

Week 7 Injuries

RISK FACTORS FOR INJURY IN COLLEGIATE SWIMMERS

The questionnaire below will ask you questions about your injury from last week (11/5/18 to 11/11/18).

Neither team coaches nor anyone other than the researchers will see your individual responses to this questionnaire.

The questionnaire should take approximately 5 minutes to complete. If you make a mistake when you enter a response, simply click the 'reset' button on the right to clear the response to that question.

If you have any questions, you can contact the researcher, Travis Pollen, directly by phone at [REDACTED] (call or text) or by email at [REDACTED].

The coaches reported that you sustained an injury last week (between 11/5/18 and 11/11/18). Please answer the questions below in relation to that injury.

What was the location on the body of this injury, re-injury, or flare-up (including side)?

- Head/neck
- RIGHT shoulder/upper arm
- LEFT shoulder/upper arm
- Ribs/Thorax/Chest
- RIGHT elbow/forearm
- LEFT elbow/forearm
- RIGHT wrist/hand/finger
- LEFT wrist/hand/finger
- Spine/low back/sacroiliac (SI) joint
- RIGHT hip/groin/abdomen
- LEFT hip/groin/abdomen
- RIGHT thigh/hamstring/quadricep
- LEFT thigh/hamstring/quadricep
- RIGHT knee/patella (kneecap)
- LEFT knee/patella (kneecap)
- RIGHT ankle/lower leg
- LEFT ankle/lower leg
- RIGHT foot/toe
- LEFT foot/toe

Did this injury, re-injury, or flare-up occur during swimming-related activities (practice, dry land, lifting)?

- Yes
- No

What was the mechanism/cause of this injury, re-injury, or flare-up?

- Contact (with another person, equipment, or playing surface)
- Non-contact
- Overuse
- Other

Describe the mechanism/cause of this injury, re-injury, or flare-up in more detail:

Has this injury, re-injury, or flare-up prevented you from participating in a meet or 50% or more of a practice?

- Yes
- No

Which did you modify/miss (check all that apply)?

- Practice(s)
- Meet(s)

Approximately how many days did this injury, re-injury, or flare-up cause you to modify/miss? _____

Did you receive medical attention for this injury, re-injury, or flare-up? Yes No

Who treated you (check all that apply)? Physician Athletic Trainer Physical Therapist Chiropractor Other

If other, please describe who treated you: _____

Was an intervention provided (e.g. rehabilitation exercises, injection)? Yes No

Describe the intervention in more detail: _____

Have you had this same injury before? Yes No

When did the most recent previous episode occur? This season A previous season

What year did the most recent previous episode occur? 2018 2017 2016 2015 2014 2013 2012 2011 2010

Anything else you would like us to know: _____

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