RUGBY LEAGUE INJURY REPORTING FORM

Name: _________________________________ Initials: _____ Position: ___________________

Circle

Player/Referee/Coach/Spectator

Team : ___________________________ Grade: ___________ DOB: __/__/__  Gender: M ☐ F ☐ Venue/area at which injury occurred: ____________________

Date of Injury __/__/__

Type of activity at time of injury
☐ training/practice
☐ competition
☐ other ________________________

Reason for Presentation
☐ new injury
☐ exacerbated/aggravated injury
☐ recurrent injury
☐ illness
☐ other ________________________

Body Region Injured

Tick or circle body part/s injured & name

Body part/s

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

Provisional diagnosis/es

CAUSE OF INJURY

Mechanism of Injury
☐ struck by other player (eg in tackle)
☐ struck by ball (eg dislocated finger)
☐ collision with or tackling other player
☐ collision with fixed object (goal post)
☐ fall/stumble on same level
☐ slip/trip
☐ twisting to pass or accelerate
☐ scrum collapse or scrum contact
☐ overexertion (eg muscle tear)
☐ overuse
☐ temperature related eg heat stress
☐ other ________________________

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

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

Referral
☐ no referral
☐ medical practitioner
☐ physiotherapist
☐ chiropractor or other professional
☐ ambulance transport
☐ hospital
☐ other ________________________

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

Treating person
☐ medical practitioner
☐ physiotherapist
☐ nurse
☐ sports trainer
☐ other ________________________

Signature of treating person

Today’s Date: __/__/__