

In-Season Medical Report for Golf Injuries or Illnesses

Date of report: _____

Team: _____

Athlete identification: _____

Date of onset: _____

For injury defined as tissue damage or other derangement of normal physical function due to participation in golf training, practice or competition, resulting from rapid or repetitive transfer of kinetic energy

Competition or training

- | | | |
|---|---|--|
| <input type="checkbox"/> golf competition | <input type="checkbox"/> putting/ short game | <input type="checkbox"/> warm-up, cool-down etc. |
| <input type="checkbox"/> golf course (excl. competitions) | <input type="checkbox"/> fitness training for golf | <input type="checkbox"/> gradual |
| <input type="checkbox"/> driving range | <input type="checkbox"/> other training activities for golf | <input type="checkbox"/> unknown, or not specified |

Mode of onset

- | | | | |
|--|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> sudden after acute trauma | <input type="checkbox"/> sudden but no acute trauma | <input type="checkbox"/> gradual | <input type="checkbox"/> mixed |
|--|---|----------------------------------|--------------------------------|

Injury mechanism

- | | | |
|---|--|--|
| <input type="checkbox"/> no identifiable single event | <input type="checkbox"/> direct contact with an object | <input type="checkbox"/> indirect contact with an object |
| <input type="checkbox"/> non-contact trauma | <input type="checkbox"/> direct contact with ground | <input type="checkbox"/> indirect contact with ground |

Injured body region / side

- head
- neck / cervical spine
- chest (incl. chest organs)
- thoracic spine / upper back
- lumbar-sacral spine / buttock
- abdomen (incl. abdominal organs)

right / left

- | | | |
|--------------------------|--------------------------|-----------|
| <input type="checkbox"/> | <input type="checkbox"/> | shoulder |
| <input type="checkbox"/> | <input type="checkbox"/> | upper arm |
| <input type="checkbox"/> | <input type="checkbox"/> | elbow |
| <input type="checkbox"/> | <input type="checkbox"/> | forearm |
| <input type="checkbox"/> | <input type="checkbox"/> | wrist |
| <input type="checkbox"/> | <input type="checkbox"/> | hand |

right / left

- | | | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | hip / groin |
| <input type="checkbox"/> | <input type="checkbox"/> | thigh |
| <input type="checkbox"/> | <input type="checkbox"/> | knee |
| <input type="checkbox"/> | <input type="checkbox"/> | lower leg / Achilles tendon |
| <input type="checkbox"/> | <input type="checkbox"/> | ankle |
| <input type="checkbox"/> | <input type="checkbox"/> | foot |

Injury type

- | | | |
|--|---|---|
| <input type="checkbox"/> concussion / brain injury | <input type="checkbox"/> joint sprain / ligament tear | <input type="checkbox"/> contusion / bruise (superficial) |
| <input type="checkbox"/> spinal cord injury | <input type="checkbox"/> chronic instability | <input type="checkbox"/> arthritis |
| <input type="checkbox"/> peripheral nerve injury | <input type="checkbox"/> tendon rupture | <input type="checkbox"/> bursitis |
| <input type="checkbox"/> bone fracture | <input type="checkbox"/> tendinopathy | <input type="checkbox"/> synovitis |
| <input type="checkbox"/> bone stress injury | <input type="checkbox"/> muscle strain / rupture / tear | <input type="checkbox"/> vascular damage |
| <input type="checkbox"/> bone contusion | <input type="checkbox"/> muscle contusion | <input type="checkbox"/> stump injury |
| <input type="checkbox"/> avascular necrosis | <input type="checkbox"/> muscle compartment syndrome | <input type="checkbox"/> internal organ trauma |
| <input type="checkbox"/> physis injury | <input type="checkbox"/> laceration | <input type="checkbox"/> unknown, or not specified |
| <input type="checkbox"/> cartilage injury | <input type="checkbox"/> abrasion | |

For illness defined as a complaint or disorder not related to injury

Mode of onset

- | | | |
|---------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> sudden | <input type="checkbox"/> gradual | <input type="checkbox"/> mixed |
|---------------------------------|----------------------------------|--------------------------------|

Organ system

- | | | |
|---|---|--|
| <input type="checkbox"/> cardiovascular | <input type="checkbox"/> genitourinary | <input type="checkbox"/> otological |
| <input type="checkbox"/> dermatological | <input type="checkbox"/> hematologic | <input type="checkbox"/> psychiatric / psychological |
| <input type="checkbox"/> dental | <input type="checkbox"/> musculoskeletal | <input type="checkbox"/> respiratory system |
| <input type="checkbox"/> endocrinology | <input type="checkbox"/> neurological | <input type="checkbox"/> thermoregulatory system |
| <input type="checkbox"/> gastrointestinal | <input type="checkbox"/> ophthalmological | <input type="checkbox"/> unknown, or not specified |

Aetiology

- | | | |
|---|--|--|
| <input type="checkbox"/> allergic | <input type="checkbox"/> infectious disease | <input type="checkbox"/> degenerative or chronic condition |
| <input type="checkbox"/> environmental - exercise-related | <input type="checkbox"/> neoplasm | <input type="checkbox"/> developmental anomaly |
| <input type="checkbox"/> environmental - non-exercise | <input type="checkbox"/> metabolic / nutritional | <input type="checkbox"/> drug-related / poisoning |
| <input type="checkbox"/> immunological / inflammatory | <input type="checkbox"/> vascular | <input type="checkbox"/> unknown, or not specified |

For injury and illness**New, recurrent or exacerbation**

- | | | |
|------------------------------|---|--|
| <input type="checkbox"/> new | <input type="checkbox"/> recurrent after full recovery and return-to-golf | <input type="checkbox"/> unknown, or not specified |
| | <input type="checkbox"/> exacerbation of a stable (not recovered) condition | |

Time-loss in golf due to injury / illness

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> no | <input type="checkbox"/> yes |
|-----------------------------|------------------------------|

Date of full return to normal training and competition _____ (dd/mm/yy)

No return to golf possible: fatality permanent disability other reasons _____