



Injury Form Floorball/InFo Floorball
(only one injury/form)

Injury Definition

The definition of an injury in the IFF Injury Reporting System is as follows
 1. An injury is considered reportable if a player misses a practice or a game because of an injury sustained during a practice or a game
 2. The player doesn't return to the play for the remainder of the game
 3. All concussions
 4. Any eye injury
 5. Any laceration which requires medical attention
 6. All fractures

More definitions and guidelines in the appendix on the other side of this form

Country: _____ IFF Championship: _____

Date of injury: D _____ M _____ Y _____

<p>Flooring</p> <p>1. Synthetic 2. Wood 3. Other: _____</p> <p>Subflooring</p> <p>1. Wood 2. Concrete 3. Other: _____</p>	<p>Defensive zone Offensive zone</p>	<p>Zone of Injury</p> <p>1. No contact with boards 2. Contact with boards</p> <p>Mark the area on the floor where the injury occurred.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Game / Period</th> <th colspan="2">Practice</th> </tr> <tr> <td>1. warm up</td> <td>off-court</td> <td colspan="2">off-court</td> </tr> <tr> <td></td> <td>on-court</td> <td colspan="2">on-court</td> </tr> <tr> <td>2. 1st</td> <td>4. 3rd</td> <td colspan="2"></td> </tr> <tr> <td>3. 2nd</td> <td>5. Ot</td> <td colspan="2"></td> </tr> <tr> <th colspan="4">Playing time:</th> </tr> <tr> <th>Situation</th> <th>Even Strength</th> <th>Power Play</th> <th>Penalty Killing</th> </tr> <tr> <td></td> <td>5/5</td> <td>5/4</td> <td>4/5</td> </tr> <tr> <td></td> <td>4/4</td> <td>5/3</td> <td>3/5</td> </tr> <tr> <td></td> <td>3/3</td> <td>4/3</td> <td>3/4</td> </tr> <tr> <td></td> <td></td> <td>6/5</td> <td>4/6</td> </tr> <tr> <td></td> <td></td> <td>6/4</td> <td></td> </tr> </table>	Game / Period		Practice		1. warm up	off-court	off-court			on-court	on-court		2. 1st	4. 3rd			3. 2nd	5. Ot			Playing time:				Situation	Even Strength	Power Play	Penalty Killing		5/5	5/4	4/5		4/4	5/3	3/5		3/3	4/3	3/4			6/5	4/6			6/4	
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<p>Source of Diagnosis</p> <p>1. Medical Doctor 2. Physiotherapist 3. Other _____</p>	<p>Player information:</p> <p>1. Age _____ 2. Height (cm) _____ 3. Weight (kg) _____ 4. Gender _____</p> <p>Position:</p> <p>1. Centre 2. Wing 3. Defence 4. Goalie</p>
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<p>Side / Body part:</p> <p>1. N/A</p>	<p>fill out a separate form for each injury</p> <p>2. Left 3. Right 4. Both</p> <table style="width:100%;"> <tr> <td>1. Head</td> <td>6. Ear</td> <td>11. Wrist</td> <td>16. Lower Back</td> <td>21. Genitals</td> <td>26. Leg/achilles</td> </tr> <tr> <td>2. Face</td> <td>7. Shoulder/collarbone</td> <td>12. Hand</td> <td>17. Chest</td> <td>22. Hip</td> <td>27. Ankle</td> </tr> <tr> <td>3. Neck</td> <td>8. Upper arm</td> <td>13. Fingers</td> <td>18. Buttocks</td> <td>23. Anterior thigh</td> <td>28. Foot</td> </tr> <tr> <td>4. Teeth/Mouth</td> <td>9. Elbow</td> <td>14. Abdomen</td> <td>19. Pelvis</td> <td>24. Posterior thigh</td> <td>29. Toes</td> </tr> <tr> <td>5. Eye</td> <td>10. Forearm</td> <td>15. Upper Back</td> <td>20. Groin</td> <td>25. Knee</td> <td>30. Other: _____</td> </tr> </table>	1. Head	6. Ear	11. Wrist	16. Lower Back	21. Genitals	26. Leg/achilles	2. Face	7. Shoulder/collarbone	12. Hand	17. Chest	22. Hip	27. Ankle	3. Neck	8. Upper arm	13. Fingers	18. Buttocks	23. Anterior thigh	28. Foot	4. Teeth/Mouth	9. Elbow	14. Abdomen	19. Pelvis	24. Posterior thigh	29. Toes	5. Eye	10. Forearm	15. Upper Back	20. Groin	25. Knee	30. Other: _____
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<p>Eye:</p> <p>Goggles/Helmet 1. Yes 2. No Custom made 1. Yes 2. No</p> <p>Knee:</p> <p>Circle the appropriate structure involved:</p> <p>1. ACL 2. PCL 3. MCL 4. LCL 5. Meniscus 6. Patellofemoral/kneecap 7. Other _____</p>	<p>Time Lost:</p> <p>The amount of time player is expected to be out of play</p> <p>1. No time loss 2. 1-3 days 3. 4-7 days 4. 8-28 days 5. 29 days or more 6. Career ending</p> <p>Was a penalty Called on the Play?</p> <p>1. Yes 2. No 3. 1. 2 min. 4. Unintended Collision 2. 5 min. 5. Non-Contact trauma 3. 2+10 min. 6. Stepping on blade 4. 5+20 min. 7. Other: _____ 5. Other: _____</p>
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<p>Dx/assessment (injury type):</p> <p>1. Contusion 5. Dislocation/Subluxation 2. Sprain (Ligament) 6. Fracture 3. Strain (Muscle-Tendon) 7. Neurotrauma/Concussion 4. Laceration 8. Other _____</p> <p>Nature of injury:</p> <p>1. Acute 2. Overuse injury: a. gradual onset b. sudden onset</p> <p>Recurrence of previous injury:</p> <p>1. No 2. Yes, this season 3. Yes, last season</p> <p>Injury situation described (please describe the situation where the injury occurred):</p> <p>_____</p> <p>Diagnosis (if applicable by doctor or physiotherapist):</p> <p>_____</p>	<p>Cause of injury:</p> <p>1. Body contact 2. Stick Contact 3. Ball Contact 4. Unintended Collision 5. Non-Contact trauma 6. Stepping on blade 7. Other: _____</p> <p>Contact information:</p> <p>Contact details of the person filling in the form:</p> <p>E-mail: _____ Phone: _____</p>
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