



# FEDERATION OF INTERNATIONAL LACROSSE INJURY FORM

2016 Men's U19 World Championship

DATE: \_\_\_\_\_

## 1) Player Information

Team/Country: \_\_\_\_\_ Opponent: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Role on Team: \_\_\_\_\_

**NO INJURIES REPORTED IN THIS GAME**

**Position**

Attack     Defense

Midfield     Goalie

**Mouth Guard in Use?**

Yes

No

Unknown

**Medical Alerts / Injury History:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2) Episode Information

**Weather / Surface**  
(Check all that apply)

Field # \_\_\_\_\_

Dry

Raining

Grass, good condition

Grass, poor condition

Turf (artificial)

**Infraction at Time of Injury**

Penalty

No Penalty

Unknown

**Game Segment**

Conditioning

Practice

Scrimmage

Pre-Game Warmup

1<sup>st</sup> Quarter

2<sup>nd</sup> Quarter

3<sup>rd</sup> Quarter

**Game Play at Time of Injury**

Settled play

Loose Ball

Face-Off

Transition

Other \_\_\_\_\_

**Location (Mark with X):**

## 3) Source of Injury

- Contact/Impact
- WITHOUT Contact (skip to section 4)

**Mechanism of Contact**

Contact with BALL

Contact with STICK

Contact with OTHER PLAYER'S HEAD

Contact with BODY PART other than head (specify)

Shoulder     Elbow

Knee     Arm / Hand

Foot     Undetermined

Other \_\_\_\_\_

Contact with GROUND

Contact with GOAL or EQUIPMENT

Other: \_\_\_\_\_

**Precipitatory Mechanism**

**Incidental Contact:**

Push

Trip

Other

**Intentional Contact:**

Push

Body-Check

Trip

Other

**Stick Check**

**None**

**Other** \_\_\_\_\_



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## 4) Player Activity

### Player Was On...

- Offense
- Defense
- Loose ball
- Unknown

### General Movement

- Running Forward
- Backpedaling
- Change of Direction (Cutting/Dodging)
- Jumping
- Stationary (Not moving)
- Other \_\_\_\_\_

### Sport-Specific Movement

- Shooting
- Passing
- Catching
- Dodging
- Advancing with ball
- Setting Pick

## 5) Description of Injury

Side?  Right  Left  N/A

### Site of Injury

#### Face:

- Eye/Orbit
- Oral/Mandible
- Nose
- Other \_\_\_\_\_

#### Head:

- Back
- Top/Crown
- Ear
- Side/Temporal

#### Neck

- Neck
- Shoulder
- Chest
- Upper Arm
- Elbow
- Lower Arm
- Wrist
- Hand

#### Finger:

- Thumb
- Other
- Abdomen
- Oblique/Side
- Back
- Pelvic Region
- Groin
- Gluteal Region
- Thigh
- Hamstring
- Knee
- Shin
- Calf
- Foot
- Ankle
- Toe

### Type of Injury

- Concussion\* (requires *FIL Concussion Report Form*)
- Contusion/Bruising
- Laceration
- Abrasion
- Fracture
- Strained Muscle
- Minor ligament inj. (sprain)
- Severe ligament injury (tear)
- Illness
- Other

### Injury Resolution

(check all that apply)

- Return to play immediately
- Walked off field unassisted
- Assisted off field, walking
- Assisted off field, carried
- Referred for follow up care
- Emergency Room
- Family Physician
- Sports Med/Orthopedics
- Unknown
- Other \_\_\_\_\_

### Immediate/Sideline Treatment of Injury

(check all that apply)

- Rest
- Ice
- Compress
- Elevate
- Clean wound/cut
- Bandage, Wrap, Cover
- Apply support (tape, cast, brace)
- N/A
- Other \_\_\_\_\_

### Incident Description

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