Texas Orthopaedic Associates
Physician / Physician Assistant Report to Athletic Trainer / Coach
Upper Extremity

Name _____ School _____ Exam Date ____/___/____

Sex ☐ M ☐ F Age _____ DOB ____/____/_____ Injury Date ____/___/____

Sport_____ Position _____ Right / Left Hand Dominant

Complaint_____ ☐ New Injury ☐ Re-injury ☐ Follow-up

History _____

_____

Examination _____

_____

Diagnostic Studies _____

Diagnosis _____

☐ Surgery / Tests _____

Recommendations ☐ Brace / Splint / Tape _____

☐ Rehabilitation _____

☐ Linked kinetic chain exercises ☐ Posture correction ☐ Trunk stabilization
☐ Cervical stabilization ☐ Mobilization ☐ Segmental mobilization ☐ Thoracic outlet decompression
☐ Scapula repositioning ☐ Stretching (esp. pectoralis minor)
☐ Scapula stabilization and strengthening, upper trap, lower trap, serratus anterior
☐ Shoulder motion recovery ☐ Global ☐ IR ☐ ER ☐ FF ☐ Horiz Add ☐ Release/Stretch pectoralis major
☐ Shoulder stabilization exercises ☐ Overhead strengthening exercises ☐ Return to overhead activity exercise
☐ Elbow motion recovery ☐ Elbow, forearm and hand strengthening exercises
☐ Neuro-glide and release exercises for ☐ TO ☐ MCN ☐ UN ☐ MN ☐ RN

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 _____

Physician ☐ Curtis Bush, M.D. Signature_____

☐ Melanie Cobb, PA-C

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