



THE WORLD PARAVOLLEY INJURY AND ILLNESS FORM

A: Information about event			
Event:		Place:	
Team:		Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Match: vs		Match #:	Date: (dd/mm/yy)
B: Any Injury in this Game?		<input type="checkbox"/> NO If NO – tick "NO", complete only section A & B, & return form	<input type="checkbox"/> YES If YES – tick "YES" and return (Completion of rest of form is encouraged and completed if athlete consents)

C: Team Doctor/Therapist/Host Medical Care Staff Contact information	
Name:	Email:
Signature:	Phone:

D: Details About Injury/Illness (ONLY IF CONSENT IS GIVEN FROM ATHLETE – e.g. CONSENT FORM IS SIGNED)

Any illness before this game? ? NO YES If yes, please complete below which athlete, when and what this **illness** was
 Who (player#): _____ Date of Onset (dd/mm/yy): _____ What: _____
 Who (player#): _____ Date of Onset (dd/mm/yy): _____ What: _____

Any injury in the past (same or different body part)? NO YES If yes, please complete below which athlete, when and what was the **injury**
 Who (player#): _____ When (yy/mm) and what: _____
 Who (player#): _____ When (yy/mm) and what: _____

Present Injury Information:													
Player Info	Function			Time of injury		Body part injured		Type of injury		Cause of injury		Severity	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
age experience	Type of impairment	Code	Class	Training (date)	Match (set#)	Description	Code	Description	Code	Description	Code	Returned to game	Absence (Code)

E: Definitions & Codes					
1. Player Age Player function: S: setter D: diagonal Outside C: Central player L: libero		12) Athetosis (unbalanced, involuntary movements, difficulty in maintaining a symmetrical posture: cerebral palsy, brain injury or multiple sclerosis) 13) others (please write)		4. Class VS1 VS2	
2/3. Type of impairment: <i>Upper extremity</i> 1) Impaired muscle power 2) Impaired passive range of movement 3) Limb deficiency (amputation/dysmelia) 4) others (please write)		7/8. Body part injured (injury location): <i>Head and trunk</i> 1) face (eye, ear, nose) 2) head 3) neck/cervical spine 4) thoracic spine/upper back 5) sternum/ribs 6) lumbar spine/lower back 7) abdomen 8) pelvis/sacrum/buttock		9/10. Type of injury (diagnosis): 1) Concussion (regardless of loss of consciousness) 2) fracture (traumatic) 3) stress fracture (overuse) 4) other bone injuries	
<i>Lower extremity</i> 5) Impaired muscle power 6) Impaired passive range of movement 7) Limb deficiency (amputation/dysmelia) 8) Leg length difference 9) others (please write)		11/12. Cause of injury: 1) overuse (gradual onset) 2) overuse (sudden onset) 3) non-contact trauma 4) recurrence of previous trauma 5) contact with another player 6) contact moving object (ball) 7) contact stagnant object (net, post, etc.) 8) violation of rules (foul play) 9) field of play conditions		13/14. Severity – expected duration of absence from training or competition (in days): 1) 0 days 2) 1 day 3) 2 days 4) 7 days: (1 week) 5) 14 days: (2 weeks) 6) 21 days: (3 weeks) 7) 28 days: (weeks) 8) >30 days: (more than 4 weeks) 9) >180 days: (6 months or more) 10) CE: career ending	
<i>Global</i> 10) Hypertonia 11) Ataxia (lack of co-ordination of muscle movements: cerebral palsy, brain injury or multiple sclerosis)		PLEASE REMEMBER TO PROVIDE THE SIGNED ATHLETE WITH THIS COMPLETED INJURY FORM !			



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Definition of Injury:

“Any newly incurred injury due to competing and/or training during the Competition that received medical attention (examination and/or treatment) regardless of the consequences with respect to absence from competition or training.”

The injury definition includes three aspects:

- 1) The injury must have occurred during Competition OR training times within the period of the Event;
- 2) It includes injuries that are new or are an aggravation of an injury already present (do not include stable injuries already present i.e. pre-existing injuries, or fully rehabilitated injuries);
- 3) The injury received medical attention

*Only injuries that have occurred during the match, became known after the match, or occurred during the training period since the last match of the team should be reported.

*Recurrent injuries (injuries of the same location and type) described as Code #4 in Column 11/12 of the Code Definitions in Section E of the form should only be reported if the athlete has returned to full participation after the previous injury.

*If an athlete injures two body parts (e. g. ankle sprain and abrasion of the knee) or incurs two types of injury in one body part (contusion and laceration of the calf) in one incident, this is counted as one injury with two diagnoses (2 injury codes would be entered in the same box in Columns 7/8 and/or 9/10).

*If the same injury of an athlete is again reported with the same date of injury but a different diagnosis and/or duration of absence, this should be regarded as a corrected update of the injury report. If an athlete incurs the same type of injury at the same body part more than once during a championship this should be regarded as a recurrence and should not be counted as a new injury.

* If an injury was reported for the first time during a tournament but the physician reports the cause as “recurrence of previous injury”, this injury is counted as an injury, as no details about recovery from the previous injury are available, and it is assumed that the athlete was able to compete at the beginning of the tournament.

* Injuries should be diagnosed and reported by qualified medical personnel (Team Doctor, Team Therapist). Information about injured athletes of teams that do not have a Doctor or Therapist should also be received, and be reported using the same World ParaVolley Injury and Illness Form by the health care personnel in the host medical First Aid area.

Instructions to Complete Form:

1. If **no** injury occurs during or before match, complete Sections A and B and hand form to jury table.
2. If an injury occurs during the match, all sections of the form should be completed (if player consents), but the “yes” box should be ticked.
3. For Section D: if the player was ill before the match, please provide details. If the player is injured during the match, please note any prior injuries in this section (even if the injury is in another body part).
4. Present Injury Information: Please complete each column (use codes from Section E that correspond with the numbered columns in the table). See example below. Sign the form.

Present Injury Information:													
Player Info		Function		Time of injury		Body part injured		Type of injury		Cause of injury		Severity	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Position age experience	Type of impairment	Code	Class	Training (date)	Match (set#)	Description	Code	Description	Code	Description	Code	Returned to game	Absence (Code)
(L)Libero Age 23 3 yrs	Upper extremity limb deficiency	3	VS1		1	Right Knee	19	Ligament rupture	7	Contact with another player	5	NO >30: more than 4 weeks	8