

Orthopedic Specialty Associates
Physician / PA Report to Athletic Trainer / Coach
Upper 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 Brace / Splint / Tape _____

Rehabilitation _____

Treat based on Texas Health Sports Medicine Protocol (817-250-7500 www.texashealth.org/benhogan)

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 exercises

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

____/____/____

Begin Interval Programs

____/____/____

Restrictions _____

Other Recommendations _____

Provider:

Damond Blueitt, M.D.

Curtis Bush, M.D.

Geof Lebus, M.D.

Dean Papaliodis, M.D.

Cassidy Keshvani, PA-C

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Stephanie Curtis, PA-C

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SIGNATURE _____