NAME:

SPORT:

D.O.I.

EVALUATION DATE:

CHECK FOR RE-EVALUATION: \_\_

INITIAL EVALUATOR: \_\_

INJURED AREA:

VENUE:

**S: SUBJECTIVE/HISTORY**

**O: OBSERVATION/PALPATION/INSPECTION**

SWELLING:

POINT TENDERNESS:

COMMENTS:

**RANGE OF MOTION (AROM/PROM/RROM)**

**MANUAL MUSCLE TEST: GRADE 1-5, PAIN +/-**

 \_\_\_\_\_\_\_

**NEUROVASCULAR STATUS**

**PULSE:** Absent 🞏 Hypo 🞏 Normal 🞏 Hyper 🞏

**SENSATION:** Absent 🞏 Hypo 🞏 Normal 🞏 Hyper 🞏

**REFLEXES:** Absent 🞏 Hypo 🞏 Normal 🞏 Hyper 🞏

**SPECIAL TESTS**

POSITIVE:

NEGATIVE:

COMMENTS:

**A: ASSESSMENT (SPECIFIC STRUCTURE & SEVERITY)**

**P: PLAN/TREATMENT/REHABILITATION**

🞏 REFER TO: 🞏 PROGRESS REHAB AS TOLERATED 🞏 NO PLAY 🞏 LIMITED PRACTICE

🞏 NON-CONTACT PRACTICE 🞏 MODIFIED PRACTICE: 🞏 RETURN TO PLAY AS TOLERATED

**MEDICAL STAFF SIGNATURE**:

**DATE**: \_ / \_ / \_ :

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