

Appendix E

NAIA-ATA INJURY REPORT

HOST INSTITUTION INFORMATION

Host Institution: _____
Host Physician: _____
Tournament Event: _____
Sport: _____

ATHLETE INFORMATION

Name of Athlete: _____
Athlete's Home Institution: _____

Age: _____ Sex: M F Year: FR SO JR SR

INJURY INFORMATION

Injured Side: R L DOI: _____ Nature of Injury: Acute Chronic Re-injury

Current

Date: _____

Injured Region:

- | | | | |
|---|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Thoracic spine | <input type="checkbox"/> Head | <input type="checkbox"/> Face | <input type="checkbox"/> C-spine |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Lumbar spine | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Upper arm |
| <input type="checkbox"/> Thumb | <input type="checkbox"/> Forearm | <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand |
| <input type="checkbox"/> 5 finger | <input type="checkbox"/> 2nd finger | <input type="checkbox"/> 3rd finger | <input type="checkbox"/> 4th finger |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Lower leg | <input type="checkbox"/> Groin | <input type="checkbox"/> Thigh | <input type="checkbox"/> Knee |
| <input type="checkbox"/> 2nd toe | <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot | <input type="checkbox"/> 1st toe |
| <input type="checkbox"/> 3rd toe | <input type="checkbox"/> 4th toe | <input type="checkbox"/> 5th toe | |

Specific Region: _____

Injury:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Sprain 1 | <input type="checkbox"/> Sprain 2 | <input type="checkbox"/> Sprain 3 |
| <input type="checkbox"/> Strain 1 | <input type="checkbox"/> Strain 2 | <input type="checkbox"/> Strain 3 |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Subluxation | <input type="checkbox"/> Contusion |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Laceration | <input type="checkbox"/> Spasm |
| <input type="checkbox"/> Concussion 1 | <input type="checkbox"/> Concussion 2 | <input type="checkbox"/> Concussion 3 |
| <input type="checkbox"/> Neurotrauma | <input type="checkbox"/> Tendonitis/Bursitis | <input type="checkbox"/> Heat cramps |
| <input type="checkbox"/> Heat exhaustion | <input type="checkbox"/> Heat stroke | <input type="checkbox"/> Impingement |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Cold/flu | <input type="checkbox"/> Other _____ |

Comments: _____

INJURY MANAGEMENT

Athletic Trainer E.R. Refer to Physician

ATHLETE STATUS

Continue to play Out of 1/2 game Out of game Out of tournament

ATTENDING ATHLETIC TRAINER

Name: _____ Signature: _____

Institution: _____

For postseason injuries send copy to trainer of injured athlete and to:

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