



# World Lacrosse Injury Report Form

Date \_\_\_\_\_

Event \_\_\_\_\_

Game Time \_\_\_\_\_ Temperature \_\_\_\_\_ ATC Initials \_\_\_\_\_

## Player information

Age: \_\_\_\_\_ Age Group: \_\_\_\_\_ Team: \_\_\_\_\_

<b>Gender</b>
<input type="checkbox"/> Male
<input type="checkbox"/> Female

<b>Player Position</b>
<input type="checkbox"/> Attack
<input type="checkbox"/> Defense
<input type="checkbox"/> Midfield
<input type="checkbox"/> Goalie

## Injury Event Information

<b>Game Segment</b>
<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 2nd Quarter
<input type="checkbox"/> 3rd Quarter
<input type="checkbox"/> 4th Quarter
<input type="checkbox"/> 1st half
<input type="checkbox"/> 2nd half
<input type="checkbox"/> Pre-game

<b>Game Play at time of injury</b>
<input type="checkbox"/> Loose ball
<input type="checkbox"/> Settled play
<input type="checkbox"/> Face off/Draw
<input type="checkbox"/> Shot on Goal
<input type="checkbox"/> Other
<input type="checkbox"/> Unknown

<b>Location on field where injury occurred</b>
<input type="checkbox"/> Attack area <ul style="list-style-type: none"> <li><input type="checkbox"/> Outside goal area</li> <li><input type="checkbox"/> Inside Crease/goal area</li> </ul>
<input type="checkbox"/> Middle third of field
<input type="checkbox"/> Unknown

<b>Ground Condition</b>
<input type="checkbox"/> Dry
<input type="checkbox"/> Wet
<b>Surface</b>
<input type="checkbox"/> Grass
<input type="checkbox"/> Turf

**Mechanism of Injury:**  No Contact  Contact (if selected complete #1 & 2 below)

### 1. Source of contact (select all that apply)

<input type="checkbox"/> Contact with other player's body <ul style="list-style-type: none"> <li><input type="checkbox"/> Head</li> <li><input type="checkbox"/> Shoulder</li> <li><input type="checkbox"/> Arm</li> <li><input type="checkbox"/> Leg</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Unknown</li> </ul>
<input type="checkbox"/> Contact with BALL
<input type="checkbox"/> Contact with STICK
<input type="checkbox"/> Contact with GROUND
<input type="checkbox"/> Contact with other _____

### 2. Intentional or unintentional contact

<input type="checkbox"/> Intentional Contact <ul style="list-style-type: none"> <li><input type="checkbox"/> Body check</li> <li><input type="checkbox"/> Stick check</li> <li><input type="checkbox"/> Push</li> <li><input type="checkbox"/> Other _____</li> </ul>
<input type="checkbox"/> Non-intentional Contact <ul style="list-style-type: none"> <li><input type="checkbox"/> Shot on goal</li> <li><input type="checkbox"/> Pass</li> <li><input type="checkbox"/> Incidental body contact</li> <li><input type="checkbox"/> Other _____</li> </ul>

**Sport-Specific Movement of Injured Player**

- Shooting
- Scooping ground ball
- Passing
- Defending: as field player
- Catching
- Defending: as goalie
- Advancing with ball
- Other:

**Description of Injury**

**Site of injury: (Check all that apply)**

**Head**

- Back
- Front
- Top/Crown
- Side/Temporal

**Face**

- Eye/Orbit
- Oral/Mandible
- Nose
- Ear

**Trunk**

- Neck/cervical spine
- Throat
- Chest/Sternum
- Thoracic spine/upper back
- Side/Oblique
- Lumbar spine/lower back
- Abdomen
- Pelvis
- Gluteal/buttock

**Upper Extremity**

- Shoulder
- Clavicle
- Upper arm
- Elbow
- Forearm
- Wrist
- Hand: not fingers
- Finger: (not thumb)
- Thumb
- Knee

**Lower extremity**

- Hip
- Groin
- Thigh
- Knee
- Lower leg
- Achilles tendon
- Ankle
- Foot/toe

**Other:**

**Type of Injury**

- Abrasion
- Dislocation/subluxation
- Contusion/bruise
- Nerve injury
- Laceration
- Wind knocked out
- Muscle strain
- Heat-related illness
- Sprain
- Concussion
- Severe ligament/tendon injury
- Suspected fracture
- Fracture-Confirmed
- Other:

**Please list concussion assessment tool used:**

**Injury Resolution**

- Return to play immediately
- Removed from play
- Referred for follow up care
- EMS
- Other: \_\_\_\_\_

**EVENT DESCRIPTION** (Please describe **how** the injury occurred)

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