

# The Orchard Sports Injury Classification System (OSICS) Version 1.0

LLUÍS TIL<sup>a</sup>, JOHN ORCHARD<sup>b</sup> AND KATHERINE RAE<sup>c</sup>

<sup>a</sup>Sports Medicine Physician. FC Barcelona. Olympic Training Center. Sant Cugat. Barcelona. Spain.

<sup>b</sup>Team Physician. Sydney Roosters (NRL). Sydney. Australia.

<sup>c</sup>Sports Physician. Sydney University Football Club. Sydney. Australia.

*If you ignore the name of the things, what you know of them disappears.*

Carl Von Linné (1755)

Classifying and sorting knowledge about a matter are strategies that will improve the ability to access it. Study of medical conditions, in order to attain or broaden knowledge, is more efficient when it is performed in an orderly and systematic fashion, based on classifications. These medical classifications need to use a concrete language, facilitating communication among professionals, diminishing the ambivalence of indeterminate concepts and eliminating the uncertainty that arises from the use of equivalent words.

Taxonomy is derived from the Greek *τάξις* (taxis; “ordering”) and *νομος* (nomos; “rule”) meaning the science of the classification. Carl Von Linné introduced it in 1753 when *Species Plantarum* was published, a book that describes the bases of the system that is used until today for classifying living species. He grouped the species establishing hierarchical levels, which have since grown to be more complex.

Following similar criteria, classifications have been designed in different areas of the biosciences, intending to group different entities at hierarchized levels. The categories need to have as clear a foundation as possible, so that it will be accepted by those who use the system.

*The best classification in a subject area is one with codes generated from the professionals working in that field. Ideally this will be a system that attains sufficient complexity, is valid and is in constant revision, is flexible enough to adapt and to introduce new categories and concepts without invalidating the previous versions.*



John Orchard



Lluís Til



Katherine Rae

Exhaustive classifications attempt to code all possible diagnoses in maximum detail, including information on all variables such as severity and mechanism. However, this extreme complexity lessens the functionality for everyday use. On the other hand, a superficial and schematic classification is simple and user friendly, but it can also be insufficient to differentiate diagnoses for further study.

The International Classification of Diseases in its versions ICD-9 and ICD-10, is the gold standard system of classification and coding for hospital medicine. This classification allows reporting from different centers in a reliable fashion, making possible comparison and pooling of different diagnoses and cases from the different sources. This classification is relatively inaccessible, because it is so big, and often specialist coders are required to ensure coding with rigor and reliability. Some groups use their own classification systems which are far more accessible, and easy to use for creators but therefore not useful to communicate or to compare with others.

The best classification in a subject area is one with codes generated from the professionals working in that field. Ideally this will be a system that attains sufficient complexity, is valid and is in constant revision, is flexible enough to adapt and to introduce new categories and concepts without invalidating the previous versions. It must be broad enough in the main field but have simple and accessible codes for major diagnostic groups in other areas of medicine.

In Sports Medicine, we hope that the OSICS (Orchard Sports Injury Classification System) version 10 has these requirements. This was created originally as part of an injury surveillance system in Australian football. Because it has been published and copyright waived, it has commonly been used internationally, but always to date in English, the original language. Among the groups have been using are the epidemiological research groups of UEFA and FIFA. It is subject to regular adaptations and updates, it accepts open fields that will allow future versions to add extra categories and diagnoses deemed necessary. The current version OSICS-10 has attained a sufficient level for classifying and coding the injuries and conditions of athletes at all competitive levels. Also it has incorporated new categories that allow to code structural anomalies, pathologies specific to disabled sportsmen, pediatric conditions, postsurgical situations, medical pathologies,

administrative medical actuations and about non ill patients. All these conditions are also typical of the practice in sports medicine and it is necessary to register them and to code them. These added categories penetrate specifically into the aspects that correlate with the sport, for example among the gynaecological disorders related to sport (MUGE) and in the different categories of screening of healthy athletes (ZSXX).

The OSICS-10 is structured in codes of four letters, the first digit relates to the anatomic location or to the condition, the second relates to the injured anatomic structure and the third and fourth digits broaden information about the diagnosis.

The code X refer to non concrete general situations of location (in the first digit), of tissue injured (in the second digit), or of diagnosis (in the third and fourth digit). The code Z is used for referring to nonspecific situations or in situations of illness absence. The system intends to bring the maximum information of the situation in the diagnosis. The use of the classification is free, people can access to original English version at [www.injuryupdate.com.au](http://www.injuryupdate.com.au).

With the translation from the OSICS-10 into Catalan and into the Spanish normative we want to encourage to the professionals in sports medicine working in the Catalan and Spanish languages to use it. You can access to the free versions from the page <http://www.apunts.org/> and from <http://www.injuryupdate.com.au/research/OSICS.htm> In the translated versions small corrections have been made, detailed in the attached document. These clarifications do not modify any category and only complete them, in order to facilitate the tasks of coding.

You are free to use the translated OSICS-10; please try it, find faults and make proposals of improvement. It is a useful tool that will facilitate the communication amongst ourselves and with our colleagues of other latitudes, without the inconveniences typical of the errors of translation. Also it will facilitate the research about medicine of sport and it will be useful for avoiding imprecision in the nomenclature.

We welcome the OSICS-10 in Catalan and Spanish.

---

**General Bibliography**

<http://www.injuryupdate.com.au/research/OSICS.htm>

Rae K, Orchard J. The Orchard Sports Classification System (OSICS) Version 10. *Clin J Sport Med.* 2007;17:1-4.

Rae K, Britt H, Orchard J, Finch C. Classifying sports medicine diagnoses: a comparison of the International Classification of Diseases 10-Australian modification (ICD-10-AM) and the Orchard sports injury classification system (OSICS-8). *Br J Sports Med.* 2005;39:907-11.