified

Struck, hit by contact with other object, person or animal

- 10 contact with moving object (bicycle, javelin, racquet, ball)
 - 10.1 object is another participant's equipment (racquet, bat, vehicle etc)
 - 10.9 other moving object
- 11 contact with static object (fence, equipment, posts)
 - 11.1 object is another participant's equipment
 - 11.9 other static object
- 12 contact with person (umpire, player, spectator)
 - 12.1 moving person
 - 12.2 stationary person
 - 12.3 person, unknown whether moving
- 13 contact with animal (horse, cattle)
- 18 other specified contact
- 19 unspecified contact

Crushing, piercing, abrading

- 20 pinching, crushing
- 21 cutting, tearing
- 22 puncture
- 23 bite/sting by animal/human/insect
- 24 abrading, rubbing, friction (eg foot on boot, sliding across ground)
- 28 other specified crushing/piercing
- 29 unspecified crushing/piercing

Suffocation

- 40 strangulation
- 41 obstruction of airways
- 42 drowning and near drowning
- 43 compression of chest
- 44 asphyxia due to smoke, or oxygen depletion
- 48 other specified suffocation
- 49 unspecified suffocation

Chemical Effect

- 50 corrosion by solid substances
- 51 corrosion by liquid substances
- 52 corrosion by gaseous substances
- 53 corrosion unspecified
- 54 poisoning by solid substances
- 55 poisoning by liquid substances
- 56 poisoning by gaseous substances
- 57 poisoning unspecified
- 58 other chemical effect
- 59 unspecified chemical effect

Thermal effect

- 60 hot liquids or steam
- 61 hot objects
- 62 open fires, flames
- 63 *whole body heating (eg hypothermia)*
- 64 part of body cooling (eg frostbite)
- 65 whole body cooling (eg hypothermia)
- 66 contact cooling
- 67 cold unspecified
- 68 other specified thermal effect
- 69 unspecified thermal effect

Electric, radiation effect

- 70 electric current
- 71 welding light
- 72 sun light
- 78 other specified electric/radiation effect
- 79 unspecified electric/radiation effect

Gradual or chronic over-exertion of body or part of body

- 82 repetitive trauma, overuse
- 85 unspecified gradual or chronic over-exertion

Acute over-exertion of body or part of body

- 86 sudden or rapid change of speed (includes accelerating, decelerating by own effort)
- 87 sudden or rapid change of direction (includes pivoting, twisting)
- 89 unspecified acute over-exertion of body part or part of body

Other and unspecified mechanism of injury

- 90 acoustic energy, loud noise
- 98 other specified mechanism of injury
- 99 other unspecified

Narrative of mechanism of injury

(Source NDSIS v2.1)

Definition A text description of the injury event.

Context This information may be used to provide additional information to what is recorded from tick box options. It can also help to cross check accuracy of data in limited option categories.

Guide for use Write a brief description, 8 words minimum, of how the injury occurred. It should indicate what went wrong (the breakdown of the event), the mechanism by which this led to injury, and the object(s), substance(s) or other environmental factors most important in the event. The type of place at which the event occurred and the activity of the person when injured should also be indicated, as should use (or presence) or non-use (or absence) of relevant protective devices.

Comment: This item is very useful for club or facility injury records. The information is easily collated and able to be used for injury prevention measures.

Examples

1. Playing soccer in an interschool competition match. The grass pitch was wet. Player slipped while trying to get possession of the ball, striking his mouth against that player's shoulder. Player was not wearing a mouthguard (they were not required by the coach). Player was wearing ordinary soccer boots.

Main elements of information in the example

Specific location soccer pitch

Specific activity playing school competition soccer

What went wrong? slipped on wet grass during difficult manoeuvre

Mechanism of injury struck another person

Specific object, product not specified

Use of safety devices not wearing mouthguard, wearing soccer boots

2. Player jumped to block spike, landed on opposing players foot, rolled over ankle. No ankle brace or tape.
3. Player attempting to kick for goal, opposing player tackled from side at knee level, player collapsed. Penalty called.
4. Indoor rock climbing, person experienced pain which has been worsening over last 2 weeks in tendons of right hand fingers and wrist when using small grips.

Describe exactly how the injury occurred _____

Injury Site

Body Region and Body Chart

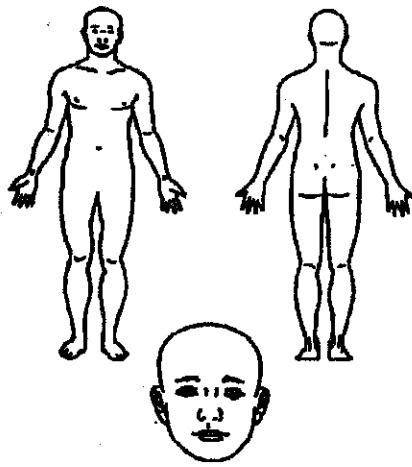
(Source NDSIS v2.1)

Definition body site of injury

Context depending on the detail required for the surveillance, the site of injury can be defined into joints or areas such as face or knee. If a specific structure is required, then further categories are given

Guidelines select the body region by circling or indicating on the body chart the site of injury. Alternatively, the text option can be used. Select the region first and then the specific structure.

If a patient should present complaining of pain in the posterior thigh which is diagnosed as lumbar spine in origin (sciatica), then this should be coded as body part of symptoms as thigh, but the diagnosis will reveal that it of lumbar origin. This will apply also for upper limb pain that is related to the cervical spine.



Body region list

1. Head (excludes face[2])
2. Face (excludes eye [22])
3. Neck
4. Thorax
5. Abdomen
6. Lower back (includes loin)
7. Pelvis (includes perineum, anogenital area, buttocks)
8. Shoulder
9. Upper Arm
10. Elbow
11. Forearm
12. Wrist
13. Hand (includes fingers)
14. Hip
15. Thigh
16. Knee
17. Lower leg
18. Ankle
19. Foot (includes toes)
20. Unspecified bodily location
21. Multiple injuries (involving more than one bodily location)
22. Body location not required

Specific Structure Injured

1. Head (excludes face)

- .1 ears
- .2 skull
- .3 hair/scalp
- .4 other

.3 soft tissues - ligaments and tendons

.4 other, not specified

2. Face (excludes eye)

- .1 nose
- .2 mouth
- .3 cheek
- .4 jaw
- .5 teeth
- .6 gums
- .7 face non-specified

7. Pelvis

- .1 hip bones (iliac, pubic, sacrum)
- .2 buttock muscles
- .3 groin muscles
- .4 soft tissues - ligaments and tendons
- .5 nerves
- .6 blood vessels
- .7 other, not specified

3. Neck

- .1 cervical vertebrae
- .2 soft tissue - muscles
- .3 soft tissue - joint capsule and ligaments
- .4 skin
- .5 trachea
- .6 oesophagus
- .7 nerves
- .8 blood vessels
- .9 other, not specified

8. Shoulder

- .1 gleno-humeral joint
- .2 AC joint
- .3 SC joint
- .4 anterior soft tissues (joint capsule, tendons and ligaments)
- .5 posterior soft tissues (joint capsule, tendons and ligaments)
- .6 superior soft tissues
- .7 inferior soft tissues
- .8 skin
- .9 blood vessels
- .10 other, not specified

4. Thorax

- .1 thoracic spine vertebrae
- .2 soft tissues - posterior muscles
- .3 soft tissues - anterior and lateral muscles
- .4 soft tissues - ligaments and tendons
- .5 ribs
- .6 internal organs (lungs, heart)
- .7 sternum
- .8 skin
- .9 other, not specified

9. Upper Arm

- .1 anterior muscles and soft tissues
- .2 posterior muscles and soft tissues
- .3 skin
- .4 blood vessels
- .5 other, not specified

5. Abdomen

- .1 internal organs
- .2 abdominal muscles
- .3 skin
- .4 blood vessels
- .5 other, not specified

10. Elbow

- .1 radio-humeral joint
- .2 ulnar-humeral joint
- .3 superior radio-ulnar joint
- .4 nerves
- .5 medial soft tissues
- .6 lateral soft tissues
- .7 skin
- .8 blood vessels
- .9 other, not specified

6. Lower Back

- .1 lumbar spine vertebrae
- .2 soft tissues - posterior muscles

11. Forearm

- .1 radius
- .2 ulna
- .3 medial soft tissues'

Nature of injury - pathology

(Source NDSIS v2.1, additional items shown in italics)

Definition: the type of injury pathology. Severity of injury is also related to this category as fractures and eye injuries will generally be more severe than blisters and abrasions.

Guidelines: choose the most appropriate type/s of pathology at the time of presentation. The body part and pathology of the injury are the first two elements of the Orchard Coding System. This information gives a general description of the injury type, but the specific injury diagnosis may be necessary for clinical and hospital injury surveillance. There is the potential for there to be more than one injury type, particularly if there are multiple injuries, or for one injury that includes a fracture and dislocation. It is important to allow the choice of more than one pathology in the reporting form as well as in the data base.

Coding Options

1. Superficial (includes bruise, blister, graze; excl. superficial eye injury [13])
 - 1.1 Blister
 - 1.2 Superficial swelling, inflammation
2. Open wound (excludes eye injury [13])
3. Fracture (excludes fractured tooth [21])
 - 3.1 Stress fracture
4. Dislocation (includes ruptured disc, cartilage.)
5. Sprain or strain
 - 5.1 sprain
 - 5.2 strain
6. Injury to nerve (includes spinal cord; excludes intracranial injury [20])
7. Injury to blood vessel
8. Injury to muscle or tendon
 - 8.1 overuse or stress injury to muscle or tendon
9. Crushing injury
10. Traumatic amputation (includes partial)
11. Injury to internal organ
12. Burn or corrosion (excl. eye [13])
13. Eye injury (excl. foreign body in external eye [14.1]; includes burn)
14. Foreign body
 - 14.1 Foreign body in external eye
 - 14.2 Foreign body in ear canal
 - 14.3 Foreign body in nose
 - 14.4 Foreign body in respiratory tract (excludes foreign body in nose [14.3])
 - 14.5 Foreign body in alimentary tract
 - 14.6 Foreign body in genito-urinary tract
 - 14.7 Foreign body in soft tissue
 - 14.9 Foreign body, other/unspecified
20. Intracranial injury (includes concussion)
21. Dental injury (includes fractured tooth)
22. Drowning or immersion
23. Asphyxia or other threat to breathing (excl. drowning [22])
24. Electrical injury
25. Poisoning or toxic effect (excludes venomous bite [26])
26. Effect of venom; any insect bite

- 27. Other specified nature of injury**
 - 27.1 Hypothermia
- 28. Injury of unspecified nature**
- 29. Multiple injuries of more than one 'nature'**
- 30. No injury detected**
- 31. Symptoms (not injury)**
 - 31.1 Cramp
 - 31.2 Fatigue
 - 31.3 Other symptoms

Provisional Diagnosis

Definition the diagnosis at the time of recording the injury. This diagnosis may change once further information is available on the injury from further diagnostic tests and response to treatment

Diagnosis Text

Free text is used to describe or to give a specific diagnosis for an injury. This could be limited to a list of diagnoses in a selection box, so that several options of spelling eg tendonitis and tendinitis are not recorded as different diagnoses.

The use of diagnosis as text is useful as a back up when there may be a mistake in the recording of the body part or nature of the injury. The text description will help to verify the accuracy of the information.

Injury Diagnosis



Treatment Factors

Definition of Treatment

Treatment consists of any action that is taken by attending personnel, to address the needs of someone who is injured or is believed to be injured. This includes such things as initial assessment on the field or in a first aid area, RICER (rest, ice, compression, elevation and referral), dressings, manual therapy, splinting and bracing and massage. Information on the management and rehabilitation of the injury may be kept and this will include presentations at places such as a hospital, sports medicine clinic, physiotherapist, podiatrist or massage therapist. This information is important for medico-legal reasons as well.

The injury details need only be recorded once at the initial presentation for treatment. When ongoing treatment is provided, the reason for presentation is 'ongoing treatment' and the treatment modalities only are recorded for that presentation. Insurance records will generally be a compilation of treatment presentations. Complete injury and treatment records can provide valuable information on the severity of injury, cost of injury and injury outcomes.

Date of presentation

This item records the date of treatment for the injury. In many cases, it will be the same as the date of injury (particularly for acute and severe injuries). This may not necessarily be so, however, if the injured person delays seeking treatment for their injury.

For data consistency, it should be checked that the Date of Presentation is not recorded as occurring before the Date of Injury.

DD/MM/YYYY

Time of presentation for treatment

The time at which the injured person received treatment for, or assessment of, their injury should be recorded by using a 24 hour clock.

This variable is likely to be of most relevance to a medical coverage setting or sporting event setting. In some settings, where the Time of Injury is also recorded, the difference between these two variables can be used to determine the time lag between injury and administration of treatment.

For data consistency, it should be checked that the Time of Presentation is not recorded as occurring before the Time of Injury.

HH:MM:SS am/pm

Reason for presentation

Definition defines the context for why the person is presenting with an injury. An **injury case** for the purpose of surveillance is defined to be one that arises out of a distinct injury event. The injury may then be classified into a new, recurrent or exacerbated injury.

- A **new injury** is the first ever episode of an injury of this type to this body part/structure. For example, a player's first sprained ankles is recorded as a new injury.
- A **recurrent injury** is a second or subsequent episode, with an 'injury free' period between episodes. 'Injury free' refers to a period where there are no residual signs or symptoms of the original injury and could be weeks, months or years. Recurrent injuries can include ankle sprains, back pain, and finger dislocations.
- An **exacerbated injury** is a recent worsening of an unresolved injury. For example, a player can incur a grade 1 sprain of the medial ligament of the knee and return to play before complete rehabilitation and injure the ligament further and increase the injury to a grade 2 or 3 injury.
- The **ongoing treatment** option should be used during medical coverage for multi-sport events or games over several days when ongoing treatment is provided for participants over the duration of the games. It should also be used to indicate ongoing management of an injury in a clinic setting.

Guidelines select the most appropriate classification of the injury as it relates to the reason for presentation

1. new injury
2. recurrent injury
3. exacerbated injury
4. ongoing treatment (clinic or games setting)
5. other _____
6. unknown

Treatment

Definition: the type of treatment provided at the initial injury event or as ongoing management of the injury.

Guidelines: choose from the list the treatment or treatments that best describe the immediate or ongoing management of the injured person. More than one treatment may be chosen and an injury surveillance form should allow multiple treatments to be recorded.

1. none needed
2. none given, referred elsewhere
3. crutches
4. medication
5. RICER (rest, ice, compression, elevation, referral)
6. ICE (ice, compression, elevation)
7. heat
8. massage
9. strapping/taping
10. manual therapy/manipulation
11. medical assessment
12. wound management (eg suturing, dressing)
13. joint treatment
14. bracing, splints, plaster
15. immobilisation - by other means than in 15
16. surgery
17. tooth replacement (at time of injury)
18. tooth retrieved, taken with patient to dentist
19. electrotherapy
20. other
99. unknown

Advice given to injured person

Definition	immediate advice given to injured person
Context	the items in this category can also be used in determining the perceived severity of injury.
Guidelines	select the most category of advice given to participant at the time of injury/injury recording
<ul style="list-style-type: none">1. immediate return to unrestricted competition or activity2. able to return to activity with restriction (eg runner for batsmen, NWB activity for athlete with stress fracture)3. unable to return at present time4. other _____	

Referral

Definition	indicates if injured person is referred for further assessment, to whom and how urgently they are advised to seek further assessment or treatment
Context	this item will also relate to the severity of injury. Suspected serious injuries will be referred for further evaluation or specialist treatment.
Guidelines	Several questions can be phrased on the injury form with there being options for selection.
1. Did you or will you need to refer the injured person for further assessment or treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. How soon does the person require further assessment or treatment? <ul style="list-style-type: none">1. immediately2. within the hour3. within the next 1-4 hours4. within the day5. next day6. within the next 1-4 days7. within the week8. within the month	
3. Where or to whom is the injured person referred? <ul style="list-style-type: none">1. to other sports medicine professional (excluding doctor)2. doctor (incl sports physician, surgeon)3. diagnostic service (eg xray, ultrasound)4. hospital emergency department5. self (for further treatment or assessment)6. other _____	

Treating Person

Definition: the person or persons providing treatment or ongoing management of the injured person

Guidelines: choose from the list for the most appropriate title of the person that provided the treatment. If more than one person provides assistance, for example where a sports trainer initially assessed the injured person and then a doctor consults, the first treating person is recorded as the sports trainer, and the doctor as the second.

If the initial treating person has more than one qualification, choose the highest relevant qualification.

1. first aider
2. sports first aider/ sports trainer
3. nurse
4. physiotherapist
5. podiatrist
6. massage therapist
7. doctor/general practitioner (incl sports physician)
8. chiropractor
9. dentist/dental technician
10. optometrist/opthamologist
11. orthopaedic surgeon
12. other surgeon
13. coach/umpire
14. self
15. other player
16. parent
99. other

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APPENDICES

Appendix A: Orchard Sports Injury Classification System (OSICS)

The Orchard Sports Injury Classification System (OSICS) had been developed for the coding of injuries in football surveys. The range of diagnosis is broad enough for use in most sports, as long as coding is made by practitioners who are familiar with sporting injuries. Contained within the OSICS code of three alphanumeric characters are the relevant body area (first character) and type of pathology (second character). Please note that OSICS is only a list of common diagnoses and must be used in conjunction with a larger database structure for a complete injury survey. Copyright is owned by Dr John Orchard, but use of the system for research is free and encouraged by the author.

Explanation of Codes

First Character (body area)

Head and neck

- H - head
N - neck

Upper Limb

- S - shoulder
U - upper arm
E - elbow
R - forearm
W - wrist
P - hand

Trunk

- C - chest
O - abdomen
D - thoracic back
L - lumbar back

Lower Limb

- B - buttock
G - groin
T - thigh
K - knee
Q - lower limb
A - ankle/heel
F - foot

General

- X - multiple areas
M - medical problem
Z - area not specified

Second Character (Type of Pathology)

Bone

- F - fracture (not stress or avulsion)

- G - avulsion or chip fracture
- S - stress fracture
- Q - old fracture mal or non-union

Joint

- D - dislocation
- U - recurrent instability/ subluxation
- C - articular/ chondral damage
- J - minor joint trauma +/-synovitis
- P - atraumatic arthritis/ effusion/ joint pain/ chronic synovitis/ gout/ other
- A - chronic degenerative arthritis
- L - ligament tear or sprain

Soft Tissue

- M - muscle tear or strain
- Y - muscle spasm/ cramps/ soreness/ trigger points
- T - tendonitis/ bursitis
- R - complete rupture of tendon
- H - haematoma/ bruising/cork
- K - laceration/skin condition

Other

- B - developmental anomaly
- I - infection
- E - tumours
- O - visceral damage/trauma/surgery
- N - neural condition/nerve damage
- V - vascular condition
- X - systemic disease process
- Z - undiagnosed

Third Character

- 1 to -7 common diagnoses
-8 to be used when making a diagnosis not included in common diagnosis
-9 to be used when specific diagnosis is not known or supplied
-A to -Z special diagnoses used for individual centre research or expansion

CODE	Diagnosis	CODE	Diagnosis	CODE	Diagnosis
HF1	# nose	SF2	# scapula	UM1	Upper arm muscle strain
HF2	# skull	SF3	# neck of humerus	UY1	Upper arm muscle soreness/ trigger points
HF3	# mandible	SG1	Avulsion # shoulder	UR1	Pectoralis major tendon rupture
HF4	# facial bone (s)	SS1	Stress # coracoid process	UH1	Upper arm haematoma
HG1	Avulsed /# tooth	SD1	Dislocated shoulder	UK1	Upper arm laceration/ abrasion
HD1	Dislocated temporomandibular joint	SD2	Acromioclavicular joint dislocation (gr 3)	EF1	Supracondylar # humerus
HJ1	Sprained temporomandibular joint	SU1	Shoulder subluxation / chronic instability	EF2	# humerus condyle (s)
HY1	Facial muscle trigger points	SC1	Shoulder chondral lesion (eg SLAP)	EF3	# head of radius or olecranon
HH1	Head/ Facial haematoma	SJ1	Shoulder joint sprain	EG1	Elbow avulsion #
HK1	Scalp laceration/ abrasion	SJ2	Acromioclavicular joint sprain	ED1	Dislocated elbow
HK2	Facial laceration/ abrasion	SP1	Adhesive capsulitis or frozen/ stiff shoulder	ED2	Dislocation head of radius (including pulled elbow)
HI1	Otitis external	SA1	Shoulder joint degenerative arthritis	EU1	Elbow valgus instability
HI2	Cellulitis/ skin infection, face	SA2	Acromioclavicular arthritis/ distal clavicular osteolysis	EC1	Chondral lesion elbow (+/- loose bodies)
HO1	Eye injury/ trauma	SL1	Shoulder ligament sprain/ tear	EJ1	Sprained/ jarred elbow
HO2	Perforated eardrum	SM1	Muscle strain, shoulder region	EP1	Elbow atraumatic synovitis
HN1	Concussion	SY1	Shoulder trigger points/ posterior muscle soreness	EA1	Elbow joint degenerative arthritis
HN2	Intracranial bleed	ST1	Rotator cuff tendinitis/ subacromial bursitis/ impingement	EL1	Elbow medial collateral ligament strain or tear
HN3	Chronic brain injury	ST2	Biceps tendinitis	ET1	Tennis elbow (lateral epicondylitis)
HN4	Cranial nerve injury	SR1	Rotator cuff tendon rupture/ large tear	ET2	Golfer's elbow (medial epicondylitis)
HV1	Epistaxis (nosebleed)	SR2	Rupture long head of biceps tendon	ET3	Olecranon bursitis/ apophysitis/ triceps tendinitis
HZ1	Headache/ pain undiagnosed	SH1	Shoulder haematoma	ET4	Elbow joint impingement
NF1	Stable cervical #	SK1	Shoulder laceration/ abrasion	EH1	Elbow haematoma
NF2	Unstable cervical #	SB1	Cervical rib	EK1	Elbow laceration/ abrasion
NG1	Avulsion # cervical spine (eg spinous process)	SE1	Tumour, shoulder region	EI1	Elbow infection
NC1	Cervical disc prolapse	SN1	Brachial plexus traction injury/ burner/ stinger	EN1	Ulnar nerve neuropathy, elbow
NC2	Cervical disc degeneration	SN2	Axillary nerve palsy	EN2	Other nerve entrapment, elbow
NU8	Recurrent vertebral subluxation	SN3	Nontraumatic brachial plexus lesion (including thoracic outlet syndrome)	EZ1	Elbow pain, undiagnosed
NJ1	Whiplash/ Neck sprain	SV1	Axillary vessel thrombosis/ insufficiency	RF1	# radius +/- # ulna
NP1	Cervical facet joint pain	SN4	Suprascapular nerve entrapment or palsy	RS1	Stress # radius or ulna
NA1	Cervical facet joint degenerative arthritis	SZ1	Shoulder pain undiagnosed	RM1	Forearm muscle strain
NM1	Neck muscle strain	UF1	# shaft of humerus	RY1	Forearm muscle trigger points
NY1	Neck muscle trigger points/ spasm/ torticollis			RY2	Forearm compartment syndrome
NH1	Neck haematoma			RT1	Extensor tenosynovitis/ intersection syndrome
NK1	Neck laceration/ abrasion			RH1	Forearm haematoma
NB1	Cervical developmental anomaly			RK1	Forearm laceration/ abrasion
NO1	Laryngeal trauma				
NN1	Cervical nerve root compression/ stretch				
NN2	Neck spinal injury				
NN3	Cervical spinal canal stenosis				
NN4	Spinal cord concussion				
NZ1	Neck pain undiagnosed				
SF1	# clavicle				

CODE	Diagnosis	CODE	Diagnosis	CODE	Diagnosis
RK2	Forearm skin lesion		arthritis	DP1	Chronic facet joint pain/ stiffness
RB1	Radio-ulnar variance	PL1	Sprain ulnar collateral ligament thumb (skier's thumb)	DA1	Thoracic facet joint degenerative arthritis
WF1	# scaphoid	PL2	Other hand or finger ligament tear	DM1	Thoracic extensor muscle strain
WF2	# other carpal bone	PT1	Trigger finger	DY1	Thoracic back trigger points
WF3	Intra-articular # radius	PT2	Hand tendinitis	DT1	Scheuermann's disease
WG1	Wrist avulsion #	PR1	Ruptured finger tendon (including mallet finger)	DH1	Thoracic back haematoma
WS1	Radial epiphysis lesion or carpal stress #	PH1	Hand haematoma	DK2	Upper back skin lesions
WQ1	Non-union # scaphoid	PH2	Subungual haematoma/ fingernail problem	DB1	Thoracic scoliosis
WD1	Dislocated carpus	PK1	Hand/ finger laceration/ abrasion	DE1	Tumour thoracic spine
WU1	Carpal instability	PK2	Hand/ finger blisters/ contact dermatitis/ callus	DZ1	Thoracic pain undiagnosed
WU2	Distal radioulnar joint instability	PK3	Hand wart or other skin lesion	LF1	# lumbar vertebrae
WC1	Wrist fibrocartilage tear	PI1	Hand/ finger infection	LG1	# lumbar transverse or spinous process
WJ1	Sprained/ jarred wrist joint	CF1	# rib (s)	LS1	Stress # pars interarticularis
WJ2	Distal radioulnar joint sprain	CF2	# sternum	LQ1	Nonunion lumbar fracture
WP1	Wrist joint synovitis (including impingement syndrome)	CS1	Stress # rib (s)	LC1	Disc prolapse/ disruption
WA1	Wrist osteoarthritis (including avascular necrosis)	CC1	Costal cartilage/ costochondral joint injury	LC2	Disc degeneration
WL1	Carpal ligament tear	CJ1	Sternoclavicular joint injury	LJ1	Lumbar facet joint strain/ jar
WT1	Extensor tenosynovitis/ de Quervain's disease	CM1	Chest muscle strain	LP1	Chronic lumbar facet joint pain (including referred)
WT2	Wrist ganglion	CY1	Chest muscle trigger points	LA1	Lumbar facet joint degenerative arthritis
WT3	Flexor tenosynovitis	CH1	Bruised ribs/ chest wall (excl sternum)	LL1	Lumbar region ligament sprain
WR1	Tendon rupture, wrist	CH2	Bruised sternum	LM1	Lumbar muscle strain
WH1	Wrist haematoma	CO1	Pneumo/ haemothorax	LY1	Lumbar trigger points or muscle spasm
WK1	Wrist laceration/ abrasion	CZ1	Chest pain undiagnosed	LH1	Lumbar haematoma
WN1	Wrist nerve compression (including carpal tunnel syndrome)	OM1	Abdominal muscle strain	LK1	Lumbar laceration/ abrasion
WV1	Aneurysm of vessel near wrist	OMR	Proximal rectus abdominus strain	LB1	Spondylolistesis/ listhesis
WZ1	Wrist pain undiagnosed	OMO	Abdominal oblique muscle strain	LB2	Lumbar scoliosis
PF1	Bennet's #/ dislocation	OY1	Abdominal muscle trigger points or spasm or winding	LB3	Other lumbar anomaly (eg spina bifida occulta)
PF2	# metacarpal	OT1	Rectus abdominus tendinitis	LE1	Tumour, lumbar spine
PF3	# phalanx	OH1	Abdominal haematoma	LN1	Lumbar spinal injury
PG1	Avulsion # phalanx	OO1	Abdominal trauma to internal organs	LN2	Lumbosacral nerve root impingement
PQ1	Malunion finger #	OZ1	Abdominal pain undiagnosed	LN3	Lumbar spinal canal stenosis
PD1	Dislocation	DF1	# thoracic vertebrae	LN4	Lumbosacral nerve stretch/ traction injury
	metacarpophalangeal or interphalangeal joint	DG1	# thoracic transverse or spinous process	LZ1	Lumbar pain undiagnosed
PU1	Chronic instability of finger or thumb	DC1	Thoracic disc prolapse	BF1	# sacrum/ coccyx
PJ1	sprain	DJ1	Thoracic joint facet sprain	BG1	Avulsion # ischial tuberosity
	metacarpophalangeal or interphalangeal joint			BP1	Sacroiliac joint pain
PP1	Finger joint chronic synovitis				
PP2	Hand reflex sympathetic dystrophy				
PA1	Finger degenerative				

CODE	Diagnosis
	(including spondyloarthropathies)
BP2	Sacrococcygeal joint pain
BM1	Gluteal muscle strain/ tear
BMM	Adductor Magnus strain
BMG	Gluteal muscle strain
BY1	Gluteal muscle or piriformis trigger points
BYM	Adductor magnus trigger points
BYG	Gluteal trigger points
BYP	Piriformis trigger points
BT1	Ischial bursitis
BT2	Gluteal tendinitis/ enthesiopathy
BH1	Buttock haematoma
BK1	Buttock laceration/ abrasion
BI1	Ischial abscess
BN1	Piriformis syndrome (with sciatic nerve impingement)
BZ1	Buttock pain undiagnosed
GF1	# neck of femur
GF2	# pelvic ring
GF3	# ilium
GG1	Pelvic avulsion # (iliac spines and pubic rami)
GS1	Osteitis pubis
GS2	Stress # neck of femur
GS3	Pelvic bone stress #
GD1	Dislocated hip joint
GC1	Hip chondral lesion
GJ1	Hip joint sprain/ jar
GP1	Hip joint synovitis
GA1	Hip joint osteoarthritis/ avascular necrosis
GA2	Slipped capital femoral epiphysis
GA3	Perthe's syndrome
GM1	Hip flexor (including psoas) muscle strain/ tear
GMA	Proximal adductor strain
GMP	Iliopsoas muscle strain
GMR	Distal rectus abdominus strain
GM8	Groin muscle strain (unspecified)
GY1	Groin soreness/ trigger points
GYA	Proximal adductor trigger points
GYP	Iliopsoas trigger points
GYR	Rectus abdominus trigger

CODE	Diagnosis
	points
GT1	Adductor tendinitis/ tear
GT2	Hernia/ inguinal canal/ conjoint tendon tear
GT3	Iliopsoas tendinitis/ bursitis
GT4	Trochanteric bursitis
GUH	Posterior inguinal canal deficiency
GH1	Haematoma, hip region
GH2	Testicular/ scrotal haematoma
GK1	Groin laceration or abrasion
GB1	Congenital dislocation of hip
GI1	Groin rash/ fungal infection
GI2	Hip joint infection
GO1	Damage to pelvic organ
GN1	Nerve entrapment, groin region
GZ1	Groin pain undiagnosed
TF1	# shaft of femur
TS1	Stress # shaft of femur
TM1	Hamstring strain/ tear
TM2	Quadriceps strain/ tear
TM3	Adductor muscle strain/ tear (including sartorius)
TMB	Biceps femoris strain
TMT	Distal medial hamstring strain
TMS	Proximal (medial) hamstring strain
TMR	Rectus femoris strain
TMV	Vastus muscle strain
TMA	Distal adductor strain
TY1	Hamstring spasm/ cramps/ trigger points
TY2	Quadriceps spasm/ cramps/ trigger points/ wasting
TY3	Posterior thigh compartment syndrome
TYL	Lateral hamstring trigger points
TYM	Medial hamstring trigger points
TYR	Rectus femoris trigger points
TYV	Vastus trigger points
TH1	Haematoma of thigh/ hamstrings +/- myositis
TK1	Thigh laceration/ abrasion
TE1	Tumour, thigh region

CODE	Diagnosis
TZ1	Thigh pain undiagnosed
KF1	# patella
KF2	Knee # intra-articular
KS1	Stress # patella
KD1	Dislocated patella
KD2	Dislocated knee
KU1	Knee joint chronic instability
KU2	Patella instability
KC1	Knee articular cartilage damage
KC2	Medial meniscus tear
KC3	Lateral meniscus tear
KC4	Knee osteochondritis (+/- loose bodies)
KC8	Knee joint cartilage damage (unspecified)
KJ1	Knee joint sprain/ jar
KP1	Patellofemoral joint pain
KP2	Knee joint rheumatological condition/ atraumatic synovitis
KP3	Knee synovial plica
KA1	Knee joint degenerative arthritis
KL1	Anterior cruciate ligament strain/ tear/ rupture
KL2	Posterior cruciate ligament strain/ tear/ rupture
KL3	Knee medial collateral ligament strain/ tear/ rupture (including pelligrini steida)
KL4	Knee lateral collateral ligament strain/ tear/ rupture
KL5	Knee arcuate ligament/ posterolateral complex strain/ tear
KT1	Iliotibial band syndrome
KT2	Patellar tendinitis +/- bursitis including SLJ syndrome
KT3	Hamstring tendinitis/ bursitis
KT4	Osgood-Schlatter's syndrome/ tibial tuberosity pathology
KT5	Popliteus tendinitis/ strain
KT6	Prepatellar bursitis
KT7	Quadriceps tendinitis or suprapatellar bursitis
KT8	Lateral hamstring

CODE	Diagnosis	CODE	Diagnosis	CODE	Diagnosis
KTS	insertion tendinitis Medial hamstring insertion tendinitis	QI1	Lower leg soft tissue infection	AT7	Tibialis posterior or flexor hallucis tendinitis (ankle)
CTL	Lateral gastrocnemius tendinitis	QE1	Tumour, lower leg	AR1	Achilles tendon rupture
KTM	Medial gastrocnemius tendinitis	QN1	Common peroneal nerve palsy (foot drop)	AH1	Ankle haematoma
KR1	Ruptured patellar tendon	QV1	Deep venous thrombosis	AK1	Ankle laceration
KH1	Knee haematoma (extra-articular)	QV2	Calf/ ankle oedema	AI1	Ankle infection
KH2	Infrapatellar fat pad haematoma/ bursitis	QV3	Varicose veins	AE1	Osteoid osteoma (ankle)
KK1	Lacerated knee	QV4	Popliteal artery entrapment or arterial insufficiency	AN1	Tarsal tunnel syndrome
KB1	Bipartite patella	QZ1	Lower leg pain undiagnosed	AN2	Medial calcaneal nerve entrapment
KB2	Discoid meniscus	AF1	Potts #	AZ1	Ankle pain undiagnosed
KI1	Infected knee joint	AF2	# talus or calcaneus	FF1	# tarsal bone (other than calcaneus or talus)
KE1	Tumour, knee region	AG1	Chip/ Avulsion # ankle	FF2	# metatarsal (s)
KO1	Complication of knee surgery	AS1	Stress # calcaneus or Talus	FF3	# phalanx (foot)
KZ1	Knee pain undiagnosed	AD1	Dislocated ankle	FG1	Foot avulsion #
KZ2	Knee joint haemarthrosis caused by internal derangement	AU1	Ankle instability	FS1	Stress # midtarsal bone (navicular, cuneiforms, cuboid)
QF1	# tibia +/- fibula	AC1	Ankle osteochondral lesion (including talar dome) +/- loose body	FS2	Stress # metatarsal
QF2	# fibula	AJ1	Ankle jarring or capsule sprain	FQ1	Non/ Mal - union foot #
QS1	stress # tibia	AJ2	Inferior tibiofibular syndesmosis sprain	FD1	Dislocated toe
QS2	stress # fibula	AP1	Ankle joint synovitis (including meniscoid lesion)	FD2	Dislocated joint (s) of foot (including Lisfranc injury)
QD1	Dislocated superior tibiofibular joint	AP2	Ankle Reflex Sympathetic Dystrophy	FC1	Fit osteochondrosis (including Kohler's and Frieberg's)
QJ1	Sprained superior tibiofibular joint	AP3	Sinus tarsi syndrome (subtalar joint synovitis)	FJ1	Sprain foot joint
QP1	Baker's cyst (+/- rupture)	AA1	Ankle joint degenerative arthritis	FJ2	Sprained toe/ turf toe
QM1	Calf muscle strain	AL1	Sprain lateral collateral ligament ankle	FP1	Sesamoiditis/ 1st metatarsophalangeal joint pain
QMS	Soleus muscle strain	AL2	Sprain medial collateral (deltoid) ligament ankle	FP2	Tarsal joint pain/ synovitis
QML	Lateral gastrocnemius strain	AT1	Achilles tendinitis/ retrocalcaneal bursitis	FP3	Metatarsalgia
QMM	Medial gastrocnemius strain	AT2	Sever's disease	FP4	Gout (foot)
QB1	Accessory soleus muscle	AT3	Ankle posterior impingement (including Os trigonum)	FP5	Foot Reflex Sympathetic Dystrophy
QY1	Calf muscle cramps/ spasm/ trigger points	AT4	Ankle anterior impingement +/- osteophytes	FA1	1st Metatarsophalangeal joint degenerative arthritis
QY2	Compartment syndrome	AT5	Ankle extensor tendinitis (including Tibialis Anterior)	FA2	Other foot degenerative arthritis
QY3	Lower leg delayed onset muscle soreness	AT6	Peroneal tendinitis or subluxation or dislocation	FL1	Foot ligament sprain (including spring ligament)
QYS	Soleus trigger points			FM1	Foot muscle strain
QYL	Lateral gastrocnemius trigger points			FY1	Foot muscle spasm/ cramp/ trigger points
QYM	Medial gastrocnemius trigger points			FT1	Plantar fasciitis/ strain/ calcaneal spur
QT1	Medial tibial stress syndrome			FT2	Foot extensor tendinitis
QH1	Bruised shin			FT6	Cuboid syndrome or foot peroneal tendinitis
QH2	Calf haematoma			FT7	Tibialis posterior insertion tendinitis
QK1	Lacerated shin				
QK2	Lacerated calf				

CODE	Diagnosis	CODE	Diagnosis
FR1	Ruptured tibialis posterior tendinitis	MO3	haematuria, varicocoele
FH1	Foot haematoma	MO8	Dental, eye, ear, nose or throat disease
FH2	Toenail problem/ haematoma	MN1	Other surgical diagnosis
FH3	Heel fat pad bruise	Neurological including	epilepsy, migraine, coma
FK1	Foot laceration	MV1	Cardiovascular
FK2	Foot blistering/ callus/ ulcer	MX1	Environmental (including hypo/ hyper thermia, barotrauma)
FK3	Plantar wart	MX2	Condition due to drug use, overdose, poisoning
FB1	Tarsal coalition	MX3	Asthma/ allergy/ hay fever respiratory
FB2	Symptomatic accessory bone of foot	MX5	Gynaecological
FB3	Foot deformity (including claw, hammer toes, bunions)	MX6	Psychological/ Psychiatric
FI1	Athlete's foot/ tinea	MX7	Nutritional or haematological or enterological or endocrine
FI2	Foot cellulitis/ infected ulcer	MX8	Other medical diagnosis
FE1	Osteoid osteoma (foot)	MZ1	Tired athlete undiagnosed
FN1	Morton's neuroma or Joplin's neuritis	MZ2	Other medical symptoms or signs, non-specific
FZ1	Foot pain undiagnosed	ZZ1	Paperwork (certificate, referral, prescription etc.)
XU1	Generalised joint hypermobility	ZZ2	Pre-participation screening or precompetition or insurance
XP1	Widespread rheumatological condition	ZZ3	Immunisation or preparation for overseas travel
XY1	Fibromyalgia/ multiple trigger points	ZZ4	Advice regarding equipment (eg footwear)
XY2	Generalised muscle spasticity/ joint hypomobility		
XK1	Rash or other dermatological condition		
XB1	Congenital disease affecting musculoskeletal system		
XB2	Leg length discrepancy		
MI1	Otorespiratory infection (including tonsilitis, otitis media)		
MI2	Gastrointestinal infection (including food poisoning)		
MI4	Systemic non-specific virus		
MI5	Virus proven by serology (eg. Epstein, Hepatitis B)		
MI6	Genitourinary infection		
MI8	Infection, other		
ME1	Non-musculoskeletal tumour (eg lymphoma)		
MO1	Appendicitis		
MO2	Urological including		

Appendix B - Sports injury definitions

What is a Sports Injury?

Currently, there is no universally accepted or uniform definition of a sports injury (Finch, 1997). Existing definitions have evolved from the purpose or intent of data collection, whether it be for a statistical definition for a large sporting event or a technical definition for a research project.

The term 'sports injury' refers to all types of damage to the body that occurs as a result of competing, training and/or participating in a physical activity (SportSafe Australia: A National Sport Safety Framework, 1997).

In the context of this report, the terms 'sport' and 'sport injury' are taken to apply broadly across each all levels of participation. This definition includes sports related illnesses such as heat stress, sudden death and overtraining, as well as injuries related to occupational pursuits such as training activities for military and emergency services personnel (eg police, fire brigade, etc) and activities of coaches, officials and fitness trainers.

Examples of 'Sports Injury' Definitions

- ⌘ "a reportable injury is one that limits athletic performance for at least the day after the day of onset" (National Athletics Injury Recording System (NAIRS), Clark 1970)
- ⌘ "any injury as a result of participation in sport with one or more of the following consequences (van Vulpelen 1989):
 - reduction in the amount or level of sports activity
 - need for (medical) advice or treatment
 - diverse social or economic effects."
- ⌘ "Any injury which caused a player to miss playing time during a match or be unable to be selected in a match or participate in a training session." (Orchard, 1993)
- ⌘ A sports injury is an incident that occurs as a result of increased physical activity that is not occupationally related for amateurs, but includes activities of professional athletes" (Harvey, 1997)
- ⌘ "The term "sports injury" refers to all types of damage to the body that occurs as a result of competing, training and/or participating in a physical activity which is largely within the sports arena. This definition encompasses injuries that are incurred during participation in sporting activities across a number of different levels (ASIPT, 1997):
 - formal professional sport
 - formal non-professional sport
 - informal sporting activity
 - school sport
 - general recreation activity
 - fitness activities
 - adventure sports and activities

Appendix C - Injury severity definitions

Severity Definitions

A number of other possible definitions of a sports injury, or an assessment of its severity, can be made (van Mechelen 1997).

Nature of Injury

The nature of injury determines the type of assistance sought and the place of treatment. Abrasions or cuts may be treated by a sports trainer at the side of the field, whereas fractures would be referred to hospital and a medical officer.

Duration and Nature of Treatment

The types and frequency of treatment are strongly related to the injury severity. Surgery and extensive rehabilitation indicates a more severe injury than one that is self treated or which requires only several visits to a physiotherapist.

Sports Time Lost

Time lost from sport has more serious economic consequences for professional athletes, but there is the potential loss of health and psychosocial benefits from exercise for all participants. Examples of severity measures relating to time lost from sport include:

1. minor (1-7 days lost), moderately serious (8-21 days lost) and serious (over 21 days lost or permanent damage) (Schlatmann et al 1986)
2. minor (absence from sport < 1 week), moderate (absence from sport 1-3 weeks) and severe (absence from sport > 4 weeks) (Sandelin et al 1987)
3. Time lost from training (Van Galen and Diederiks 1990)
4. minor (no further treatment required), moderate (some further treatment required) and severe injury (referral to hospital) (Finch 1995)

Working Time Lost

Working time lost gives an indication of the financial consequences of sports injury to society. This should also include time lost from study for full time students.

Permanent Damage

The majority of sport participants recover from injury without permanent disability, but serious injuries such as fractures, and ligament, eye and spinal injuries can result in permanent damage. A participant may have to modify their level of activity, choose an alternative sport or cease activity entirely. The injury may also impact on the individuals capacity for work..

Costs of Sports Injury

The cost of injury includes the financial implications of the previous 5 headings. These costs can be categorised into direct and indirect costs. Direct costs include the cost of medical treatment, rehabilitation, medications, splints and braces, xrays, hospital costs etc. Indirect costs relate to the expenditure incurred due to working time lost and expertise due to death and handicap.

Appendix D - Major Injury Factors NDSIS v2c

Definition: Types of objects and substances involved in the occurrence of injury.

Group Name	Code	Title
01. Infant or child's product		
	0101	baby pram, pusher, etc
	0102	baby walker
	0103	high chair
	0104	cot
	0109	other product intended for infant/child care
	0121	tree house, play house
	0122	tricycle (child's) or other ride on toy (excludes bicycle [0549])
	0129	other toy
	0141	flying fox
	0142	monkey bar or other playground climbing apparatus
	0143	slide, sliding board
	0144	swing, swing set
	0149	other playground equipment
	0199	other or unspecified infant or child's product
02. Furnishing		
	0201	bed (excludes bunk bed [0202], cot [0104])
	0202	bunk bed
	0219	cabinet, rack, room divider, shelf
	0229	chair, stool (excludes step, stool [0711])
	0239	sofa, couch, lounge, divan etc
	0249	table, desk, bench, etc
	0259	rug, mat, loose carpet
	0299	other or unspecified furnishing
03. Appliance		
	0301	electric kettle or jug
	0302	cooking appliance (includes stove, oven, cook top, BBQ)
	0319	heating appliance (includes space heater, electric radiator, slow combustion heater)
	0329	refrigerator, freezer
	0339	iron, other heated clothes pressing appliance
	0349	washing machine
	0399	other or unspecified appliance
04. Utensil or container		
	0409	knife
	0419	cutlery, food preparation utensil (excludes knife [0409])
	0421	drinking glass
	0439	clothesline, clothes drying rack, clothes horse
	0459	waste container, rubbish basket, refuse bin
	0491	grocery or shopping trolley
	0499	other or unspecified utensil or container
05. Transport (includes mobile machinery)		
	0509	passenger car or station wagon, people mover
	0511	ag-bike
	0519	motorcycle or sidecar, other or unspecified
	0521	truck or goods van (3 tonnes or more)

0522	light truck, utility, van (<3 tonnes)
0539	bus (10 seat or more)
0549	bicycle
0559	trailer or horse float
0569	train or tram
0571	tractor
0572	harvesting machine
0573	auger
0574	slasher
0575	fork lift or lift truck
0576	lawn mower (power or manual)
0579	mobile machinery other or unspecified
0589	vehicle part, fitting or accessory
0599	other or unspecified transport

06. Sporting equipment

0601	ball
0609	other sporting projectile (eg. javelin, discus, puck, shuttlecock)
0629	bat, racquet, hockey stick, etc
0649	object/structure on or near playing area (eg goal post, boundary fence)
0699	other or unspecified sporting equipment

07. Tool

0701	nail, screw, carpet tack, drawing pin, etc
0711	ladder, movable steps (incl. step stool)
0712	scaffolding
0721	hand tool: hammer (includes sledge, mallet, etc)
0722	hand tool: chopping (eg hatchet, axe)
0723	hand tool: cutting (eg saw, chisel, plane)
0724	hand tool: lifting (eg jack, hoist)
0731	power tool: nail gun or stud driver
0732	power tool: grinder, buffer, polisher
0741	power tool: chain saw
0742	power tool: circular saw
0749	power tool: other or unspecified
0751	shearing plant
0752	dairy/milking plant
0753	press (excludes printing press [0799])
0759	fixed plant/machinery other or unspecified
0761	welding equipment
0799	other or unspecified tool

08. Natural object or animal

0801	tree (includes branch, stick, twig)
0802	plant (excludes tree [0801])
0811	climatic factor (eg wind, rain, snow, sun)
0821	natural surface (includes irregularity, such as pothole, ditch)
0831	bee, wasp
0832	dog
0833	horse
0834	reptile
0835	spider
0836	cattle
0837	sheep
0899	other or unspecified natural object or animal

09. Food, drink, personal use item

0901	hot oil or fat
0902	food; cold non-alcoholic beverage
0903	alcohol (beverage)
0904	hot beverage (eg tea, coffee, soup)
0921	footwear (includes sporting or industrial shoe or boot)
0929	other clothing
0941	jewellery
0942	coin
0943	pen, pencil
0999	other or unspecified food, drink or personal use item

10. Chemical substance

1001	moth repellent (includes naphthalene, camphor)
1002	petrol, other petroleum distillate (eg kerosene, diesel, fuel oil, white spirit)
1003	dishwasher detergent
1004	soap, detergent, cleaning compounds (excludes dishwasher detergent)
1005	paint, paint thinner (includes turpentine), paint stripper
1006	bleach, caustic (includes ammonia)
1007	carbon monoxide
1008	pesticide, insecticide, herbicide
1049	other or unspecified chemical substance (excludes drug medication [1099])
1050	antihistamine
1051	aspirin, aspirin compound
1052	paracetamol, paracetamol compound
1053	sedative, tranquilliser, psychotropic
1054	ointment, topical medicine, liniment
1055	preparation containing iron salt
1099	other or unspecified drug or medication

11. Structure or fitting

1101	toilet bowl, cistern, associated plumbing
1102	bathtub, shower
1121	door (includes sill, frame, etc, excludes glass door)
1122	glass door
1123	window (includes sill, frame etc)
1124	floor
1141	fence, gate
1161	handrail, railing, banister
1189	electrical fixture (includes wiring system)
1199	other or unspecified structure or fixture

12. Material (not part of structure or of uncertain origin)

1209	rock, stone, gravel, etc
1219	brick, concrete, concrete block
1229	wood: timber, board, splinter, etc
1239	metal: sheet, part, piece, etc
1249	glass: sheet, piece, shard etc
1299	other or unspecified material

13. Miscellaneous

1301	pin, needle (excludes hypodermic needle [1302])
1302	hypodermic needle, syringe
1321	hot water
1322	water (excludes hot water [1321])
1331	rope or string
1399	other or unspecified factor

Appendix E - An example of a Sport Specific Data Collection Form

RUGBY LEAGUE INJURY REPORTING FORM

Position: _____

Player/Referee/Coach/Spectator

Initials: _____

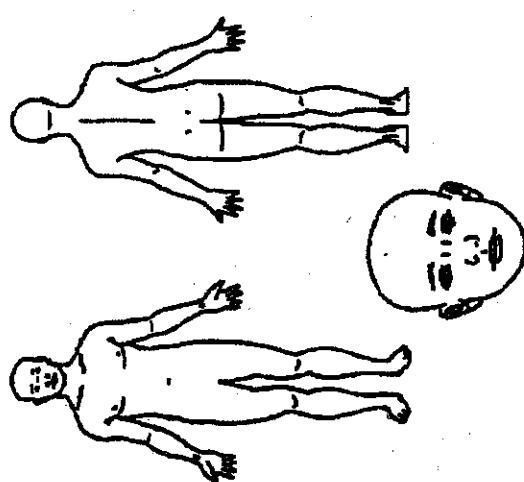
Name: _____

Grade: _____

Gender: M F _____

Team: _____

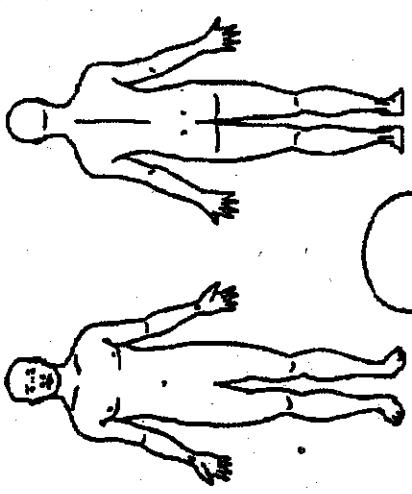
Venue/area at which injury occurred: _____

Date of Injury / / _____ Type of activity at time of injury <input type="checkbox"/> training/practice <input type="checkbox"/> competition <input type="checkbox"/> other _____	Nature of Injury/Illness <input type="checkbox"/> abrasion/graze <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____	Reason for Presentation <input type="checkbox"/> new injury <input type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____	Body Region Injured Tick or circle body part/s injured & name 	Provisional diagnosis/es _____ CAUSE OF INJURY Mechanism of Injury <input type="checkbox"/> struck by other player (eg in tackle) <input type="checkbox"/> struck by ball (eg dislocated finger) <input type="checkbox"/> collision with or tackling other player <input type="checkbox"/> collision with fixed object (goal post) <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> slip/trip <input type="checkbox"/> twisting to pass or accelerate <input type="checkbox"/> scrum collapse or scrum contact <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> overuse <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other _____	Explain exactly how the incident occurred Advice Given <input type="checkbox"/> immediate return unrestricted activity <input type="checkbox"/> able to return with restriction <input type="checkbox"/> unable to return at present time Referral <input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> chiropractor or other professional <input type="checkbox"/> ambulance transport <input type="checkbox"/> hospital <input type="checkbox"/> other _____	Provisional severity assessment Treating person <input type="checkbox"/> mild (1-7 days modified activity) <input type="checkbox"/> moderate (8-21 days modified or lost) <input type="checkbox"/> severe (>21 days modified or lost)	Protective Equipment Was protective equipment worn on the injured body part? <input type="checkbox"/> yes <input type="checkbox"/> no Initial Treatment <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICE/R <input type="checkbox"/> sling, splint <input type="checkbox"/> massage <input type="checkbox"/> CPR <input type="checkbox"/> strapping/taping only <input type="checkbox"/> manual therapy <input type="checkbox"/> crutches <input type="checkbox"/> stretch/exercises <input type="checkbox"/> other _____	Signature of treating person Today's Date: / / _____
--	---	--	---	--	---	---	--	---

CRICKET INJURY REPORTING FORM

Name: _____ Initials: _____ Position: _____

Team: _____ Grade: _____ DOB: _____ / _____ / _____

Date of Injury	/ /	Nature of Injury/Illness	Explain exactly how the incident occurred	Advice Given	Player/Umpire/Coach/Spectator
<p>Type of activity at time of injury</p> <p><input type="checkbox"/> training/practice <input type="checkbox"/> competition <input type="checkbox"/> other _____</p> <p>Reason for Presentation</p> <p><input type="checkbox"/> new injury <input type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____</p>					
<p>Body Region Injured</p> <p>Tick or circle body part/s injured & name _____</p> <p>CAUSE OF INJURY</p>  <p>Mechanism of Injury</p> <p><input type="checkbox"/> struck by ball or object <input type="checkbox"/> collision with other player/referee <input type="checkbox"/> collision with fixed object <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> jumping to field ball <input type="checkbox"/> awkward landing <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> slip/trip</p> <p><input type="checkbox"/> overuse <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other _____</p> <p>Body part/s</p>					
<p>Protective Equipment</p> <p>Was protective equipment worn on the injured body part? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, what type eg mouthguard, ankle brace, taping.</p> <p>Treating person</p> <p><input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> nurse <input type="checkbox"/> sports trainer <input type="checkbox"/> other _____</p> <p>Signature of treating person</p> <p>Today's Date: / /</p>					
<p>Initial Treatment</p> <p><input type="checkbox"/> none given (not required) <input type="checkbox"/> dressing <input type="checkbox"/> crutches</p> <p><input type="checkbox"/> RICER <input type="checkbox"/> manual therapy</p> <p><input type="checkbox"/> sling, splint <input type="checkbox"/> stretch/exercises</p> <p><input type="checkbox"/> massage <input type="checkbox"/> CPR</p> <p><input type="checkbox"/> strapping/taping only <input type="checkbox"/> none given - referred elsewhere</p> <p><input type="checkbox"/> other _____</p>					

BASEBALL INJURY REPORTING FORM

Name: _____

Player Position: _____

Initials: _____

Team: _____

Grade: _____

DOB: ____ / ____ / ____

Circle

Player/Umpire /Coach/Spectator

Date of Injury <u>1/1/</u> Type of activity at time of injury <input type="checkbox"/> training/practice <input type="checkbox"/> competition <input type="checkbox"/> other	Nature of Injury/Illness <input type="checkbox"/> abrasion/graze <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other	Body Region Injured Tick or circle body part/s injured & name 	Provisional diagnosis/es CAUSE OF INJURY Mechanism of Injury <input type="checkbox"/> sliding into base <input type="checkbox"/> struck by other player <input type="checkbox"/> struck by ball, bat or object <input type="checkbox"/> collision with other player/referee <input type="checkbox"/> collision with fixed object eg base <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> jumping to field <input type="checkbox"/> fall from height/awkward landing <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> overuse <input type="checkbox"/> slip/trip <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other	Explain exactly how the incident occurred Advice Given <input type="checkbox"/> immediate return unrestricted activity <input type="checkbox"/> able to return with restriction <input type="checkbox"/> unable to return at present time Referral <input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> chiropractor or other professional <input type="checkbox"/> ambulance transport <input type="checkbox"/> hospital <input type="checkbox"/> other	Provisional severity assessment <input type="checkbox"/> mild (1-7 days modified activity) <input type="checkbox"/> moderate (8-21 days modified activity) <input type="checkbox"/> severe (>21 days modified or lost)	Treating person <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> nurse <input type="checkbox"/> sports trainer <input type="checkbox"/> other	Signature of treating person Initial Treatment <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICER <input type="checkbox"/> sling, splint <input type="checkbox"/> massage <input type="checkbox"/> CPR <input type="checkbox"/> crutches <input type="checkbox"/> manual therapy <input type="checkbox"/> stretch/exercises <input type="checkbox"/> strapping/taping only <input type="checkbox"/> none given - referred elsewhere <input type="checkbox"/> other
Today's Date: <u>1/1/</u>							

TOUCH INJURY REPORTING FORM

Name: _____ Initials: _____ Position: _____ Circle Player/Referee/Coach/Spectator

Team : _____ Grade: _____ DOB: _____ Gender: M F Venue/area at which injury occurred:

Date of Injury	Nature of Injury/Illness	Explain exactly how the incident occurred	Advice Given
1/1/2023	Fracture of the right forearm	The patient fell from a height of approximately 2 meters while working on a roof.	Wear a safety harness and helmet, use fall arrest equipment, and ensure proper training and supervision.

Type of activity at time of injury _____

- strain eg muscle tear
- sprain/weakened/connections/act
- training/practice
- competition

other _____ bruise/contusion _____ Referral _____

Reason for Presentation

□ fracture (including suspected)
□ medical practice
□ dental practice

- exacerbates/aggravated injury
- overuse injury to muscle or tendon
- chronicator
- poly somnet ap

ambulance trip hospital
 blister concussion
 illness

Were there any contributing factors to the incident unsuitable footwear? other _____

cardiac problem respiratory problem

other _____

Provisional sever
□ loss of consciousness
□ unrecalified medical condition

moderate (8-
 other _____

Provisional diagnosis/es

medical practice

CAUSE OF INJURY

With eu body part: yes no

physiotherapy massage

Mechanism of injury
□ twisting or sidestepping
□ yes, What type eg mauling/ward, ankle brace, taping.

overexertion (eg muscle tear)
 collision with other player/reference

Initial Treatment

struck by other player RICER dressing

fall from height/awkward landing manual therapy

- C1a strapping/taping only
- C1b sweetening/tapeless
- C2a overuse
- C2b fatigue

temperature related egg heat stress other
 none given - referred elsewhere

BASKETBALL INJURY REPORTING FORM

Name: _____

Position: _____

Player/Referee/Coach/Spectator

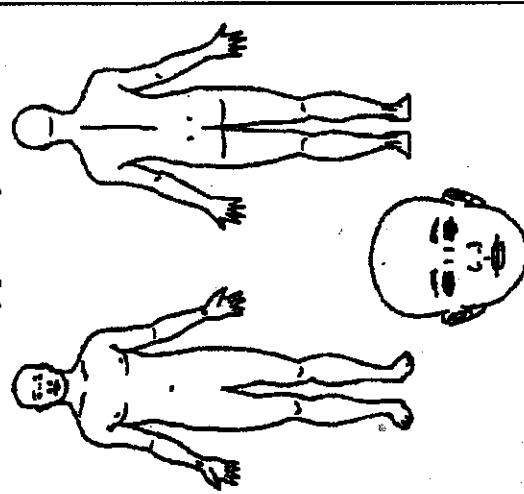
Team : _____

Grade: / / _____

DOB: / / _____

Gender: M F _____

Circle

Date of Injury / / _____ Type of activity at time of injury <input type="checkbox"/> training/practice <input type="checkbox"/> competition <input type="checkbox"/> other _____	Nature of Injury/Illness <input type="checkbox"/> abrasion/graze <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____	Reason for Presentation <input type="checkbox"/> new injury <input checked="" type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____	Body Region Injured Tick or circle body part/s injured & name 	Provisional diagnosis/es _____	CAUSE OF INJURY Mechanism of Injury <input type="checkbox"/> struck by other player <input type="checkbox"/> struck by ball or object <input type="checkbox"/> collision with other player/referee <input type="checkbox"/> collision with fixed object <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> jumping to shoot, defend/rebound <input type="checkbox"/> fall from height/awkward landing <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> overuse <input type="checkbox"/> slip/trip <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other _____	Advice Given <input type="checkbox"/> immediate return unrestricted activity <input type="checkbox"/> able to return with restriction <input type="checkbox"/> unable to return at present time	Referral <input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> chiropractor or other professional <input type="checkbox"/> ambulance transport <input type="checkbox"/> hospital <input type="checkbox"/> other _____	Treating person <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> nurse <input type="checkbox"/> sports trainer <input type="checkbox"/> other _____	Signature of treating person 
					Provisional severity assessment <input type="checkbox"/> mild (1-7 days modified activity) <input type="checkbox"/> moderate (8-21 days modified activity) <input type="checkbox"/> severe (>21 days modified or lost)	Initial Treatment <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICER <input type="checkbox"/> sling, splint <input type="checkbox"/> massage <input type="checkbox"/> CPR <input type="checkbox"/> strapping/taping only <input type="checkbox"/> none given - referred elsewhere <input type="checkbox"/> other _____	Today's Date: / / _____		

VOLLEYBALL INJURY REPORTING FORM

Name: _____

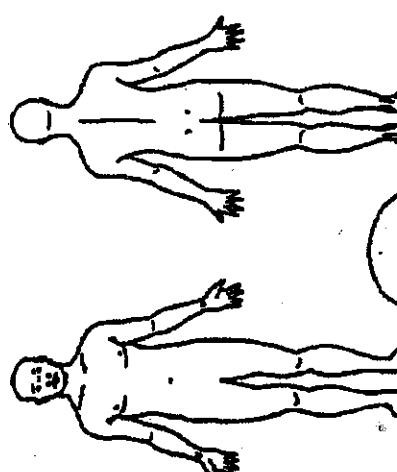
Position: _____

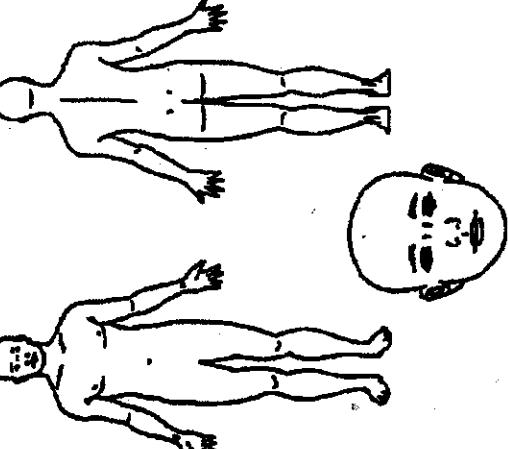
Circle

Player/Referee/Coach/Spectator

Team: _____ Grade: _____ DOB: _____ / _____ / _____

Gender: M F Venue/area at which injury occurred: _____

Date of Injury	Nature of Injury/Illness	Explain exactly how the incident occurred	Advice Given
Type of activity at time of injury	<input type="checkbox"/> abrasion/graze <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____	Referral <input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> chiropractor or other professional <input type="checkbox"/> ambulance transport <input type="checkbox"/> hospital <input type="checkbox"/> other _____	Provisional severity assessment <input type="checkbox"/> immediate return unrestricted activity <input type="checkbox"/> able to return with restriction <input type="checkbox"/> unable to return at present time
Reason for Presentation	<input type="checkbox"/> new injury <input type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____	Treating person <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> nurse <input type="checkbox"/> sports trainer <input type="checkbox"/> other _____	<input type="checkbox"/> mild (1-7 days modified activity) <input type="checkbox"/> moderate (8-21 days modified activity) <input type="checkbox"/> severe (>21 days modified or lost)
Body Region Injured	Tick or circle body part/s injured & name	Protective Equipment Provisional diagnosis/es _____ CAUSE OF INJURY  	Mechanism of Injury <input type="checkbox"/> jumping to block or spike <input type="checkbox"/> awkward landing (on player's foot) <input type="checkbox"/> struck by ball (eg fingers in setting) <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> collision with other player <input type="checkbox"/> collision with fixed object <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> struck by other player <input type="checkbox"/> overuse <input type="checkbox"/> slip/trip <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other _____
Body part/s	Initial Treatment <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICER <input type="checkbox"/> sling, splint <input type="checkbox"/> massage <input type="checkbox"/> CPR <input type="checkbox"/> strapping/taping only <input type="checkbox"/> none given - referred elsewhere <input type="checkbox"/> other _____		
	Signature of treating person Today's Date: _____ / _____ / _____		

Name: _____	HOCKEY INJURY REPORTING FORM		
Team: _____	Initials: _____	Position: _____	Grade: _____ DOB: _____ / _____ / _____
Team: _____	Date of Injury: _____	Nature of Injury/Illness <input type="checkbox"/> abrasion/graze <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____	
	Type of activity at time of injury	<input type="checkbox"/> training/practice <input type="checkbox"/> competition <input type="checkbox"/> other _____	
	Reason for Presentation	<input type="checkbox"/> new injury <input type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____	
	Body Region Injured	Tick or circle body part/s injured & name 	
	Provisional diagnosis/es	<hr/> <hr/>	
	CAUSE OF INJURY	Mechanism of Injury <input type="checkbox"/> struck by other player <input type="checkbox"/> struck by ball or stick <input type="checkbox"/> collision with other player/referee <input type="checkbox"/> collision with fixed object <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> slip/trip <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> overuse <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other _____	
	Body part/s	Protective Equipment Was protective equipment worn? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what type eg mo- brace, taping, shin pad, _____	
	Initial Treatment	Initial Treatment <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICER <input type="checkbox"/> sling, splint <input type="checkbox"/> massage <input type="checkbox"/> CPR <input type="checkbox"/> strapping/taping only <input type="checkbox"/> none given - referred <input type="checkbox"/> other _____	

SKIN INJURY REPORTING FORM

Name: _____ Initials: _____

Player/Referee/Coach/Spectator

Team: _____ Grade: _____

Gender: M ☐ F ☐ Venule/area at which injury occurred:

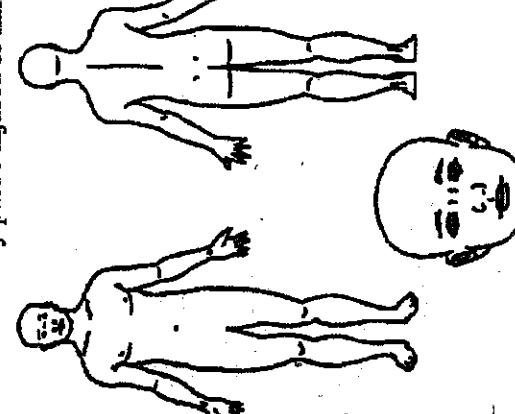
Gender: M F Venu/e/area at which injury occurred:

卷之三

DOB: / /

Gender: M F Venous/arteria at which injury occurred:

"THE WISE WOMAN IN SOCIETY".

Date of Injury	<u>1/1/1</u>		
Nature of Injury/Illness		Explain exactly how the incident occurred	
<input type="checkbox"/> abrasion/graze <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____		Advice Given <input type="checkbox"/> immediate return unrestricted activity <input type="checkbox"/> able to return with restriction <input type="checkbox"/> unable to return at present time	
Reason for Presentation		Referral <input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> chiropractor or other professional <input type="checkbox"/> ambulance transport <input type="checkbox"/> hospital <input type="checkbox"/> other _____	
<input type="checkbox"/> new injury <input type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____		Provisional severity assessment <input type="checkbox"/> mild (1-7 days modified activity) <input type="checkbox"/> moderate (8-21 days modified activity) <input type="checkbox"/> severe (>21 days modified or lost)	
		Treating person <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> nurse <input type="checkbox"/> sports trainer <input type="checkbox"/> ski patroller <input type="checkbox"/> other _____	
		Signature of treating person <u> </u>	
		Today's Date: <u> / / </u>	
Body Region Injured		Provisional diagnosis/es _____ CAUSE OF INJURY Mechanism of Injury <input type="checkbox"/> collision with other skier <input type="checkbox"/> collision with fixed object or tree <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> fall from height/awkward landing <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> crossed tips <input type="checkbox"/> twisted on skis <input type="checkbox"/> fatigue <input type="checkbox"/> overuse <input type="checkbox"/> slip/trip <input type="checkbox"/> temperature related eg hyperthermia <input type="checkbox"/> other _____	
Body part/s 		Initial Treatment <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICER <input type="checkbox"/> sling, splint <input type="checkbox"/> massage <input type="checkbox"/> CPR <input type="checkbox"/> dressing <input type="checkbox"/> crutches <input type="checkbox"/> manual therapy <input type="checkbox"/> stretch/exercises <input type="checkbox"/> strapping/taping only <input type="checkbox"/> none given - referred elsewhere <input type="checkbox"/> other _____	

Name:

Initials:

TRACK AND FIELD INJURY REPORTING FORMGender: M F

DOB: / /

Event:

Player/Referee/Coach/Spectator

Venue/area at which injury occurred:

Date of Injury <u>/ /</u>	Nature of Injury/Illness <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> abrasion/graze <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____	Explain exactly how the incident occurred 	Action <input type="checkbox"/> immediate return to activity <input type="checkbox"/> unable to return today to activity <input type="checkbox"/> able to return but chose not to <input type="checkbox"/> referred for further assessment before return to activity
Type of activity at time of injury <input type="checkbox"/> training/practice <input type="checkbox"/> competition <input type="checkbox"/> other _____	Reason for Presentation <input type="checkbox"/> new injury <input type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____	Referral <input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> chiropractor or other professional <input type="checkbox"/> ambulance transport <input type="checkbox"/> hospital <input type="checkbox"/> other _____	Provisional severity assessment <input type="checkbox"/> mild (1-7 days modified activity) <input type="checkbox"/> moderate (8-21 days modified activity) <input type="checkbox"/> severe (>21 days modified or lost)
Body Region Injured Tick or circle body part/s injured & name	CAUSE OF INJURY Mechanism of Injury <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> overuse <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> jumping (eg long, high, hurdles) <input type="checkbox"/> fall from height/awkward landing <input type="checkbox"/> slip/trip <input type="checkbox"/> collision with other competitor <input type="checkbox"/> collision with fixed object <input type="checkbox"/> struck by other competitor <input type="checkbox"/> struck by ball or object <input type="checkbox"/> throwing (javelin, shot, hammer) <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other _____	Treating person <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> nurse <input type="checkbox"/> sports trainer <input type="checkbox"/> other _____	Signature of treating person
Body part/s _____ _____ _____	Initial Treatment <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICER <input type="checkbox"/> sling, splint <input type="checkbox"/> dressing <input type="checkbox"/> strapping/taping only <input type="checkbox"/> crutches <input type="checkbox"/> CPR <input type="checkbox"/> none given - referred elsewhere <input type="checkbox"/> other _____	Today's Date: <u>/ /</u>	Specific Recommendations: _____

NETBALL INJURY REPORTING FORM

Name: _____

Position: _____

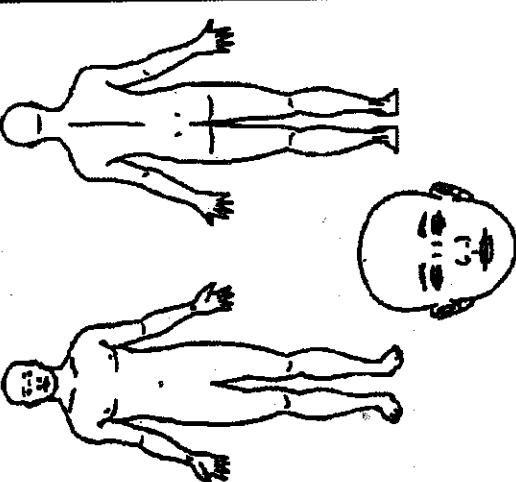
Player/Referee/Coach/Spectator

Gender: M F

Grade: _____

DOB: / /

Venue/area at which injury occurred: _____

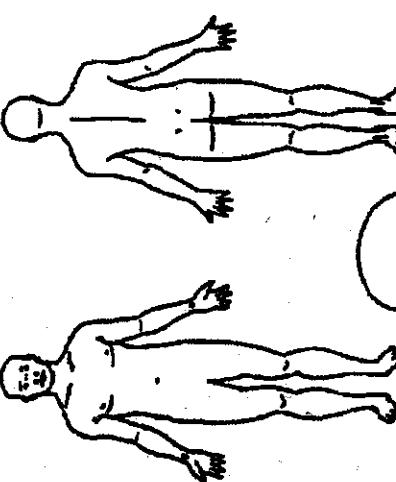
Date of Injury / / Nature of Injury/Illness <input type="checkbox"/> abrasion/graze <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____	Type of activity at time of injury <input type="checkbox"/> training/practice <input type="checkbox"/> competition <input type="checkbox"/> other _____	Reason for Presentation <input type="checkbox"/> new injury <input type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____	Body Region Injured Tick or circle body part/s injured & name 	Provisional diagnosis/es _____	CAUSE OF INJURY <input type="checkbox"/> struck by other player <input type="checkbox"/> struck by ball or object <input type="checkbox"/> collision with other player/referee <input type="checkbox"/> collision with fixed object <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> jumping to shoot or defend <input type="checkbox"/> fall from height/awkward landing <input type="checkbox"/> overexertion (eg tear muscle) <input type="checkbox"/> overuse <input type="checkbox"/> slip/trip <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other _____	Mechanism of Injury <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICER <input type="checkbox"/> sling, splint <input type="checkbox"/> massage <input type="checkbox"/> CPR <input type="checkbox"/> strapping/taping only <input type="checkbox"/> none given - referred elsewhere <input type="checkbox"/> other _____	Initial Treatment <input type="checkbox"/> dressing <input type="checkbox"/> crutches <input type="checkbox"/> manual therapy <input type="checkbox"/> stretch/exercises	Body part/s _____
			Advice Given <input type="checkbox"/> immediate return unrestricted activity <input type="checkbox"/> able to return with restriction <input type="checkbox"/> unable to return at present time					
			Referral <input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> chiropractor or other professional <input type="checkbox"/> ambulance transport <input type="checkbox"/> hospital <input type="checkbox"/> other _____					
			Provisional severity assessment <input type="checkbox"/> mild (1-7 days modified activity) <input type="checkbox"/> moderate (8-21 days modified activity) <input type="checkbox"/> severe (>21 days modified or lost)					
			Treating person <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> nurse <input type="checkbox"/> sports trainer <input type="checkbox"/> other _____					
			Protective Equipment Was protective equipment worn on the injured body part? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what type eg ankle brace, taping. _____					
			Signature of treating person _____					
			Today's Date: / / _____					

AUSTRALIAN FOOTBALL INJURY REPORTING FORM

Name: _____ Initials: _____ Position: _____ Circle _____

Team: _____ Grade: _____ DOB: _____ / _____ / _____

Gender: M F Venue/area at which injury occurred: _____

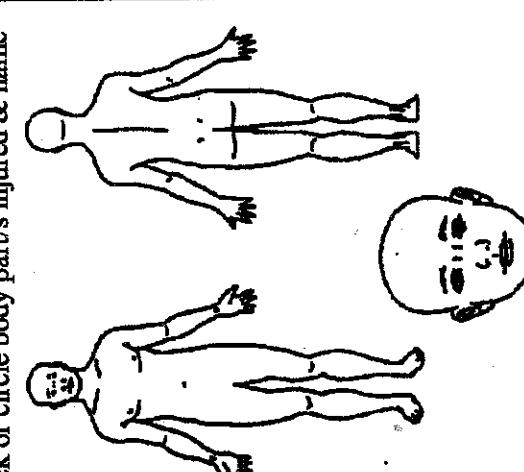
Date of Injury	<u>1/1/1</u>	Nature of Injury/Illness <input type="checkbox"/> abrasion/graze <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____	Explain exactly how the incident occurred _____ _____ _____	Advice Given <input type="checkbox"/> immediate return unrestricted activity <input type="checkbox"/> able to return with restriction <input type="checkbox"/> unable to return at present time
Type of activity at time of injury	<input type="checkbox"/> training/practice <input type="checkbox"/> competition <input type="checkbox"/> other _____	Reason for Presentation <input type="checkbox"/> new injury <input type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____	Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play? _____ _____	Referral <input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> chiropractor or other professional <input type="checkbox"/> ambulance transport <input type="checkbox"/> hospital <input type="checkbox"/> other _____
Body Region Injured	Tick or circle body part/s injured & name _____			Provisional diagnosis/es _____ _____
CAUSE OF INJURY	 			Mechanism of Injury <input type="checkbox"/> struck by other player <input type="checkbox"/> struck by ball (eg dislocated finger) <input type="checkbox"/> collision with other player/referee <input type="checkbox"/> collision with fixed object (goal post) <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> jumping <input type="checkbox"/> landing from jump <input type="checkbox"/> slip/trip <input type="checkbox"/> twisting to pass or accelerate <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> overuse <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other _____
Body part/s	Initial Treatment <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICER <input type="checkbox"/> sling, splint <input type="checkbox"/> massage <input type="checkbox"/> CPR <input type="checkbox"/> strapping/taping only <input type="checkbox"/> none given - referred elsewhere <input type="checkbox"/> other _____			
	Signature of treating person _____ Today's Date: <u>/</u> / <u>/</u>			

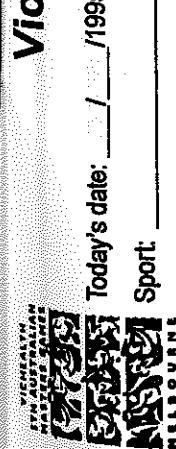
Name: _____ Team: _____ Initials: _____ Level: _____ DOB: _____ / _____ / _____ Gender: M F Venue/area at which injury occurred: _____

MARTIAL ARTS INJURY REPORTING FORM

Player/Referee/Coach/Spectator

Date of Injury	/ /	Nature of Injury/Illness	Explain exactly how the incident occurred	Advice Given
Type of activity at time of injury	<input type="checkbox"/> abrasion/graze <input type="checkbox"/> sprain eg ligament tear <input type="checkbox"/> strain eg muscle tear <input type="checkbox"/> open wound/laceration/cut <input type="checkbox"/> bruise/contusion <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> overuse injury to muscle or tendon <input type="checkbox"/> blisters <input type="checkbox"/> concussion <input type="checkbox"/> cardiac problem <input type="checkbox"/> respiratory problem <input type="checkbox"/> loss of consciousness <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____	<input type="checkbox"/> immediate return unrestricted activity <input type="checkbox"/> able to return with restriction <input type="checkbox"/> unable to return at present time		
Reason for Presentation	<input type="checkbox"/> new injury <input type="checkbox"/> exacerbated/aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____	Referral <input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> chiropractor or other professional <input type="checkbox"/> ambulance transport <input type="checkbox"/> hospital <input type="checkbox"/> other _____		
Body Region Injured	Tick or circle body part/s injured & name	Provisional severity assessment <input type="checkbox"/> mild (1-7 days modified activity) <input type="checkbox"/> moderate (8-21 days modified activity) <input type="checkbox"/> severe (>21 days modified or lost)		
Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?				
Provisional diagnosis/es		Treating person <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> nurse <input type="checkbox"/> sports trainer <input type="checkbox"/> other _____		
Protective Equipment		Signature of treating person Was protective equipment worn on the injured body part? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what type eg mouthguard, ankle brace, taping.		
CAUSE OF INJURY		Initial Treatment <input type="checkbox"/> none given (not required) <input type="checkbox"/> RICER <input type="checkbox"/> sling, splint <input type="checkbox"/> massage <input type="checkbox"/> CPR <input type="checkbox"/> crutches <input type="checkbox"/> manual therapy <input type="checkbox"/> stretch/exercises		
Mechanism of Injury		Struck by other player <input type="checkbox"/> struck by object <input type="checkbox"/> collision with other player/referee <input type="checkbox"/> collision with fixed object <input type="checkbox"/> fall/stumble on same level <input type="checkbox"/> jumping <input type="checkbox"/> fall from height/awkward landing <input type="checkbox"/> overexertion (eg muscle tear) <input type="checkbox"/> twisting <input type="checkbox"/> overuse <input type="checkbox"/> slip/trip <input type="checkbox"/> temperature related eg heat stress <input type="checkbox"/> other _____		
Body part/s		Today's Date: / / -		





VicHealth 5th Australian Masters Games Injury Report Form



Today's date: 1/7/1995 Time: 10:00 a.m./p.m.



Venue:



Event:



Sport:



No. of years this sport played _____

Patient's name: _____

Contact (local) address: _____

Form Number: _____

Age last birthday _____ (years)

Sex: Male Female

Country of Origin: _____

Contact phone number: _____

REASON FOR PRESENTATION

New injury or aggravation of old injury

The injury occurred during

training competition

other (specify _____)

Protective equipment, tape or support was used on the injured body part at the time of injury
No Yes (specify _____)

Nature of Injury
 abrasion/graze
 concussion
 fracture (including suspected)
 inflammation
 internal (within body e.g. muscle tear)
 laceration/cut
 sprain/strain
 thermal related
other (specify _____)

CAUSE OF INJURY

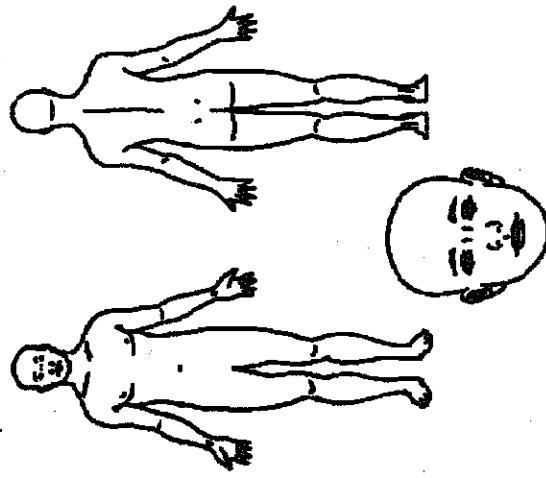
Activity or movement at the time of injury

Environmental or play conditions at the time of injury? (specify _____)

Cause of Injury
 aggravation of previous injury
 collision with fixed object
 collision with moving object or person
 fall on same level
 fall from height
 heat exhaustion
 overexertion
 struck by person
 struck by object
other (specify _____)

BODY REGION INJURED

Indicate with a cross on the following diagrams where the injury occurred and write in words the body parts injured.



TREATMENT AND ACTION

- none needed
- dressing
- RICE
- referred elsewhere
- strapping/taping
- crutches, sling, etc.
- medication (specify _____)
- other (specify _____)

Action

- immediate return to competition
- unable to return to competition today
- unable to return to competition for duration of games
- Referral
- none
- to other sports medicine/health professional
- taken to hospital
- other (specify _____)



Body parts _____

Provisional diagnosis(es) _____

Name and signature of treating person _____

Treating person
 doctor
 physiotherapist
 sports trainer

Red Cross
 St. John Ambulance

other (specify _____)

RECREATION & SPORTS INJURY DENTAL QUESTIONNAIRE

(to be completed by Dental Operator or Dental Assistant)

Patient Details: Initials (3 please) _____ ID Listing (Allocated institution number or initials) _____

Date of injury _____ Time of injury _____ Age last birthday _____ Gender M / F _____ Residential Post code _____

(24hr clock) Date of presentation _____ Time of presentation _____ (24 hr clock)

1. Reason for presentation (see definition) <ul style="list-style-type: none"> <input type="checkbox"/> New injury <input type="checkbox"/> Exacerbated injury <input type="checkbox"/> Recurrent injury <input type="checkbox"/> Ongoing Treatment 	5. Where did the injury happen ? (See code list <u>Domain</u>) Code _____	9. Injury sustained (See code <u>Diagnosis</u>) When multiple injuries have been sustained in the one event please indicate with X 2 etc. Site is to be used to record any teeth involved use FDI notation. Eg HG1a x 3, Site 12.11.21 for three avulsed teeth	10. Initial dental treatment. (See code <u>Treatment</u>) Instructions as per Q9 a) Code _____ Site _____ b) Code _____ Site _____ c) Code _____ Site _____
2. Activity /Sport when injured. Was it ? (see activity coding guidelines) <ul style="list-style-type: none"> AO Sport :Competition (go to Q3, Q4) BO Leisure: Social and informal sport CO Leisure Fitness activity DO Leisure Recreational activity EO Education 	6. Injury Factors. (See code <u>Ist Factors</u>) May be multiple. Description (if necessary)	7. Facial protective devices worn at the time of injury. <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Helmet without face mask <input type="checkbox"/> Helmet with face mask <input type="checkbox"/> Face mask <input type="checkbox"/> Mouthguard (Boil and Bite Self Fitted or intra oral fitted by dental personnel) <input type="checkbox"/> Mouthguard (Boil and bite Vacuum fitted with impression by Dental Personnel) <input type="checkbox"/> Mouthguard (Dental professionally custom fitted) 	RA or GA used (Circle if appropriate)
Answers B to E go to Question 5	3. If organized sport: What grade was being played _____ Was it? <ul style="list-style-type: none"> <input type="checkbox"/> Organized training <input type="checkbox"/> Competition <input type="checkbox"/> Informal training <input type="checkbox"/> Other _____ 	11. Predicted time frame of loss of normal daily duties/ activities. <ul style="list-style-type: none"> <input type="checkbox"/> Nil <input type="checkbox"/> One day or less <input type="checkbox"/> A few days <input type="checkbox"/> Up to a week <input type="checkbox"/> Up to a month <input type="checkbox"/> Several months 	12. At the time of injury was the patient wearing : <ul style="list-style-type: none"> <input type="checkbox"/> Bands / Braces <input type="checkbox"/> Plate <input type="checkbox"/> None of the above
4. Time into sport/activity ?	8. Mechanism of Injury. (See code <u>Mechanism</u>) Description if necessary	Code _____	Thankyou

CODING QUICK GUIDE - DENTAL SURVEY

(If description is not here please write a brief description in the space provided)