Medical Report Form for Tennis Injuries

Date of report: ______ / _____ / ______ (dd/mm/yy)

Tournament name: ______________________________________________________

Athlete identification nr: ___________________________ Date of onset: ______ / _____ / ______

Report completed by:

Name: _____________________________________________

Email: _____________________________ Phone nr: ______________________

Competition or training
☐ Tennis match (singles) ☐ Tennis match (doubles) ☐ Tennis practice (skills on court) ☐ Non-tennis
☐ Strength & conditioning ☐ Unknown, or not specified

Type of injury
☐ New injury ☐ Exacerbation of existing injury

☐ Subsequent recurrent injury (same site, same type) ☐ Subsequent local injury (same site, different type)

☐ Unknown, or not specified

Mechanism & mode of onset
☐ Acute, sudden onset ☐ Repetitive, sudden onset ☐ Repetitive, gradual onset

Injured body region
☐ Head and Neck
☐ Trunk

☐ Upper limb ☐ Lower limb
☐ shoulder ☐ hip/groin
☐ upper arm ☐ thigh
☐ elbow ☐ knee
☐ forearm ☐ lower leg / Achilles tendon
☐ wrist ☐ ankle
☐ hand ☐ foot
☐ unspecified

Body side
☐ Left ☐ Right ☐ Both ☐ Not applicable

Tissue & pathology type
☐ Nervous

☐ Concussion / brain injury
☐ Spinal cord injury

☐ Bone

☐ Fracture
☐ Bone stress injury
☐ Bone contusion
☐ Avascular necrosis
☐ Physis injury

☐ Muscle / tendon

☐ Muscle strain / rupture
☐ Muscle contusion
☐ Tendinopathy
☐ Tendon rupture
☐ Compartment syndrome

☐ Cartilage / synovium/bursa
☐ Synovitis/capsulitis

☐ Bursitis
☐ Chondral pain (e.g., patellofemoral pain syndrome)

☐ Ligament / joint capsule

☐ Joint sprain / ligament tear
☐ Chronic instability
☐ Contracture

☐ Superficial tissues/skin

☐ Contusion/bruise (superficial)
☐ Laceration
☐ Abrasion
☐ Pressure ulcer

Diagnosis and diagnosis code: _____________________________________________ ☐ OSTRC ☐ SMDSC ☐ ICD

Supplemental material

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Provide diagnosis and diagnosis code from the Orchard Sports Injury and Illness Classification System (OSIICS), the Sport Medicine Diagnostic Coding System (SMDSC), or the International Classification of Disease (ICD).

Time-loss in tennis due to injury
☐ No ☐ Yes

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

No return to tennis possible: ☐ permanent disability ☐ fatality ☐ other reason: ____________

The Following Fields Are Optional, Depending On The Research Question

Court surface
☐ Clay court ☐ Hard court ☐ Synthetic turf ☐ Natural grass ☐ Other (please specify): ____________

Environmental conditions
Temperature (°C): ____________ Humidity (%): ____________

Heat index: ____________ WBGT: ____________

Air quality index
☐ good ☐ unhealthy for sensitive groups ☐ very unhealthy
☐ moderate ☐ unhealthy ☐ hazardous