AMERICAN FLIPS KIDS GYMNASTICS - INJURY REPORTING FORM

Name: _____ Initials: _____ Position: _____ **Circle** Player/Referee/Coach/Front office

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

Date of Injury __/__/__

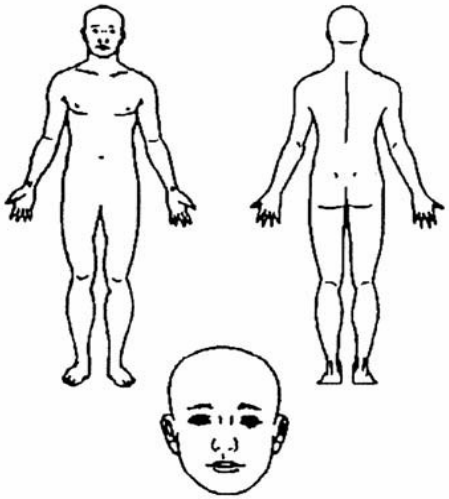
Type of activity at time of injury
- o training/practice
- o competition
- o other

_____

Reason for Presentation
- o new injury
- o exacerbated/aggravated injury
- o recurrent injury
- o illness
- o other

_____

Body Region Injured
Tick or circle body part/s injured & name



Body part/s

_____

_____

Nature of Injury/Illness
- o abrasion/graze
- o sprain eg. ligament tear
- o strain eg. muscle tear
- o open wound/laceration/cut
- o bruise/contusion
- o inflammation/swelling
- o fracture (including suspected)
- o dislocation/subluxation
- o overuse injury to muscle or tendon
- o blisters
- o concussion
- o cardiac problem
- o respiratory problem
- o loss of consciousness
- o unspecified medical condition
- o other

_____

Provisional diagnosis/es _____

_____

_____

CAUSE OF INJURY

Mechanism of Injury
- o collision with fixed object eg vaulting
- o fall/stumble on same level eg on mats
- o fall from height/awkward landing eg from apparatus or from jump
- o slip/trip
- o collision with other person
- o overstretch
- o overbalance
- o overexertion eg muscle tear
- o overuse

Explain exactly how the incident occurred

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?

_____

_____

_____

Protective Equipment
Was protective equipment worn on the injured body part? yes no

If yes, what type eg wrist brace, taping.

_____

Initial Treatment
- o none given (not required)
- o RICER dressing
- sling, splint crutches
- o massage manual therapy
- o CPR stretch/exercises
- o strapping/taping only
- o none given - referred elsewhere
- o other

_____

Advice Given
- o immediate return unrestricted activity
- o able to return with restriction
- o unable to return at present time

Referral
- o no referral
- o medical practitioner
- o physiotherapist
- o chiropractor or other professional
- o ambulance transport
- o hospital
- o other

_____

Provisional severity assessment
- o mild (1-7 days modified activity)
- o moderate (8-21 days modified activity)
- o severe (>21 days modified or lost)

Treating person
- o nurse
- o sports trainer
- o medical practitioner
- o physiotherapist
- o other _____

Signature of treating person

_____

_____

Today's Date: __/__/__