



Official Injury Report System/IRS

(only one injury/form)

Injury Definition

The definition of an injury in the IIHF Injury Reporting System is as follows

1. An injury is considered reportable if an official misses a practice or a game because of an injury sustained during a practice or a game
2. The official doesn't return to the play for the remainder of the game following an injury
3. All concussions
4. Any dental injury
5. Any laceration which requires medical attention
6. All fractures

Country: _____ IIHF Championship: _____ Date of injury: D _____ M _____ Y _____ Game Clock Time: _____

Zone of Injury A 1. No contact with boards 2. Contact with boards	Zone of Injury B Mark the area on the ice surface where the injury occurred. Note that Home and Visitor ends are marked to identify offensive and defensive activity		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Game / Period</th> <th colspan="2">Practice</th> </tr> <tr> <td>1. warm up</td> <td>off-ice <input type="checkbox"/></td> <td>off-ice</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>on-ice <input type="checkbox"/></td> <td>on-ice</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. 1st</td> <td>4. 3rd</td> <td></td> <td></td> </tr> <tr> <td>3. 2nd</td> <td>5. Ot</td> <td></td> <td></td> </tr> <tr> <td colspan="4">playing time: _____</td> </tr> <tr> <th colspan="4">Situation</th> </tr> <tr> <td>Even Strength</td> <td>5/5</td> <td>Penalty Killing</td> <td>4/5</td> </tr> <tr> <td></td> <td>4/4</td> <td></td> <td>3/5</td> </tr> <tr> <td></td> <td>3/3</td> <td></td> <td>3/4</td> </tr> <tr> <td>Power Play</td> <td>5/4</td> <td>Goalie</td> <td>1. Yes</td> </tr> <tr> <td></td> <td>5/3</td> <td></td> <td>2. No</td> </tr> <tr> <td></td> <td>4/3</td> <td></td> <td></td> </tr> </table>	Game / Period		Practice		1. warm up	off-ice <input type="checkbox"/>	off-ice	<input type="checkbox"/>		on-ice <input type="checkbox"/>	on-ice	<input type="checkbox"/>	2. 1st	4. 3rd			3. 2nd	5. Ot			playing time: _____				Situation				Even Strength	5/5	Penalty Killing	4/5		4/4		3/5		3/3		3/4	Power Play	5/4	Goalie	1. Yes		5/3		2. No		4/3		
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Source of Diagnosis

1. Medical Doctor 2. Physiotherapist 3. Other _____

Side / Body part: _____ fill out a separate form for each injury

1. N/A 2. Left 3. Right 4. Both

1. Head	10. Shoulder	19. Chest	28. Genitals
2. Face	11. Scapula	20. Abdomen	29. Hip
3. Neck	12. Upper arm	21. Kidneys	30. Thigh
4. Throat	13. Elbow	22. Upper Back	31. Knee
5. Jaw/Chin	14. Forearm	23. Lower Back	32. Leg
6. Teeth/Mouth	15. Wrist	24. Coccyx	33. Ankle
7. Eye	16. Hand	25. Buttocks	34. Foot
8. Ear	17. Thumb	26. Pelvis	35. Toes
9. Clavicle	18. Groin	27. Groin	36. Other: _____

Dental: Mouthguard? 1. Yes 2. No
 Custom made? 1. Yes 2. No

Knee: Circle the appropriate structure involved:
 1. ACL 2. PCL 3. MCL 4. LCL 5. Meniscus 6. PF*

Grade: 1. _____ 2. _____ 3. _____

Shoulder: Circle the appropriate structure involved:
 1. AC* 2. SC* 3. Glenohumeral

Grade: 1. _____ 2. _____ 3. _____

Official information:

1. Age _____
 2. Height (cm) _____
 3. Weight (kg) _____

Role:

1. Referee
 2. Linesperson

Time Lost:

The amount of time player is expected to be out of play

Nature of injury:

1. Acute 2. Recurrent:
 a. this season
 b. last season

Diagnosis:

ICD-code _____ DG: _____

PF= Patellofemoral, Kneecap AC= Acromioclavicular Joint
 SC= Sternoclavicular Joint

Dx/assessment:

1. Contusion
2. Sprain (Ligament)
3. Strain (Muscle-Tendon)
4. Laceration
5. Dislocation/Subluxation
6. Fracture
7. Neurotrauma/Concussion
8. Other _____

Time Lost:

1. Return same day
2. Less than 1 week
3. 1 to 3 weeks
4. More than 3 weeks

Equipment:

1. Full Face mask
 a. shield _____
 b. cage _____

2. Visor _____

3. None _____

Cause of injury:

1. Type of Check
 - a. Body Check
 - b. Check from Behind
 - c. Check to the Head
2. Stick Contact
3. Puck Contact
4. Unintended Collision
5. Fighting
6. Non-Contact
7. Skate
8. Other: _____

Was a penalty Called on the Play?

1. Yes 1. 2 min.
 2. 2+2 min
 3. 2+10 min
 4. 5+20 min
 5. Other: _____

2. No