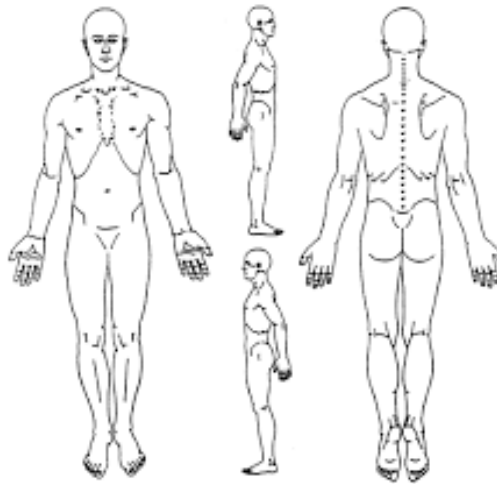


# Medical - Injury Management Form

Player: \_\_\_\_\_

Date: \_\_\_\_\_

Injured body part



Type of Injury

- |                                      |                                              |                                                  |
|--------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Concussion  | <input type="checkbox"/> Ligament Sprain     | <input type="checkbox"/> Muscle Strain           |
| <input type="checkbox"/> Joint Pain  | <input type="checkbox"/> Contusion/Haematoma | <input type="checkbox"/> Functional Overload     |
| <input type="checkbox"/> Fracture    | <input type="checkbox"/> Dental injury       | <input type="checkbox"/> Laceration/abrasion/cut |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Growth related      | <input type="checkbox"/> Other                   |

Diagnosis (if known): \_\_\_\_\_

Injury caused by:

- |                                           |                                  |                                           |                                      |
|-------------------------------------------|----------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Trauma           | <input type="checkbox"/> Contact | <input type="checkbox"/> Indirect Contact | <input type="checkbox"/> Non-contact |
| <input type="checkbox"/> Overload/Overuse |                                  |                                           |                                      |

Current Training Status

- |                                   |                                           |                                           |                                      |
|-----------------------------------|-------------------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Modified | <input type="checkbox"/> Monitor Duration | <input type="checkbox"/> Reduce Intensity | <input type="checkbox"/> No training |
|-----------------------------------|-------------------------------------------|-------------------------------------------|--------------------------------------|

Comments re training modifications

Player is able to perform the following training tasks (tick all relevant)

<b>Low Level</b> Controlled, Lower Intensity	<input type="checkbox"/> Warm Up	<input type="checkbox"/> Passing	<input type="checkbox"/> Non-contact ball work	<input type="checkbox"/> Technical skills/drills
<b>Moderate Level</b> Low level chaos, moderate intensity	<input type="checkbox"/> Small size games (1v1, 2v2)	<input type="checkbox"/> Contact skills drills/ball work	<input type="checkbox"/> Change of Direction drills	<input type="checkbox"/> Contact
<b>High Level</b> High chaos, high intensity	<input type="checkbox"/> Crossing & Shooting	<input type="checkbox"/> Medium size games (4v4, 6v6)	<input type="checkbox"/> Large size games (8v8+)	<input type="checkbox"/> Transition games/drills
<b>Training additions</b>	<input type="checkbox"/> Strength Exercises	<input type="checkbox"/> High-speed running drills	<input type="checkbox"/> Maximum velocity running	<input type="checkbox"/> Individual Rehab Program

Estimated Time to Return to Full Training: \_\_\_\_\_

Physiotherapist: \_\_\_\_\_