



# INJURY REPORTING FORM

Sport at time of injury:

7 aside outdoor netball

7 aside indoor netball

6 aside indoor netball (mixed/female)

Name (or other identification) of person completing this form: *eg. player, coach, GP.* \_\_\_\_\_

Date of injury: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Level of activity at time of injury:

Social

Primary school

Secondary school

Club senior

Club premier

Playing position at time of injury: \_\_\_\_\_ Game quarter of injury:  1st  2nd  3rd  4th

Name of netball centre where injury occurred: \_\_\_\_\_

Type of place where the injury occurred:

Indoor court without nets

Indoor court with nets

Outdoor court

Gym

Other

What were the weather conditions at the time of injury (if injury occurred outdoors)?

Fine

Windy

Light rain

Wind and rain

Heavy rain

Hail

1. What were you doing when the injury occurred?

Training

Warming up

Competing / playing

Cooling down

2. How long had you been training / warming up / competing / cooling down when the injury occurred (minutes)? \_\_\_\_\_

3. How do you think your injury happened?

Landing

Running / jogging

Colliding with equipment

Developed gradually

Twisting

Over-exertion

Catching

Landing on another players foot

Pivoting

Stretching

Heads clashing

Falling

Uncertain

Other

4. Describe exactly how the injury occurred? \_\_\_\_\_

5. Were there any factors that contributed to the incident? *eg. ground conditions, unsafe equipment, foul play, poor concentration, too much training, fatigue, other players.* \_\_\_\_\_

6. What protective equipment was used on the body part injured?  Nothing  Brace  Tape or strapping  
 Bandage  Thermal support  Other
- 
7. What was the type of injury?  Bruise / contusion  Broken bone  Concussion  Cut / open wound  
 Abrasion / graze  Joint dislocation  Puncture wound  Overuse injury  
 Stress fracture  Muscle / tendon strain  Ligament sprain  Dental  
 Uncertain  Other
- 
8. Where on your body was the injury?  Toes (L/R)  Foot (L/R)  Ankle (L/R)  Shin / calf (L/R)  
 Knee (L/R)  Upper leg / thigh (L/R)  Hamstrings (L/R)  Hands / fingers / thumb (L/R)  
 Forearm (L/R)  Elbow (L/R)  Upper arm (L/R)  Shoulder (L/R)  
 Stomach (L/R)  Chest (L/R)  Back (L/R)  Head (L/R)  
 Neck (L/R)  Other
- 
9. Severity of injury (measured as time lost from participation)?  Minor 1-7 days  Moderate 8-21 days  Major 21 days or more  Continued to play
- 
10. Was your injury treated by any of the following people immediately after it happened?  Not treated  Physiotherapist  Parent  Doctor  
 Yourself  Coach  Paramedic  Other
- 
11. What initial treatment did you receive?  Manual therapy  R.I.C.E.D.  Water  Sling / splint  
 Massage  Strapping / taping  Dressing  Stretch / exercises  
 Crutches  None given (none required)  None given (referred elsewhere)

