

Figure S1: Injury report form used in the present study.

**SPORTS INJURY REPORTING FORM NFL 2010**

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Name: \_\_\_\_\_

Gender: Male / Female

Jersey No: \_\_\_\_\_

Venue: \_\_\_\_\_

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position: \_\_\_\_\_

Team: \_\_\_\_\_

Playing experience: \_\_\_\_\_

Date of Injury \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Type of activity at time of injury**

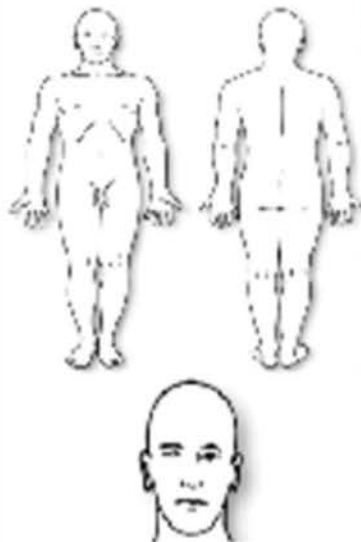
- training/practise
- competition
- other \_\_\_\_\_

**Reason for Presentation**

- new injury
- exacerbated/aggravated injury
- recurrent injury
- illness
- other \_\_\_\_\_

**Body Region Injured**

Circle body parts/injured & name



Body part/s  
\_\_\_\_\_  
\_\_\_\_\_

**FMARC**

- 1 Head
- 2 UL
- 3 Trunk
- 4 Hip
- 5 Groin
- 6 Thigh
- 7 Knee
- 8 Leg
- 9 Ankle
- 10 Foot

**Nature of Injury/Illness**

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

Provisional diagnosis/es \_\_\_\_\_

**CAUSE OF INJURY**

**Mechanism of Injury**

- struck by other player
- struck by ball or object
- collision with other player/referee
- collision with fixed object
- fall/stumble on same level
- jumping to shoot or defend
- fall from height/awkward landing
- twisting to pass or accelerate
- throwing/ push/ block
- overexertion (eg muscle tear)
- overuse
- slip/trip
- temperature related eg heat stress
- other \_\_\_\_\_

**FMARC Explain exactly how the incident occurred**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

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 mouthguard, ankle, brace, taping  
\_\_\_\_\_  
\_\_\_\_\_

**Initial Treatment**

- none given (not required)
- RICE  dressing
- sling, splint  crutches
- massage  physiotherapy
- CPR  stretch/exercises
- strapping/taping only
- none given - referred elsewhere
- analgesic
- other \_\_\_\_\_

**Advice Given**

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

**Referral**

- no referral
- medical practitioner
- physiotherapist
- other professional
- hospital
- other \_\_\_\_\_

**Provisional severity assessment**

- none (0 day)
- mild (1-7 days modified activity)
- moderate (> 1 week modified activity)
- severe (> 1 month modified or lost)

**Treating person**

- medical practitioner
- physiotherapist
- paramedic (nurse, medical assistant)
- sports trainer
- other \_\_\_\_\_

**Name of treating person**

\_\_\_\_\_  
\_\_\_\_\_

Today's Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Specific recommendations : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_