

SPORTS **INJURY** TRACKER

www.sportsinjurytracker.com.au

Keeping Track of Your Clubs Injuries

Sports injuries can keep your clubs players off the field, impact their performance and also restrict their ability to take part in everyday activities at the club, home or at work.

SMA-VIC with the support of the Victorian Government has developed Sports Injury Tracker, an online system that allows community sports personnel to record, store and analyse injuries that are occurring in their sport.

Sports Injury Tracker is available to be used throughout Victoria, **free of charge**. It is based on a standard sports injury recording form which records details such as body part injured, type of injury, how the injury occurred, where the injury occurred, the type of first aid treatment provided and whether and where the injured person was referred (see form overleaf).

Benefits of Sports Injury Tracker

- Suitable for all levels of sport and events.
- Accessible and easy to use.
- Alternative to paper based system – with the ability to access online records.
- Streamlined data collection and analysis.
- Can draw reports from data entered for periods (end of season, monthly, annually).
- Provides a vehicle for users to identify key issues impacting on risk in the community sport setting.
- Reports can be used to better understand sport risk issues and to support efforts to address the issues through infrastructure improvements and changes in practice.
- Consistency in data collected.
- Consistent with the requirements of all relevant privacy legislation.
- Injury surveillance linked formally to risk management.

To register for Sports Injury Tracker: www.sportsinjurytracker.com.au

For more information contact

Sports Medicine Australia – Victoria Branch

Ph: 03 9674 8777

Email: general@vic.sma.org.au



Sports Injury Tracker is Sports Medicine Australia's community sports injury surveillance program, funded by the Department of Planning and Community Development (Sport and Recreation Victoria).

Name of patient: _____ DOB: ____/____/____ Sex: Male Female

Date of Injury: ____/____/____ Time: ____:____am/pm Is the injured person: Player / Referee / Coach / Spectator

Patient Address: _____ Patient Phone Number: _____

Sport _____ Venue _____ Event/match: _____

Type of activity at time of injury

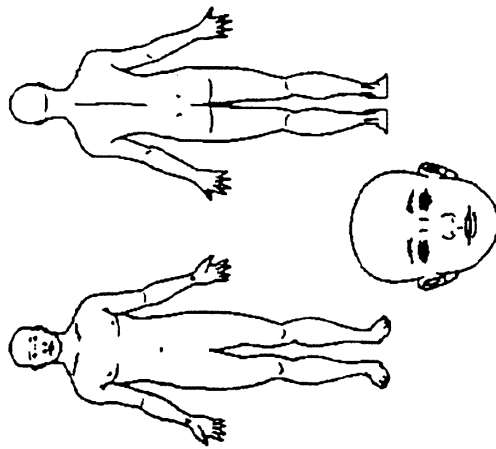
- training
- warm-up
- competition
- cool-down
- other _____

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

Nature of Injury/Illness

- 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
- struck by ball or object
- collision with other player/referee
- collision with fixed object
- fall/stumble on same level
- jumping to shoot or defend
- fall from height/awkward landing
- overexertion (eg muscle tear)
- overuse
- slip/trip
- temperature related eg heat stress
- other _____

Explain exactly how the incident occurred

Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?

Protective Equipment

Was protective equipment worn on the injured body part? yes no

If yes, what type eg mouthguard, ankle brace, taping.

Initial Treatment

- none given (not required)
- RICER dressing crutches
- sling, splint stretch/exercises
- CPR
- taping only
- none given - referred elsewhere
- other _____

Advice Given

- immediate return unrestricted activity
- able to return with restriction
- unable to return at present time
- Able to return but the player chose not to
- Referred for further assessment before returning to activity

Referral

- no referral
- medical practitioner
- physiotherapist
- 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
- sports trainer
- other _____

I have provided the patient with a copy of this report and told them that this record will be kept for insurance purposes. The injury information (not including patient name, address or phone number) will be entered into the Sports Injury Tracker Tool as part of the statistical analysis of injuries that occurred during the event. Patients are anonymous in these statistical records which help to create a safer sporting environment for future events.

Name

Signature

Today's Date: ____/____/____

Sports Trainer ID _____