



**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

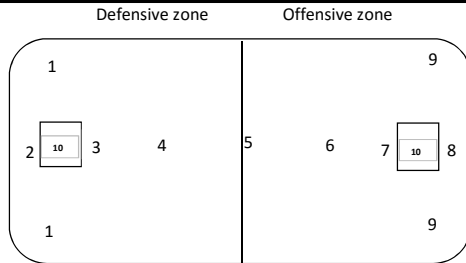
*More definitions and guidelines in the appendix on the other side of this form*

Country & Team (for CC): \_\_\_\_\_

IFF Championship: \_\_\_\_\_

Date of injury: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

- Flooring**
1. Synthetic
  2. Wood
  3. Other: \_\_\_\_\_
- Subflooring**
1. Wood
  2. Concrete
  3. Synthetic
  4. Ice covering plates
  5. Other: \_\_\_\_\_



- Zone of Injury**
1. No contact with boards
  2. Contact with boards
- Mark the area on the floor where the injury occurred.

Game / Period	Practice		
1. warm up	off-court		
	on-court		
2. 1st	4. 3rd		
3. 2nd	5. Ot		
<b>Playing time:</b> _____			
<b>Situation</b>	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	

- Source of Diagnosis**
1. Medical Doctor
  2. Physiotherapist
  3. Other: \_\_\_\_\_

- Player information:**
1. Age: \_\_\_\_\_
  2. Height (cm): \_\_\_\_\_
  3. Weight (kg): \_\_\_\_\_
  4. Gender: \_\_\_\_\_
- Time Lost:**
- The amount of time player is expected to be out of play
1. No time loss
  2. 1-3 days
  3. 4-7 days
  4. 8-28 days
  5. 29 days or more
  6. Career ending
- Position:**
1. Centre
  2. Wing
  3. Defence
  4. Goalie

- Side / Body part:** fill out a separate form for each injury
1. N/A
  2. Left
  3. Right
  4. Both

- |                |                        |                |                |                     |                  |
|----------------|------------------------|----------------|----------------|---------------------|------------------|
| 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: _____ |

- Eye:**
- |                |        |       |
|----------------|--------|-------|
| Goggles/Helmet | 1. Yes | 2. No |
| Custom made    | 1. Yes | 2. No |

- Knee:** Circle the appropriate structure involved:
- |        |        |        |        |             |                           |          |
|--------|--------|--------|--------|-------------|---------------------------|----------|
| 1. ACL | 2. PCL | 3. MCL | 4. LCL | 5. Meniscus | 6. Patellofemoral/kneecap | 7. Other |
|--------|--------|--------|--------|-------------|---------------------------|----------|

**Cause of injury:** direct/Indirect:

1. Body contact	<input type="checkbox"/>	<b>Was a penalty Called?</b>
2. Stick Contact	<input type="checkbox"/>	
3. Ball Contact	<input type="checkbox"/>	
4. Unintended Collision	<input type="checkbox"/>	
5. Non-Contact trauma	<input type="checkbox"/>	
6. Stepping on blade	<input type="checkbox"/>	
7. Other: _____	<input type="checkbox"/>	

1. No
2. Yes, 2 min
3. Yes, 5 min
4. Yes, 2+10 min
5. Yes, 5+20 min
6. Yes, Other: \_\_\_\_\_

- |                                     |                          |                                       |
|-------------------------------------|--------------------------|---------------------------------------|
| <b>Dx/assessment (injury type):</b> | <b>Nature of injury:</b> | <b>Recurrence of previous injury:</b> |
| 1. Contusion                        | 1. Acute                 | 1. No                                 |
| 2. Sprain (Ligament)                | 2. Overuse injury:       | 2. Yes, this season                   |
| 3. Strain (Muscle-Tendon)           |                          | 3. Yes, last season                   |
| 4. Laceration                       |                          |                                       |
| 5. Dislocation/Subluxation          |                          |                                       |
| 6. Fracture/other bone injury       |                          |                                       |
| 7. Neurotrauma/Concussion           |                          |                                       |
| 8. Other: _____                     |                          |                                       |

**Injury situation described** (please describe the situation where the injury occurred):

**Diagnosis** (if applicable by doctor or physiotherapist):

**Contact information:**

Contact details of the person filling in the form

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

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Team contact details (if different from above)

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

E-mail: \_\_\_\_\_

**Appendix****Background**

The protection of floorball players' health by preventing injuries is an important task for the International Floorball Federation. Standardised injury surveillance provides not only important epidemiological information, but also direction for injury prevention, and the opportunity for monitoring long-term changes in the frequency and circumstances of injury.

**General guidelines for filling in the form:**

The form shall preferably be filled in by the team doctor or physiotherapist after the match in which the injury occurred.

Updates on the status of the injury shall be provided when needed (diagnosis etc.).

The general guideline is that an injury shall be noted if it causes time loss or in case of a laceration/cuts when the injury requires medical attention (for example sewing).

All teams wanting to change players during the tournament due to an injury shall fill in the IFF Injury assessment template before the change is granted.

If there are changes/updates concerning the injury status (after mri etc.) these shall be provided to the IFF by filling in this form found on the IFF website under Materials.

The updated form shall be sent to [office@floorball.org](mailto:office@floorball.org) (in case of severe injuries, a reminder e-mail to update status can be sent from IFF office)

**Some definitions & instructions**

Side/Body part: The body part and the side of the body part shall be noted by circling the right option from the list. Concerning eye and knee injuries more details shall be provided.

Overuse injury: An overuse injury refers to an injury resulting from repeated micro-trauma without a single identifiable event responsible for the injury.

Injury situation: The injury situation shall be shortly described, for example "falling on the floor without contact".

Diagnosis: If an official doctor's or physiotherapist statement is available that shall be mentioned on the form. Any updates on the diagnoses shall be provided to the IFF ([office@floorball.org](mailto:office@floorball.org))

Time lost: An estimation of the number of days that the player will not be able to undertake their normal training program or will not be able to play shall be provided.