FEDERATION INTERNATIONALE DE GYMNASTIQUE

FONDÉE EN 1881

COMMISSION MEDICALE
MEDICAL COMMISSION

CONFIDENTIAL

The Shoulder Joint Injuries/Problems

Name of the Gymnast (first/last name): _____

Date of birth (dd/mm/yyyy): _____

Height: _____ **Weight:** _____ **You are:** **Left Handed** ☐ **Right Handed** ☐

National Federation: _____ **Years of training:** _____

Best result at: **National Championship SR** ☐
National Championship JR ☐

Have you competed at: **WCH** ☐ **WC** ☐
Continental Union CH ☐ **Olympics** ☐

Your case is:

☐ **Acute injury**
☐ **Acute injury after chronic problem**
☐ **Chronic pathology without acute injury**
☐ **Chronic problem after acute injury**

Injury/Problem on: ☐ **Right hand side** ☐ **Left hand side**

Past History of neck or shoulder problems:

.....

.....

.....

PART I: CIRCUMSTANCES OF THE INJURY/PROBLEM

A. What happened?

.....

.....

.....

.....

B. When did the injury/problem occur/appear?

YEAR: _____	FX	PH	RI	VT	PB	HB	Other
During Training							
Pre competition warm-up							
During competition							

Level + name of competition: _____

The injury occurred: In physical preparation ☐ On the apparatus ☐ Leaving the apparatus ☐ Other: _____

C. Reason for the injury (several reasons can be ticked)

Loss of the balance ☐ Loss of power ☐ Slipped ☐ Fall on the apparatus ☐
Apparatus problem ☐ Loss of grip ☐ Spotting ☐ Fall off the apparatus ☐
Change of position ☐ Hand grip protection problem ☐ Other: _____

Legend:
FX = Floor
PH = Pommel Horse
RI = Rings
VT = Vault
PB = Parallel Bars
HB = Horizontal Bar

D. Description of the pain

1. The pain…

	FX	PH	RI	VT	PB	HB	Other
… appears during dynamic movement							
… appears during static movement							
… appears after the movement							
… causes a change in the routine							
… causes avoidance of the apparatus							

Intensity of the pain

0 = no pain	1	2	3	4	5	6	7	8	9	10 = max.

2. Is the pain present at rest? Yes ☐ No ☐

Intensity of the pain at rest

0 = no pain	1	2	3	4	5	6	7	8	9	10 = max.

3. Was there a feeling of instability in the shoulder joint? Yes ☐ No ☐

4. Was there any trouble with sensibility or sensation in the:

BEFORE INJURY:	**arm:**	Yes ☐	No ☐	**AFTER INJURY:**	**arm:**	Yes ☐	No ☐
	hand:	Yes ☐	No ☐		**hand:**	Yes ☐	No ☐
	fingers:	Yes ☐	No ☐		**fingers:**	Yes ☐	No ☐

5. Was there any significant neck pain?

BEFORE INJURY: Yes ☐ No ☐ **AFTER INJURY:** Yes ☐ No ☐

If yes, was this present before the shoulder pain?

BEFORE INJURY: Yes ☐ No ☐ **AFTER INJURY:** Yes ☐ No ☐

6. Did you perform any strenghthening and stretching programme?

BEFORE INJURY: Yes ☐ No ☐ **AFTER INJURY:** Yes ☐ No ☐

E. In which position of the body did the pain appear?

Design:

Please mention in which element(s) and position (describe + design if possible):

PART II: FOLLOW UP OF THE INJURY/PROBLEM

F. Diagnosis

1. Was the diagnosis identified by your doctor? Yes ☐ No ☐

2. Please write it down: ---

---

3. Was there any specific neck diagnosis/pathology? Yes ☐ No ☐

4. Medical Imagery:

US ☐
X Rays ☐
CT ☐
MRI ☐
Arthroscanner ☐
Other ☐ _____

5. Final diagnosis: _____

Legend:
FX = Floor
PH = Pommel Horse
RI = Rings
VT = Vault
PB = Parallel Bars
HB = Horizontal Bar

G. Treatment

	DURATION OF TREATMENT IN CASE OF...									
	Chronic problem without acute injury OR Problem without injury				Day of the injury	Problem after acute injury			
	Days	Weeks	Months	Years		Days	Weeks	Months	Years
Anti Inflammatory (Local: spray, cream, other...)	☐	☐	☐	☐		☐	☐	☐	☐
Anti Inflammatory (General: pills, etc..)	☐	☐	☐	☐		☐	☐	☐	☐
Immobilization	☐	☐	☐	☐		☐	☐	☐	☐
Rest	☐	☐	☐	☐		☐	☐	☐	☐
Physiotherapy	☐	☐	☐	☐		☐	☐	☐	☐
Other: _____	☐	☐	☐	☐		☐	☐	☐	☐

Ice Acute phase ☐ Repetitively ☐

Local injection

BEFORE INJURY: Not any ☐ Once ☐ Repetitively ☐

AFTER INJURY: Not any ☐ Once ☐ Repetitively ☐

Surgery: YES ☐ NO ☐ details: _____

H. Outcome of the injury/ problem

1. Timewise

	1 week or less	1-2 weeks	2 weeks - 1 month	2-3 months	more than 3 months
Full training	☐	☐	☐	☐	☐
Limited training	☐	☐	☐	☐	☐
Out of Gymnastics	☐	☐	☐	☐	☐

2. Specified information

Training/competition was	Chronic problem without acute injury OR Problem without injury			INJURY	Problem after acute injury		
	Reduced	Full	Never able to return		Reduced	Full	Never able to return
FX							
PH							
RI							
VT							
PB							
HB							
Other							

F. General remarks

Please send this form to FIG

to the attention of Loïc Vidmer email: lvidmer@fig-gymnastics.org fax: +41 21 321 55 29

Legend:
FX = Floor
PH = Pommel Horse
RI = Rings
VT = Vault
PB = Parallel Bars
HB = Horizontal Bar