Dripping Springs Athletic Training

POST-INJURY PHYSICIAN EVALUATION REPORT

Patient: _____ Date: _____

Sport: _____ Date of initial injury: _____

MEDICAL EVALUATION

Procedures (please circle):

X-ray MRI Bone Scan Other: _____

Diagnosis: _____

_____

_____

Medications prescribed: _____

_____

RECOMMENDED ACTIVITY

No restrictions: _____ Complete rest: _____

Limited activity: _____

Restrictions: _____

_____

_____

_____

Rehabilitation recommendations: _____

_____

_____

_____

Physician (please print): _____

Signature: _____

MODALITIES AVAILABLE IN THE TRAINING ROOM:
Hot and Cold Whirlpool, Moist heat packs, Ice, Ice massage, Ultrasound, Electric Stim, Shuttle Board, UBE, BAPS board, Theraband tubing, Free weights, Cold compression boot, adjustable mini trampoline, ankle weights, Cybex Cable Column, Stairclimber, Stationary bike, Swiss balls

If you have any questions or recommendations please call me, Mark Gardner, Head Athletic Trainer, Dripping Springs High School, 858-4612 Ext 237