INJURY & ILLNESS REPORT FORM FOR GYMNASTICS

All bolded sections must be filled out. Others may be left blank if information is unknown.

Gymnast Name: _____ **Date: (DD/MM/YYYY)**:_____

Sex: ☐ Male ☐ Female **DOB: (DD/MM/YYYY)**:_____

Gender Identity : ☐ Male ☐ Female ☐ Transgender ☐ Non-Binary ☐ Prefer not to say

☐ Other *(Specify)* _____

Ethnicity:_____

If applicable:

National Federation:_____

Competition Name:_____ Country of Competition:_____

1. DISCIPLINE

☐ MAG ☐ WAG ☐ TRA ☐ TUM ☐ DMT

☐ GFA ☐ RGI ☐ RGG ☐ AER ☐ ACRO

☐ PK ☐ Other *(Specify)* _____

2. SETTING

☐ Training ☐ Competition (Qualification) ☐ Competition (Final) ☐ Unrelated to Gymnastics

3. TYPE

☐ Sports-Related Injury ☐ Medical Illness ☐ Mental Health Concern

4. ONSET

☐ Acute/Sudden ☐ Gradual/Repetitive ☐ Unable to determine

5. CONTEXT

☐ New problem ☐ Recurrence of an old problem ☐ Exacerbation of a chronic problem ☐ Unable to determine

Does the gymnast have any other current injury/illness? (*If yes, please specify*)_____

6. MECHANISM (FOR ACUTE/SUDDEN SPORTS-RELATED INJURY ONLY)

Apparatus/Activity

☐ Ball ☐ Double-Mini Trampoline ☐ Parallel Bars ☐ Strength & Conditioning ☐ Uneven Bars

☐ Beam ☐ Flexibility ☐ Pommel Horse ☐ Still Rings ☐ Vault

☐ Cool Down ☐ Floor ☐ Ribbon ☐ Trampoline ☐ Warm-up

☐ Clubs ☐ Hoop ☐ Rope ☐ Tumbling ☐ Unknown

☐ Dance ☐ Horizontal Bar

☐ Other *(Specify)* _____

Sequence of Skills

☐ Full Routine ☐ Partial Routine ☐ Single skill

☐ Other *(Specify)* _____

Skill Phase

☐ Dismount ☐ Landing ☐ Mid-skill ☐ Mount ☐ Release/Catch

☐ Rotation

☐ Other *(Specify)* _____

Skill *(e.g., Double twisting Yurchenko, Pak Salto)*

_____

Surface/Mats

☐ Foam pit ☐ Resi pit ☐ Modified mats ☐ Competition mats

☐ Other *(Specify)* _____

7. BODY REGION OF INJURY

Area(s) of the body affected:

☐ Abdomen
☐ Ankle
☐ Cervical Spine
☐ Chest
☐ Clavicle
☐ Ear
☐ Elbow
☐ Eye
☐ Finger(s)
☐ Forearm
☐ Foot
☐ Hand
☐ Head
☐ Hip
☐ Knee
☐ Lower Leg
☐ Lumbar Spine
☐ Mouth
☐ Nose
☐ Pelvis, incl groin
☐ Shoulder
☐ Thigh
☐ Thoracic Spine
☐ Toe(s)
☐ Upper Arm
☐ Wrist

☐ Left
☐ Right
☐ Bilateral

☐ Other Details: _____

8. TYPE OF INJURY

☐ Bone Stress Injury
☐ Contusion/Hematoma
☐ Concussion
☐ Dislocation
☐ Fracture
☐ Nerve Injury
☐ Soft Tissue Injury
☐ Sprain
☐ Strain
☐ Tendinitis/ Tendinosis/Tendinopathy
☐ Wound
☐ Unable to determine

☐ Other *(Specify)* _____

OSIICS Code (if known): _____

Other Details: _____

9. BODY SYSTEM (MEDICAL ILLNESS ONLY) `

☐ Cardiovascular ☐ Respiratory ☐ Dermatologic ☐ Endocrine
☐ Gastrointestinal ☐ Genitourinary ☐ Neurological ☐ Rheumatologic
☐ HEENT

☐ Other *(Specify)* _____

10. TYPE OF ILLNESS

☐ Allergic reaction ☐ Asthma ☐ Infection ☐ REDS
☐ Other *(Specify)* _____

OSIICS Code (if known): _____

11. TYPE OF MENTAL HEALTH ISSUE

☐ Anxiety ☐ Depression ☐ Mental Block ☐ Disordered Eating ☐ Adjustment Disorder
☐ Other *(Specify)* _____

OSIICS Code (if known): _____

12. ONSITE CARE

Seen on site by:

☐ Doctor ☐ Emergency Staff ☐ Physiotherapist ☐ Athletic Trainer ☐ Mental Health Specialist
☐ Other

Treatment: _____

☐ **Treated on site and discharged** ☐ **Transferred to Clinic/Hospital** *(if yes, complete section 13)*

13 OFF-SITE CARE

☐ Clinic ☐ Hospital

Testing: _____

Treatment: _____

14. COMPETITION OUTCOME

Retirement of the competition	☐ Yes	☐ No
Continue the competition with a reduced level of participation	☐ Yes	☐ No
Continue the competition with a normal level of participation	☐ Yes	☐ No

General Observations/Remarks: _____
_____

Report completed by: _____

Occupation: _____

Email: _____ Phone: _____

Date (DD/MM/YYYY): _____ **Signature**: _____