

**Orthopedic Specialty Associates**  
**Physician / PA Report to Athletic Trainer / Coach**  
**Lower Extremity**

Name \_\_\_\_\_ School \_\_\_\_\_ Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex ☐ M ☐ F Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Injury Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sport \_\_\_\_\_ Position \_\_\_\_\_

Complaint \_\_\_\_\_ ☐ New Injury ☐ Re-injury ☐ Follow-up

History \_\_\_\_\_

Examination \_\_\_\_\_

Diagnostic Studies \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

☐ Surgery / Tests \_\_\_\_\_

**Recommendations** ☐ Rest ☐ Ice ☐ Heat ☐ Contrast ☐ Compression ☐ Recover Motion

☐ Modalities \_\_\_\_\_ ☐ Brace / Splint / Tape \_\_\_\_\_

☐ Rehabilitation \_\_\_\_\_

Ambulatory Status ☐ FWB ☐ PWB ☐ NWB ☐ Crutches

**Sport Participation** ☐ Must Contact Primary Care Physician For Further Care / Release To Play

☐ May Not Participate

☐ Participate Without Restriction On \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Participate With Restriction On \_\_\_\_/\_\_\_\_/\_\_\_\_

**Restrictions** \_\_\_\_\_

**Other Recommendations** \_\_\_\_\_

Provider: ☐ Damond Blueitt, M.D.  
☐ Curtis Bush, M.D.  
☐ Geof Lebus, M.D.  
☐ Dean Papaliodis, M.D.

☐ Cassidy Keshvani, PA-C  
☐ Melanie Cobb, PA-C  
☐ Wade Smith, PA-C  
☐ Stephanie Curtis, PA-C  
☐ Holly Sutherland, PA-C

SIGNATURE \_\_\_\_\_