

PRE-PARTICIPATION SPORTS PHYSICAL

NORTHWEST UNIVERSITY

(This is the only form which will be accepted)

Name _____ Sport _____ Phone _____
BP _____ P _____ Ht _____ Wt _____ Vision R 20/ _____ L 20/ _____ B 20/ _____

TMs nl abnl Lungs nl abnl Skin nl abnl
Pupils = not = Heart nl abnl Testes nl abnl
Definition ok not ok Liver nl abnl Hernia (males only) N Y
Neck nl abnl Spleen nl abnl Evidence eating disorder N ?
Remarks _____

Check ___ if normal, describe abnormalities in space provided

___ Hip: Flexibility nl (flexors, adductors, ER) _____

___ Knee: VMOs strong/symmetric, no effusion, full ROM, no tenderness, nl patella tracking, no crepitus, no laxity MCL, LCL @ 0, 30, neg Lachman, Sag, McMurray

___ Ankle: No swelling, full ROM, no tenderness, no instability ant drawer or talar tilt

___ Feet: No problems, no tinea pedis, nails cut properly _____

___ Stance observation: No shoulder atrophy, deformity; no pelvic tilt; no genu valgus or varus; no foot pronation/supination; no back kyphosis, scoliosis; posture normal

___ Neck full ROM (flex/ext/lat bend/rot) _____

___ Shoulder full ROM (flex/abd/IR, ER@ 0, 90) _____

___ Shoulder full strength (ST/RC/Deltoid) _____

___ Elbow full ROM (flex/ext/pro/sup) _____

___ Hand full ROM, no signs of previous injury _____

___ Lumbar flexibility nl (flex/ext/lat bend/rot) _____

___ Gait (no limp, no Trendelenburg) _____

___ Heel & Toe walk nl _____

___ Trunk stable with single leg dips _____

___ Gastroc/Soleus flexibility nl _____

PAST AND PRESENT PROBLEMS

RECOMMENDATIONS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

RECOMMEND PARTICIPATION BE: UNRESTRICTED CONDITIONAL* NONE
Conditions: _____

*Printed Physician Name: _____ Business Name: _____

Office Address: _____ Office Phone Number: _____

*Or Business Stamp / Business Card

PHYSICIAN SIGNATURE _____ *Credential _____ DATE _____

*(MD,DO,PA,NP)