UEFA Champions League Injury Study

Study Manual 2013-2014

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Example 1-8
1 Study definitions

To be able to draw meaningful conclusions from the results of the UEFA Injury Study study it is vital that all participating clubs are instructed to collect data in a uniform fashion. Study definitions are essential in clarifying what is meant by a football injury? This study manual contains definitions of important terms used in the study and illustrations with examples of how to fill in the data collection forms.

1.1 Training exposure

Training exposure is defined as any team-based or individual physical activities under the control or guidance of the team’s coaching or fitness staff that are aimed at maintaining or improving players’ football skills or physical condition.

- A recovery session with water training after a match is considered as a training session
- Training exposure includes training sessions for first team players who also sometimes play for teams other than the first team, for example the club’s reserve team, or national teams
- Theory sessions (“chalk talk”), teaching sessions, etc. are not considered a training session
- Any exercise performed as a part of a player’s rehabilitation programme due to injury is not considered as training exposure

1.2 Match exposure

Match exposure is defined as play between teams from different clubs.

- Match exposure includes matches for first team players who also sometimes play for teams other than the first team, for example the club’s reserve team, or national teams

1.3 Injury

In this study we use a time-loss definition of football injury:

An injury is any physical damage that occurs during a football training or match and results in the player being unable to participate fully in training or match play.

- Injuries that do not cause absence from football activities do not count
- Injuries that occur outside football activities do not count
- Multiple injuries sustained by a player in a single event should be recorded as one injury, but all separate diagnoses should be recorded on the Injury Card
- Illnesses and diseases are separated from injuries (see section 6)

A traumatic injury refers to an injury resulting from a specific, identifiable event, and an overuse injury to one caused by repeated micro-trauma without a single, identifiable event responsible for the injury.
1.4 Rehabilitation
A player is recorded as injured for as long as he cannot participate in all types of training or in matches. A player is considered fully rehabilitated when the team physician or physiotherapist declares him fit for full participation.

If any part of a training session is modified for a player due to an existing injury this is considered part of the rehabilitation programme for that player.

1.5 Re-injury
Re-injury is defined as an injury of the same type and at the same site as an index injury and which occurs after a player’s return to full participation from the previous injury.

- The index injury can refer to a previous injury sustained prior to the start of the study
- Injuries such as contusions, lacerations and concussions, as well as sequels from an index injury should not be recorded as a re-injury
- The date of return from the index injury should be recorded on the injury card so that the time elapsed between the index injury and the recurrent injury can be evaluated

1.6 Illness
Similar to the definition of injury, we use a time-loss definition of illness:

A recordable illness episode is any physical or psychological complaint (separated from injury) which results in the player being unable to participate fully in training or match play.

1.7 Recurrence of illness
Recurrence of illness is defined as an illness episode of the same type as an illness episode the player has suffered previously, which occurs after a player’s return to full participation from the previous illness-episode.
2 Contact information, study period and inclusion/exclusion criteria

2.1 Who should be the club’s contact person?
Each club should select a contact person for this study (even though more than one person from the club may be involved in the data collection). The contact person will be responsible for delivering the study forms to the study group. We suggest the team physician or physiotherapist as contact person.

2.2 Study period
Study registration (exposure and injuries) starts July 1st 2013 and includes the entire pre-season and competitive season. The registration ends with the last match of the season in May 2014.

2.3 Inclusion/exclusion criteria
All players in the first team squad (with a first team contract) should be included in the study.

- A player who joins the team during the season should be included from his date of joining the team
- A player who has an existing injury at the start of the study should be included, but this particular injury will not be included in the injury statistics
- A player who permanently leaves the club during the study period is excluded from the date when they leave the club, but if the player goes on loan to another club he is included again when returning to the club
- If a player has an injury when he leaves the club, the contact person should still send in an injury card for that injury and estimate the final recovery date from injury
3 How to fill in the Declaration of Consent form

All players should be informed about the study’s aims and should sign the Declaration of Consent form, thereby confirming that they are willing to participate. Participation is voluntary; the player can withdraw from the study at any time. Example 1 on page 17 shows you how to fill in this form.

- Start by filling in the name of the team, responsible team physician and team physiotherapist
- **Name**: register all first team players as defined above
- **Code number**: give each player a code number by combining two or three letters from the club name with the figure corresponding to the line in the list. It is important that the player keeps the same code number throughout the study
- **Birth date, height, weight**: player’s birth date (e.g. 87/06/09); height in centimetres; weight in kilograms
- **Dominant leg**: preferred kicking leg (R = right-footed, L = left-footed, R+L = no preferred leg)
- **Playing position**: GK (goalkeeper), DF (defender), MF (midfielder), FW (forward)
4 How to fill in the Attendance Record form

All training sessions and matches for the listed players should feature on the Attendance Record. The Attendance Record is included as an Excel 2010 file. Clubs should e-mail this form to the study group every month. Start by filling in the information on the players flap, the information will appear automatically on the training and match log. Information about player participation in team training, match play and national team duty should be entered separately on each flap in the Excel spreadsheet.

Use this paragraph (paragraph 4) as a checklist when you fill out the attendance record, you can print these pages (6-8) and keep them close at hand as a fast reference to make it easier. You may also print out a paper copy of the Attendance Record (press print when the training flap or match flap is opened) and fill it in by hand during training sessions and matches and then transfer it to the excel file at the end of the month.

4.1 Players (black flap)

1. Enter information about club and contact person
2. Enter player names and codes

**NOTE**: Fill in this information first and save a copy of the file; this way you will not have to enter this information each month.

3. Enter month/season and save a copy of the file named for this month

*The example 2 on page 18 shows the Players flap.*

4.2 Training (blue flap)

Use one column for each training session. If the team has two training sessions on the same day, use two separate columns. For each training session, enter the following information:

1. Enter type of training

Possible options:

- F – Football training
- O – Other type of training (e.g. strength, endurance, recovery)
- R – Reserve/youth team training

**NOTE**: Use the abbreviation FO for a combination of football training and other type of training if this occurs during the same training session (e.g. first 45 min of the training is football training and the last 45 min is strength/endurance training).

**NOTE**: If the players have different types of training on the same day, use separate columns for each group (e.g. the day after a game, the players that participated in the match may have a recovery session, while the players that did not play in the match have a football session: use one column for the players that have a recovery session and a separate column for those who have a football session)
2. Enter playing surface

Possible options:

- A – Artificial turf
- G – Grass
- O – Other surface

3. Enter date (day) of training session

4. Enter length of the training session (in minutes) from start of warm-up to end of session

By default, all players will be considered to have completed the full training session unless indicated otherwise. If a player only participates in a part of the training session or is absent from the training session, enter the following information in the cell for this player:

a. Enter the **number of minutes** that a player participated, if not the full session
b. Enter AT in the cell if player is absent from training due to injury
c. Enter IT in the cell if player is absent from training due to illness
d. Enter O in the cell if player is absent from a training session he should attend but for reasons other than injury or illness cannot (e.g. vacation, non-football related injury)
e. **Clear the cell** (empty) if player has a day off (e.g. the day after a match)
f. Enter N in the cell if player is absent from training because of national team duty

*The example 3 on page 19 shows the Training flap.*

4.3 Match (green flap)

Use one column for each match. If some players participate in a reserve/youth team match on the same day that the first team has a match, use two separate columns. For each match, enter the following information:

1. Enter type of match
2. Enter playing surface (as in the training flap)

Possible options:

- F – Friendly
- L – League
- CL – UEFA Champions League
- EL – UEFA Europa League
- C – Other cup
- R – Reserve/youth team

3. Enter date of match (day)
4. Enter match exposure for each participating player (minutes)

If a player is absent from the match, enter the following information in the cell for this player:

- Enter **AM** in cell if player is absent/unavailable from match owing to injury
- Enter **IM** in cell if player is absent/unavailable from match owing to illness
- Enter **O** in cell if player is absent/unavailable from match for other reasons
- Leave the cell empty if player is a substitute and does not play or is not selected for match
- Enter **N** in cell if player is absent/unavailable from match because of national team duty

**NOTE:** The total time played in a match should normally be 990 (11 x 90) minutes. This can vary if either a reserve team player participates, a red card is given to a player, or if over time is played. The total time played in a match with over time is normally 1320 minutes.

The example 4 on page 20 shows the Match flap.

4.4 National team (red flap)

All football activities of the listed players should feature on the Attendance Record form, which includes training sessions and matches with their national teams.

1. Enter date of match (day)
2. Enter playing surface (as in the training flap)
3. Enter match/training exposure for each player (minutes)

**NOTE:** Training sessions with the national team are registered in the columns on the left, and national team matches are registered in the columns on the right.

The example 5 on page 21 shows the National team flap.

4.5 Sending Attendance Records to the study group

1. Save a copy of the file each month and e-mail the file to the study group. Name the file according to the following example: “Example team July 2011”
2. Send to: Håkan Bengtsson e-mail address: info.frg@telia.com
3. Open a new file (from the template) for the next month. Do not add new flaps to the document

4.6 Monthly feedback

Upon receiving the reports from teams, the study group will check everything for completeness. When data for the month is complete we will send you two feedback reports:

- **Player feedback:** with individual statistics on training sessions (number, hours), matches (number, hours), injuries (training, match) and absence due to injury, national team duty and other reasons. Team statistics are shown at the bottom of the form for the number of training sessions and matches, squad availability (which shows the percentage of players that were participating in training or available for first team match selection; e.g. 100% means
that no player missed a team training or match due to injury absence, other absence or absence due to national team duty) and absence due to injury or illness (which shows the percentage of players that were absent from training and match play due to injury or illness, respectively).

- Exposure overview: overview of the exposures and absences during the month as recorded on the Attendance Record.

4.7 What if players join or leave the team during the season?

If new players join the team during the season they should still be included in the study. Enter the names of the player and a new code on the players flap (black) and they will appear automatically on the training and match records (do not use old player codes).

If a player leaves the team, remove the name from the players flap, but leave the row empty. Do not enter new players in the same row as a previous player.
5 How to fill in the Injury Card form

An Injury Card should be filled in for every injury that occurs during the study (see definitions). The Injury Card is a simple form that should only take one minute to fill in. The example 6 on page 22 illustrates how to fill in this form.

- Start by filling in the name, code and team of the injured player (use the same code as on the Attendance Record and Declaration of Consent forms)
- **Date of injury**: fill in the date the injury occurred (irrespective of when the injury was assessed by the medical team). If for some reason the date of injury is uncertain fill in the last date on which the player participated fully in a match or a training.
- **Date of return**: fill in the date of the player’s return to full participation

**NOTE**: send in the Injury Card even if the player is still in rehabilitation, e.g. due to a severe injury. Information about return to play can be added later on by the study group based on the Attendance Record

- **Injured body part**: mark the appropriate body part
- **Injury side**: mark the injury side
- **Type of injury**: mark the type of injury, or specify if another injury type
- **Diagnosis**: write a free text diagnosis and be as specific as possible (the study group will then recode according to the Orchard Sports Injury Classification System)

**NOTE**: write in Latin or English preferably e.g. rupt. musc. rectus femoris dx, commotio cerebri, left quadriceps contusion, etc. Sometimes the diagnosis might be preliminary and it is acceptable to report a preliminary diagnosis, for example “distorsion of the left knee”. If a diagnosis is changed later on, e.g. after an MRI or an arthroscopy, you can send a copy of the original report, indicating “change of previous diagnosis” and change to a more precise diagnosis, for example “Ruptura ACL+MCL+meniscus medialis, genu dx”.

- **Re-injury**: mark whether the injury is a re-injury or not (see definitions). For re-injuries, the return date from the previous (index) injury should be recorded

**NOTE**: if the player had the index injury prior to their involvement in the study, the injury should still be marked as a re-injury

- **Overuse/trauma**: mark whether the injury was caused by overuse or trauma, or if this classification is not applicable (e.g. elective surgery)
- **Training/match**: mark whether the injury occurred during a training session or match. For match injuries, mark the minute of the match when the injury occurred. Mark ‘not applicable’ if classification into training or match injury is not possible (e.g. overuse injury)
- **Type of training/match**: mark the appropriate alternative. Note that Champions League and Europa League matches include qualification matches for these tournaments
- **Contact/collision**: mark if the injury occurred as a result of contact with another player or object
Injury mechanism: mark the mechanism of injury. You can also write additional information about the injury mechanism in the free text box.

Referee’s sanction: This row should only be completed for acute match injuries. “No foul” should be filled in if the referee did not signal for a foul (whatever the opinion on the bench was!) and one of the “yes” options if the referee signalled foul play. “Opponent foul” is marked if the foul play was caused by an opponent and “own foul” if the foul play was caused by the injured player himself. For foul play injuries, indicate whether the player was sanctioned with a yellow or red card.

Examination: Specify what kind of examination(s) was/were performed.

Best guess as to why injury occurred: we appreciate the medical teams reasoning and ideas and we encourage you to share your view on the injuries and why you think that the player incurred the injury.

Other comments: write any information that you think is appropriate to provide a better understanding of the injury. For instance, mark if it is a change to a previous diagnosis.

5.1 Thigh Injury Card

If a player sustains a thigh injury, the specific Thigh Injury Card should be filled in (you don’t have to fill in the general Injury Card). The information on the Thigh Injury Card is identical to the general Injury Card, but with some additional information required (injury classification, examination, treatment). The example 7 on page 23 illustrates how to fill in this form.

Injury classification is made according to the following definitions of muscle disorders:

**Functional muscle disorders**: painful muscle disorder without evidence of muscle fibre damage.

- **Fatigue-induced muscle disorder**: circumscript longitudinal increase of muscle tone due to over-exertion, change of playing surface, or change in training patterns. Pain with activity but not at rest. Increased muscle tone is noted in the affected muscle area with mild, dull pain aggravated by palpation or stretching. “Dry muscle” changes without oedema formation are typical on imaging modalities.

- **Delayed Onset Muscle Soreness (DOMS)**: more generalized muscle pain following unaccustomed, eccentric deceleration movements with possible associated sarcomeric ruptures of Z-discs. Presents as dull, aching pain in the affected muscle groups usually peaking within 24-72 hours after initiating activity. Pain is aggravated by stretching, palpation, or eccentric exercise. Pain is absent at rest and less severe or absent with concentric muscle activity. No or minimal signal changes are observed in the involved muscle on imaging.

- **Neuromuscular muscle disorder – spine related**: circumscript longitudinal increase of muscle tone due to functional or structural spinal disorder (including sacroiliac joint). Subjective tightness and pain with intense activity, stretching and palpation. Sometimes associated with altered skin sensation. Increased muscle tone over the entire muscle length on palpation. Symptoms improve with rest. Discrete “seam-like” fluid accumulation between muscle and fascia throughout the entire length of the involved muscle on imaging.
Neuromuscular muscle disorder – muscle related: circumscribed spindle-shaped area of increased muscle firmness. Possibly resulting from reciprocal inhibition of synaptic transmission. Increasing pulling and cramp-like sensation within muscle. Aggravated with activity and improved by rest and gentle stretch. Spindle-like, longitudinal induration within the affected muscle belly on palpation. Spindle-like muscle oedema without hematoma or focal muscle defect on imaging.

Structural muscle disorders: any acute indirect muscle disorder with macroscopic evidence of muscle fibre damage.


- Partial muscle injury – moderate: structural muscle injury involving Inter-Fascicle or Muscle Bundle Tear. Acute severe, stabbing pain often at muscle-tendon junction, often associated with fall from reflexory unloading. Palpable, defined defect in affected muscle, painful to touch and gentle stretch. Quickly developing, visible hematoma. Defect of muscle, fascia, and hematoma visible on imaging.

- Subtotal/complete muscle injury/tendinous avulsion: structural muscle injury involving the subtotal (>90%) or complete muscle diameter or complete tendinous avulsion. Acute severe pain (“someone kicked/hit me”) and reflexory unloading. Severe pain with passive motion and palpation. Immediate functional deficit with development of extensive hematoma. Large palpable defect often at the muscle-tendon junction or retraction of avulsed muscle. Obvious muscle defect or tendinous avulsion and with hematoma formation is observed on imaging.
6 How to fill in the Illness Card form

An Illness Card should be filled in for every illness that occurs during the study (see definitions). The Illness Card is a “one-minute form”, meaning that it should only take one minute to fill it in.

The Example 8 on page 24 illustrates how to fill in this form.

- Start by filling in the name, code and team of the injured player (same code as on the Attendance Record and Declaration of Consent forms)
- Date of illness debut: fill in the date when absence due to illness first appeared (irrespective of when the injury was assessed by the medical team)
- Date of return: fill in the date of the player’s return to full participation

**NOTE:** send in the illness card even if player is still ill, Information about return to play can be added later on by the study group based on the Attendance Record

- Type of illness: fill in the type of illness corresponding to the player’s complaints. If you chose “other illness”, please indicate affected organ system
- Recurrence: mark whether the illness is a recurrence or not (see definitions). For recurrences, the return date from the previous illness episode should be recorded
- Diagnosis: fill in the most exact diagnosis of the illness
- Other comments: fill in other type of information relevant for the study group
7 Practical examples of recordings

Description: Injury with time loss from football with a subsequent recurrence.

Example: A defender sustained a hamstring injury during a match that required 30 days of rehabilitation before he could return to full training. The player sustained another hamstring injury to the same muscle (same leg) 3 weeks later in training and required a further 50 days of rehabilitation before he could return to full training.

Entry: First incident should be recorded as a match injury (absence 30 days); second incident as a training injury; re-injury (absence 50 days) should include the end date of the index injury.

Description: Injury without time loss from football.

Example: A goalkeeper develops shoulder instability and seeks medical attention; the condition does not prevent the player from taking part fully in team training or competition, even though it causes some pain. The team physiotherapist recommends an additional individual training programme for the goalkeeper to avoid aggravating the condition.

Entry: Episode should not be recorded as an injury as long as the goalkeeper remains able to take part fully in team training. Mark with full participation in training on the Attendance Record. No injury card is required in this case.

Description: Injury without initial time loss that causes absence later on.

Example: A defender develops groin pain which the team physician decides does not warrant immediate treatment; the player continues to take part fully in team training and competition. The player then undergoes elective surgery two months later and requires 90 days’ rehabilitation.

Entry: Incident should be recorded as an injury at the time of the player’s elective surgery (absence 90 days). An injury card should be sent.

Description: Injury without initial time loss that causes absence later on due to an aggravation of symptoms.

Example: A forward sustains an ankle sprain during a match but continues to play; he also completes full training using ankle taping (with some pain) for 6 days but aggravates the injury during the next match; he then requires 15 days of rehabilitation.

Entry: First incident should not be recorded as an injury; second incident should be recorded as a match injury (absence 15) days.

Description: Player has an injury that only causes absence on the day of injury.

Example: A midfielder sustains a laceration to the face during a morning training session; the doctor sutures the cut but the player misses the afternoon training session. The player is able to participate fully in the training session the next morning.

Entry: Incident should be recorded as an injury (absence 0 days).
**Description:** An injured player plays in a reserve team match as a part of the rehabilitation programme.

**Example:** A player has been operated on for an ACL injury. The team physician does not yet consider him fully rehabilitated but allows him to play with the reserve team as a part of the rehabilitation programme.

**Entry:** Mark as injured on the Attendance Record; match is considered part of the rehabilitation process and no match exposure is recorded.

**Description:** A player is declared fully rehabilitated and plays in a reserve team match.

**Example:** The team physician has declared a player fully rehabilitated after an ankle sprain. The coach does not select him for the first team but the player plays for 75 minutes with the reserve team.

**Entry:** Since the player has been declared fully rehabilitated this counts as match exposure with the reserve team. Mark 75 min participation with reserve team on the Attendance Record.
8 Sending the forms to the study group

8.1 How to send the forms?

➢ The “Declaration of consent” form should be completed electronically and e-mailed to the study group – then printed out and completed with player signatures and sent by fax or post

➢ The Attendance Record should be completed electronically and sent by e-mail

➢ The Injury Card and Illness Card can be completed electronically and sent by e-mail, but can also be sent by fax if this is preferred

8.2 When to send the forms?

There are usually some questions about details during the first month of registration. Intensive communication by fax, email or telephone is often necessary during the first month before all parties become familiar with the routines. Identical collection of data for all teams is necessary for a meaningful analysis.

➢ Send the Declaration of Consent form at the start of the study. The list of first team players might be incomplete at that time, but it is possible to complete this list later

➢ At the end of each month, e-mail the Attendance Record, Injury Cards and Illness Cards. Then a discussion can take place about filling in the form. The sooner the data on the forms are standardised, the less work is required of the contact person at the club and the study group

➢ Be sure to check the correlation between the Injury/Illness cards and the Attendance Record. For every new injury/illness episode there should be an injury card (except for events that occurred before the start of the study)

Be sure to check that the players and the code numbers correspond with those indicated on the forms!

8.3 Confidentiality

All data on individual players and teams will be confidential. The information sent will always be restricted to the study group. All data on players will be encoded before being computerised.

It is possible (but not necessary) for the contact person at each club to do the encoding themselves and delete the names of the players on the different forms. In this case, it is absolutely essential to fill in the code numbers and to check that these are correct.

Questions?

Do not hesitate to contact the study group (see first page).
I hereby confirm that I agree to participate in the UCL Injury Study and that the information provided is for medical and research purposes and will be treated confidentially.

Team: Example team

Responsible physician: Dr No

Responsible physiotherapist: ____________________________

<table>
<thead>
<tr>
<th>Name of player</th>
<th>Code no</th>
<th>Birth date (yy/mm/dd)</th>
<th>Height (cm)</th>
<th>Weight (kg)</th>
<th>Domin. Leg*</th>
<th>Playing position†</th>
<th>Signature of player / Date</th>
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</thead>
<tbody>
<tr>
<td>Fred White</td>
<td>ET01</td>
<td>72/03/25</td>
<td>195</td>
<td>88</td>
<td>R</td>
<td>GK</td>
<td>Fred White 10/07/2011</td>
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<td>76/12/12</td>
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<td>82</td>
<td>R</td>
<td>DF</td>
<td>Stanley Black 10/07/2011</td>
</tr>
<tr>
<td>John Purple</td>
<td>ET03</td>
<td>80/05/05</td>
<td>187</td>
<td>83</td>
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<tr>
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<td>FW</td>
<td>William Lavender 10/07/2011</td>
</tr>
</tbody>
</table>

* Dominant leg = preferred kicking leg: R (right), L (left) or R+L (no preferred leg) † Playing position: GK (goalkeeper), DF (defender), MF (midfielder), FW (forward)
**Example 2. Attendance Record – Players (black flap)**

<table>
<thead>
<tr>
<th>PLAYER NAME</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred White</td>
<td>ET01</td>
</tr>
<tr>
<td>Stanley Black</td>
<td>ET02</td>
</tr>
<tr>
<td>John Purple</td>
<td>ET03</td>
</tr>
<tr>
<td>Steve Yellow</td>
<td>ET04</td>
</tr>
<tr>
<td>Vince Pink</td>
<td>ET05</td>
</tr>
<tr>
<td>Brad Turquoise</td>
<td>ET06</td>
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<tr>
<td>Mike Gray</td>
<td>ET07</td>
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<tr>
<td>Gary Marine</td>
<td>ET08</td>
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<tr>
<td>James Brown</td>
<td>ET09</td>
</tr>
<tr>
<td>Christopher Blue</td>
<td>ET10</td>
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<tr>
<td>Daniel Orange</td>
<td>ET11</td>
</tr>
<tr>
<td>Joseph Lime</td>
<td>ET12</td>
</tr>
<tr>
<td>Robert Red</td>
<td>ET13</td>
</tr>
<tr>
<td>Richard Indigo</td>
<td>ET14</td>
</tr>
<tr>
<td>William Lavender</td>
<td>ET15</td>
</tr>
</tbody>
</table>

**Club:** Example Team  
**Month/season:** July 2011  
**Contact person:** Dr No  
**E-mail:** DrNo@exampleteam.uk  
**Phone:** +44100304050  
**Mobile:** +44700304050  
**Fax:** +44100304051
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## Example Team

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## Example 5. Attendance Record – National team (red flap)

### Example Team

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<tr>
<th>Player name</th>
<th>Code</th>
<th>Date</th>
<th>Type of surface</th>
<th>Training sessions</th>
<th>Matches</th>
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<tr>
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<tr>
<td>John Purple</td>
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<tr>
<td>Vince Pink</td>
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<tr>
<td>Mike Gray</td>
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<td>William Lavender</td>
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</table>
**Example 7. Thigh Injury Card**

<table>
<thead>
<tr>
<th>Name: Stanley Black</th>
<th>Code no: ET02</th>
<th>Team: Example Team</th>
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</thead>
<tbody>
<tr>
<td><strong>Date of injury:</strong> 02/07/2013</td>
<td><strong>Date of return to full participation:</strong> 11/07/2013</td>
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</tr>
<tr>
<td><em>(Send injury card even if player is still in rehabilitation)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Injured body part**
- Head/face
- Neck/cervical spine
- Sternum/upper back
- Abdomen
- Lower back/pelvis

**Injury side**
- Right
- Left
- Bilateral/central

**Type of injury**
- Concussion
- Fracture
- Other bone injury
- Dislocation/subluxation
- Sprain/ligament injury
- Other type (specify):
- Haematoma/contusion/bruise
- Lesion of meniscus/cartilage
- Tendon injury/rupture/tendinosis
- Synovitis/effusion
- Overuse symptoms unspecified

**Diagnosis:** Lateral ankle sprain (ATFL) grade I

**Was this a re-injury?**
- No
- Yes (give date of return from previous injury)

**Was the injury caused by overuse (gradual onset) or trauma (acute onset)?**
- Overuse
- Trauma
- Not applicable

**When did the injury occur?**
- Training
- Match (min. of injury)
- Not applicable

**Indicate type of training or match where injury occurred**
- Football training (F)
- Other training (O)
- Football & other training (FO)
- Reserve/youth team training (R)
- National team training (N)
- Other Cup match (C)
- Reserve/youth team match (R)
- National team match (N)
- Not applicable

**Was the injury caused by contact or collision?**
- No
- Yes, with other player
- Yes, with object (specify)

**Injury mechanism**
- Running/sprinting
- Twisting/turning
- Shooting
- Passing/crossing
- Dribbling
- Jumping/landing
- Falling/diving
- Stretching
- Sliding
- Overuse
- Hit by ball
- Collision
- Heading
- Tackled by other player
- Other acute mechanism
- Kicked by other player
- Blocked
- Use of arm/elbow

**Injury mechanism:** Tackled by teammate causing inversion trauma (describe in own words)

**Referee’s Sanction:**
- No foul
- Opponent foul
- Yellow card
- Own foul
- Red card

**Examination**
- Clinical only
- Arthroscopy
- X-ray
- Other (specify)
- Ultrasoundography
- MRI

**Best guess as to why the injury occurred:**
*(medical teams opinion)*

**Other comments:**
*(e.g. specify if surgery was used)*
Example 7. Thigh Injury Card

<table>
<thead>
<tr>
<th>Name</th>
<th>Christopher Blue</th>
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<tr>
<td>Team</td>
<td>Example team</td>
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<tr>
<td>Date of injury</td>
<td>19/07/2013</td>
</tr>
<tr>
<td>Date of return to full participation</td>
<td>10/09/2013</td>
</tr>
<tr>
<td>(Send injury card even if player is still in rehabilitation)</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>☒ Anterior thigh ☐ Posterior thigh</td>
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<tr>
<td>Injury side</td>
<td>☒ Right ☐ Left ☐ Bilateral/central</td>
</tr>
<tr>
<td>Type of injury</td>
<td>☐ Haematoma/contusion/bruise ☐ Muscle rupture/tear/strain ☒ Tendon rupture/tendinopathy</td>
</tr>
<tr>
<td></td>
<td>☐ Nerve injury    ☐ Overuse/hypertonia ☐ Other type</td>
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<tr>
<td>Injury classification</td>
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<tr>
<td></td>
<td>☒ Delayed onset muscle soreness ☒ Partial muscle injury - moderate</td>
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<tr>
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<td>☐ Neuromuscular muscle disorder – spine related ☒ Subtotal/complete muscle injury/tendinous avulsion</td>
</tr>
<tr>
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<td>☒ Neuromuscular muscle disorder – muscle related</td>
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<tr>
<td>Was this a re-injury?</td>
<td>☐ No ☒ Yes (give date of return from previous injury): 10/12/2010</td>
</tr>
<tr>
<td>Was the injury caused by overuse (gradual onset) or trauma (acute onset)?</td>
<td>☒ Trauma ☐ Not applicable</td>
</tr>
<tr>
<td>When did the injury occur?</td>
<td>☒ Training ☐ Match (min. of injury) ☐ Not applicable (overuse injury)</td>
</tr>
<tr>
<td>Indicate type of training or match where injury occurred</td>
<td>☒ Football training (F) ☐ Friendly match (F)</td>
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<td>☐ Other training (O) ☐ League match (L)</td>
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<td></td>
<td>☐ Football &amp; other training (FO) ☐ Champions League match (CL)</td>
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<tr>
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<td>☐ Reserve/youth team training (R) ☐ Europa League match (EL)</td>
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<tr>
<td></td>
<td>☐ National team training (N) ☐ Other Cup match (C)</td>
</tr>
<tr>
<td></td>
<td>☐ Not applicable ☐ Reserve/youth team match (R)</td>
</tr>
<tr>
<td></td>
<td>☐ Not applicable ☐ National team match (N)</td>
</tr>
<tr>
<td>Was the injury caused by contact or collision?</td>
<td>☒ No ☐ Yes, with other player ☐ Yes, with object (specify)</td>
</tr>
<tr>
<td>Injury mechanism</td>
<td>☒ Running/sprinting ☐ Jumping/landing ☐ Hit by ball ☐ Kicked by other player</td>
</tr>
<tr>
<td></td>
<td>☒ Twisting/turning ☐ Falling/diving ☐ Collision ☐ Blocked</td>
</tr>
<tr>
<td></td>
<td>☒ Shooting ☐ Stretching ☐ Heading ☐ Use of arm/elbow</td>
</tr>
<tr>
<td></td>
<td>☒ Passing/crossing ☐ Sliding ☐ Tackled by other player ☐ Other acute mechanism</td>
</tr>
<tr>
<td></td>
<td>☒ Dribbling ☐ Overuse ☐ Tackling other player ☐ Unknown mechanism</td>
</tr>
<tr>
<td>Injury mechanism: Sudden pain in left hamstrings when sprinting (describe in own words)</td>
<td></td>
</tr>
<tr>
<td>Referee’s Sanction</td>
<td>☐ No foul ☐ Opponent foul ☐ Yellow card</td>
</tr>
<tr>
<td>(acute match injuries only)</td>
<td>☐ Own foul ☐ Red card</td>
</tr>
<tr>
<td>Examination</td>
<td>☐ Clinical only ☐ X-ray ☐ Ultrasonography ☒ MRI (enclose MRI form)</td>
</tr>
<tr>
<td></td>
<td>☐ Other (specify)</td>
</tr>
<tr>
<td>Diagnosis (specify results of examination):</td>
<td>Muscle tear proximal biceps femoris grade II verified with MRI</td>
</tr>
<tr>
<td>Treatment:</td>
<td>PRICE, hydrotherapy, progressive lengthening and strength exercises</td>
</tr>
<tr>
<td>Was injection therapy used?</td>
<td>☒ No ☐ Yes (specify)</td>
</tr>
<tr>
<td>Best guess as to why the injury occurred:</td>
<td>(medical teams opinion)</td>
</tr>
<tr>
<td>Other comments:</td>
<td>(e.g. specify if surgery was used)</td>
</tr>
</tbody>
</table>
Name: Steve Yellow  
Code no: ET04  
Team: Example team

Date of illness debut: 21/07/2013  
Date of return to full participation: 24/07/2013

(Send illness card even if player is still ill)

Type of illness

- Infection in airways (incl. influenza, common cold)
- Infection in other organs/body parts
- Asthma or allergies
- Stomach pain, diarrhea or bowl problems
- Headache, migraine, or nausea
- Unexplained fatigue, malaise or fever
- Other illness*

*If other illness, please select affected organ-system

- Respiratory (other than infections and asthma)
- Cardiovascular
- Renal/urogenital/gynecological
- Metabolic/endocrinological
- Haematological
- Dermatological
- Neurological
- Psychiatric and behavioural
- Ophthalmic/otorhinolaryngological
- Dental
- Rheumatological/connective tissue disorder
- Immunological
- Environmental (including heat/altitude illness)
- Other

Recurrence:  
- No
- Yes  
Date of return to play after previous illness episode: 11/12/2012

Diagnosis:

Other comments: