

Injury Journal Form

1. DANCER INFORMATION

DATE OF BIRTH Day Month Year

AGE GENDER ETHNIC ORIGIN _____

2. INJURY INFORMATION

DATE OF INJURY Day Month Year day of week _____

TIME OF INJURY _____

ACTIVITY warm up class rehearsal performance cool down conditioning other

NUMBER OF HOURS INTO WORKING DAY hours minutes

VENUE company/school studio other studio theatre other

FLOOR sprung wood 0 shock absorption

SURFACE CONDITIONS good sticky slippery

OTHER CONDITIONS Temperature: warm cold
Air Quality: draughty airless
Lighting: natural artificial stage

FOOTWEAR bare feet socks soft ballet tap running
character pointes jazz heels orthopaedic

REPertoire

Choreographer: _____

Work: _____

Role(s): _____

Style: ballet contemporary jazz South Asian Afro/Caribbean other

3. SUPPLEMENTARY INJURY INFORMATION

CESSATION OF DANCING

immediately later (during class/rehearsal/performance) completed activity

WARM UP PRIOR TO DANCING

yes no not known

COOL DOWN AT END OF PREVIOUS ACTIVITY

yes no not known

FULLY 'FIT' WHEN COMMENCING ACTIVITY

yes no not known

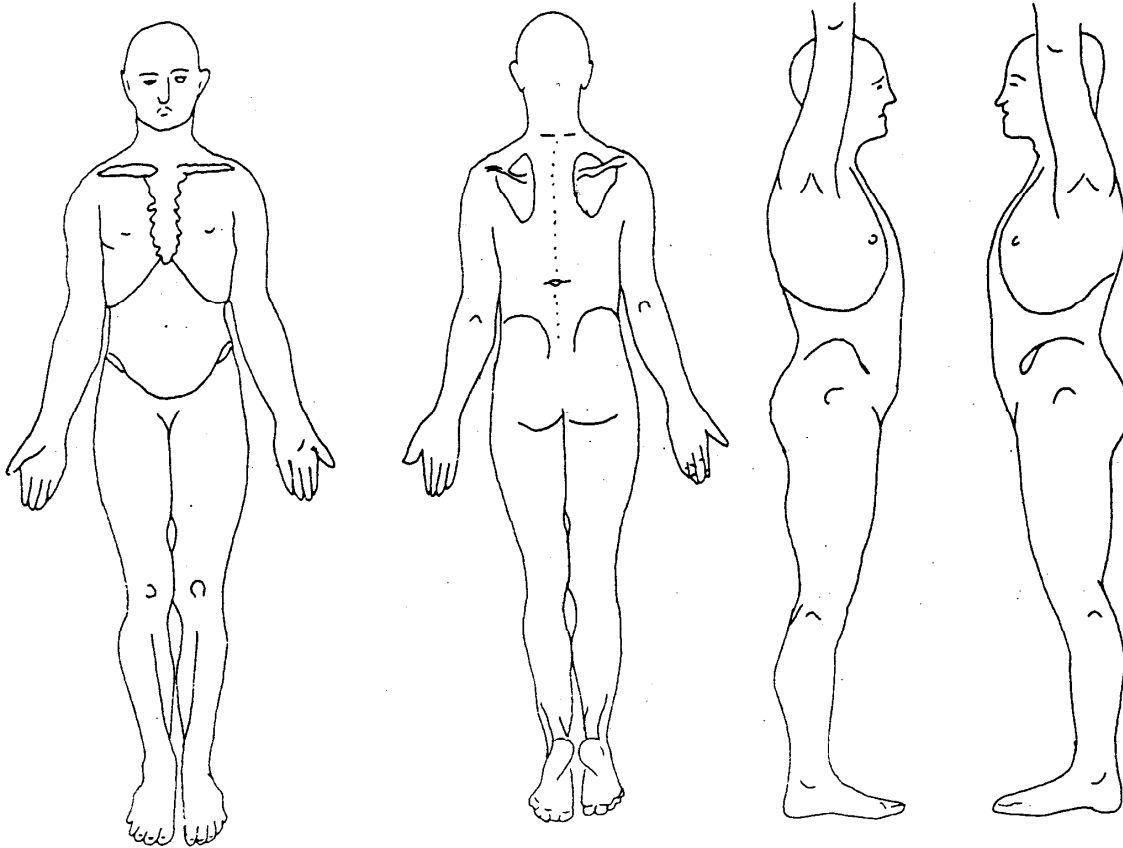
i.e. not protecting/nursing anything at the time

4. CLASSIFICATION OF INJURY

LOCATION left side right side bi lateral n/a

Which is your preferred supporting leg? left right

SITE OF INJURY



- | | | | | |
|---|---|---------------------------------------|------------------------------------|--------------------------------|
| head <input type="checkbox"/> | neck <input type="checkbox"/> | shoulder <input type="checkbox"/> | upper arm <input type="checkbox"/> | elbow <input type="checkbox"/> |
| forearm <input type="checkbox"/> | wrist <input type="checkbox"/> | hand <input type="checkbox"/> | | |
| cervical spine <input type="checkbox"/> | thoracic spine <input type="checkbox"/> | lumbar spine <input type="checkbox"/> | SI joint <input type="checkbox"/> | |
| coccyx <input type="checkbox"/> | ribs <input type="checkbox"/> | | | |
| hip <input type="checkbox"/> | groin <input type="checkbox"/> | thigh <input type="checkbox"/> | knee <input type="checkbox"/> | calf <input type="checkbox"/> |
| shin <input type="checkbox"/> | ankle <input type="checkbox"/> | foot <input type="checkbox"/> | toe <input type="checkbox"/> | |

NATURE OF INJURY

Onset of Injury traumatic insidious overuse

Bone Name: _____

Fracture and Type: _____

Periostitis

Joint Name:

subluxation/dislocation meniscal tear chondral lesion inflammatory synovitis
capsular tear

Muscle Name:

strain total rupture contusion: (muscle bruising)

Ligament and Joint Name:

sprain total rupture

Tendon Name:

tendonitis paratendonitis total rupture

Other Soft Tissue: non-muscular tissue bruising blister bursitis

Other Diagnosis:

DEGREE OF INJURY Slight Minor Moderate Severe

Off normal, full training/performance for:
2-3 days 4-7 days 1-4 weeks more than 4 weeks

MECHANISM OF INJURY

collision travelling leaping jumping landing
fall turning twisting stretching

OTHER CONTRIBUTING FACTORS

OTHER INVESTIGATIONS

Consultant yes no

Diagnostic Investigations

X-RAY yes no

MRI yes no

U/S yes no

C/T yes no

BONE SCAN yes no

Results (please specify)

Surgery Injection Suturing

5. RETURN FROM INJURY

DATE RETURNED TO

PILATES day month year

COACHING day month year

FULL CLASS day month year

REHEARSALS day month year

PERFORMANCE day month year

COMMENTS SECTION (please include any info on treatment, recommended modifications to activity, referrals etc here):