

Athlete: _____ Date: _____

Sport: _____ Doctor: _____

Injury Date: _____ Appt. Time: _____

Initial Evaluation: _____

MEDICAL ADVISOR'S REPORT

Diagnosis: _____

RX / Medication(s): _____

Activity Recommendation:

- Complete Rest
- Remedial Exercise
- Full Contact-No Restrictions
- Non-Contact Light
- Non-Contact Vigorous

Student-Athlete may return to contact or full activity in approximately _____ days, or on _____, or only after my next exam set for _____. Comments: _____

OKLAHOMA CHRISTIAN UNIVERSITY

ATS WEB REPORTING FORM

INJURY & REHABILITATION RECORD

- Evaluation and Treatment as Indicated
- Cryotherapy Muscle Stimulation
- Hot/Cold Packs Contrast Baths
- Whirlpool T.E.N.S. Unit
- Ultrasound Phonophoresis
- Iontophoresis Paraffin Bath
- Massage Exercise

FREQUENCY:

- Daily
- 3x Weekly
- 2x Weekly

DURATION: _____