

Medical History - Injury

Did participant come directly to this facility from site of injury?

- Yes
No, participant came to this facility via another hospital

1. Injury Time:

HH MM 24 hour clock

- Enter full or partial time if known.
If actual time is unknown, please enter best estimate and check "Estimated".
If no details available, check "Unknown".

- Estimated
Unknown

2. Mechanism of Injury: If more than one mechanism, record top-ranked as follows:

- Sports 1st ranking
Assault 2nd ranking
Transport 3rd ranking
Fall 4th ranking

(e.g., vehicle crash = Transport; vehicle crash during auto racing = Sports)(e.g., fall to ground = Fall; when intentionally pushed by another person = Assault)

- Sports (complete section 2a. only)
Assault - blunt (skip to Question 3 on page 3)
Assault - penetrating (skip to Question 3 on page 3)
Transport (complete section 2b. only on page 2)
Fall (complete section 2c. only on page 2)
Other traumatic cause (specify): (skip to Question 3 on page 3)
Unspecified or unknown (skip to Question 3 on page 3)

a) If sports related injury, please provide a brief description (e.g., identify type of sport and circumstances of injury if available) and indicate type of sport/exercise/leisure activity:

Description:

(e.g., hit from behind, went headfirst into the boards while playing hockey)

- Team ball sports (e.g., football, basketball)
Team bat or stick sports (e.g., hockey, baseball)
Team water sports (e.g., water polo)
Boating sports (e.g., kayaking, jet skiing, sailing)
Individual water sports (e.g., diving, surfing)
Ice or snow sports (e.g. skiing, snowboarding)
Individual athletic activities (e.g., aerobics, track and field)
Acrobatic sports (e.g., gymnastics, cheerleading)
Aesthetic activities (e.g., dancing, marching)

- Racquet sports (e.g., tennis, squash)
- Target/precision sports (e.g., archery, paintball)
- Combative sports (e.g., boxing, karate)
- Power sports (e.g., weightlifting, timber-related sports)
- Equestrian sports (e.g., rodeo, show jumping; horseback riding)
- Adventure sports (e.g., rock climbing, hiking)
- Wheeled motor sports (e.g., motorcycling, All-terrain vehicle, snowmobiling)
- Wheeled non-motorsports (e.g., cycling, skate boarding)
- Multidiscipline sports (e.g., triathlon, decathlon)
- Aero (non-motored) sports (e.g., paragliding, parachuting)
- Other school-related recreational activities (e.g., school physical education class, school free play)
- Other specified sport-exercise activity (not listed above)
- Unspecified sport/exercise activity (specific sport/exercise unknown)

b) If transport related injury, please provide a brief description (e.g., identify type of transport and circumstances of injury if available) and indicate type of transport involved:

Description: _____

(e.g., riding bicycle to work when hit by a car)

- Pedestrian (e.g., bystander)
- Pedal cycle (e.g., cycle rickshaw, unpowered bicycle)
- Other non-motorized transport device (e.g., animal-drawn vehicle, animal being ridden)
- Two-wheeled motor vehicle (e.g., moped, Vespa™)
- Three-wheeled motor vehicle (e.g., motorized tricycle, motorized rickshaw)
- Light transport vehicle with four or more wheels (e.g., motor car, passenger van)
- Heavy transport vehicle (e.g., bus, rig)
- Rail vehicle (e.g., train, monorail)
- Special industrial, agricultural, or construction vehicle (e.g., forklift, coal-car in mine)
- Special all-terrain or off-road vehicle (e.g., dirt bike, dune buggy)
- Watercraft (e.g., freighter, oil tanker)
- Aircraft (e.g., airplane, glider)
- Other specified mode of transport (e.g., ski chair-lift, ice- and land-yacht)
- Unspecified mode of transport

c) If fall related injury, please provide a brief description (e.g., identify type of fall and circumstances of injury if available) and indicate type of fall involved:

Description: _____

(e.g., tripped over coffee table while running to answer the phone, fell headfirst onto floor)

- Falling/stumbling by tripping on same level
- Falling/stumbling by slipping on same level
- Falling/stumbling/jumping/pushed from a height less than 1 meter (approximately 4-5 stairs)

CHART ABSTRACTION CI -InitialRHSCIR Page 3 of 7

- Falling/stumbling/jumping/pushed from height 1 metre or more
- Falling/stumbling/jumping/pushed on stairs/steps
- Other falling/stumbling/jumping/pushed

3. Energy (Related to Mechanism of Injury):

- High (falls over 6 meters or 20 feet [2 or more stories], passenger ejected from automobile, death in same passenger compartment, extrication time greater than 20 minutes, vehicle roll over, high speed auto crash, initial speed greater than 65km/hr or 40 mph, major auto deformity greater than 51 cm or 20 inches, auto-to-pedestrian/auto-to-bicycle injury with significant impact that is greater than 8km/h or 5mph, pedestrian struck and thrown or run over, motorcycle, bicycle or motocross crash greater than 32 km/h or 20 mph with separation of rider from vehicle, gunshot wound)
- Low
- Unknown

4. Geographic Region of Injury:

First 3 characters of postal code of geographic location where the injury occurred.

- Unknown postal code
If Unknown, enter City & Province: _____
- Outside of Canada

5. Emergency Health Services (EHS) Arrival at Injury Scene:

(this information may be found in the initial injury ambulance report as "Time At Scene")

- Not applicable (did not get transported from scene of injury via Emergency Health Services)

Date of EHS arrival at scene:

/ /
 YYYY MM DD

Enter as much of the date as is known. If no details available, check Unknown.

- Unknown

Time of EHS arrival at scene:

: 24 hour clock
 HH MM

Enter full or partial time. If no details available, check Unknown.

- Unknown

6. Work Related Injury: (cause of injury related to paid work activity)

- Yes
- No
- Unknown

7. Is the injury a direct result of an accident suffered while on military service?

- Yes
- No

8. Did injury result in a spinal column injury? (Any disruption through the spinal column including the bony vertebral elements and their supporting ligaments, capsules, discs, and other supporting soft tissues. Please note: a participant may have a traumatic SCI [i.e., be eligible for RHSCIR] and no traumatic spinal column injury [e.g., SCIWORA, stenosis, spondylosis].)

Spinal Column = bony vertebral elements and/or their supporting discs, ligaments, capsules, or other supporting soft tissues

- Yes (there IS a traumatic injury to the spinal column)
- No (there is NO traumatic injury to the spinal column; although there may be degenerative changes [i.e. stenosis, spondylosis] or SCIWORA (SCI without radiographic abnormality))

Medical History - Injury

- 9. a) Previous Laminectomy:** Yes
 No

b) If YES, give location detail:

_____ (vertebral levels e.g., C3-C5)

- 10. a) Previous Fusion:** Yes
 No

b) If YES, give location detail:

_____ (vertebral levels e.g., C3-C5)

11. Prior to the time of their injury, did the participant ever have any of the following health conditions (either resolved or ongoing)?

(Check ALL that apply. Do not include anything that happened concurrently with the SCI. E.g., bone fracture)

- No health conditions prior to their injury (i.e., previously healthy; skip to Glasgow Coma Scale on page 7)
-

Cardiovascular:

- Myocardial infarction (i.e., heart attack)
- Congestive heart failure (i.e., heart failure)
- Peripheral vascular disease (i.e., blockage of the peripheral vascular system in the legs)
- Cerebrovascular disease (i.e., disease/abnormality of the vascular system of the brain leading to a cerebrovascular accident (CVA) [e.g. stroke or hemorrhage, aneurysm, transient ischemic attack])
- Coronary artery disease

Lung Disease:

- Asthma
- Chronic lung disease (e.g., chronic obstructive pulmonary disease [including emphysema and chronic bronchitis], tuberculosis, etc.)
- Sleep Disordered Breathing (including obstructive sleep apnea)

Liver Disease:

- Liver disease (i.e., cirrhosis or serious liver damage [e.g. hepatitis])
With portal hypertension (with or without variceal bleeding), or chronic hepatitis?
- Yes
- No
- Unknown

Diabetes:

- Diabetes (i.e., high blood sugar)

With end organ damage? (e.g., kidney or eye problems related to diabetes)

- Yes
 No
 Unknown

Has participant received some form of treatment for this problem?

- Yes
 No
 Unknown

If Yes, what type of treatment(s)? (check ALL that apply)

- Diet modification
 Medications taken by mouth (e.g., Metformin, Glyburide, Gliclazide)
 Insulin injections
 Other (specify): _____

Cancer: (please check 'Any malignancy' if only "cancer" is documented in the medical record)

- Any malignancy (i.e., solid tumors without documented metastases; [e.g., breast, lung, etc.,])
 Leukemia (i.e., cancer of the white blood cells)
 Lymphoma (i.e., cancer of the lymphatic system)

Malignant?

- Yes
 No
 Unknown

- Metastatic solid malignancy (i.e., solid tumors with documented metastases [e.g. breast, lung, etc.]

Psychiatric conditions:

- Depression/Mood problems
 Major psychiatric conditions (e.g., schizophrenia, bipolar disorder, etc.)
 Dementia (i.e., progressive or permanent deterioration of mental status [e.g., Alzheimer's disease] diagnosed in the past)

Other:

- Ulcer disease (i.e., gastric ulcer or peptic ulcer disease)
 Hemiplegia (i.e., difficulty moving an arm or a leg as a result of a cerebrovascular accident (CVA) or other condition)
 Kidney disease (e.g., poor kidney requiring haemodialysis, peritoneal dialysis, or kidney transplant)
 AIDS (i.e., the syndrome caused by the HIV virus characterized by the presence of an opportunistic infection such as pneumocystis carni or Kaposi's sarcoma [the presence of HIV is not a diagnosis of AIDS])
 Osteoarthritis/degenerative arthritis (i.e., a non-inflammatory type of arthritis in which one or many joints may undergo degenerative changes)

CHART ABSTRACTION	CI -InitialRHSCIR
	Page 6 of 7

- Osteoporosis (i.e., abnormal loss of bone density)
- High blood pressure/hypertension (i.e., ongoing blood pressure readings that are higher than 140/90 mmHg [normal is 120/80 mmHg])
- Documented history of excessive alcohol intake/use (this may be found in the 'Social History' section of the consult notes)
- Bone fractures
- Connective tissue disease (e.g., rheumatoid arthritis, lupus)
- Pre-existing spinal cord injury (must complete question 12)
- None of the health conditions listed above (i.e., participant has a health condition not listed; skip to Glasgow Coma Scale on page 7)

12. If pre-existing spinal cord injury, please provide:

a) Neurological level at time of previous injury:

(e.g. C5)

Unknown

b) ASIA Impairment Scale (AIS) at time of previous injury:

- A
- B
- C
- D
- Cauda equina injury
- Unknown

c) Date of onset of SCI:

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known. If no details available, check Unknown.

Unknown

d) Neurological level immediately prior to current injury: (e.g. C5)

Unknown

e) AIS immediately prior to current injury:

- A
- B
- C
- D
- E
- Cauda equina injury
- Unknown

Glasgow Coma Scale:

a) Field Scores:

13. Best Eye Response: _____ (1-4)
 Unknown

14. Best Verbal Response: _____ (1-5, T)
 Unknown

15. Best Motor Response: _____ (1-6)
 Unknown

b) Facility Scores:

16. Best Eye Response: _____ (1-4)
 Unknown

17. Best Verbal Response: _____ (1-5, T)
 Unknown

18. Best Motor Response: _____ (1-6)
 Unknown

Data Collection Details					
Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD