



Sports Medicine

Long Beach State Preparticipation Orthopedic Evaluation

DATE _____

NAME: _____ AGE: _____ SEX: M F SPORT: _____

- | | YES | NO |
|---|-----|-----|
| 1) Have you ever sprained or dislocated a joint? _____ | [] | [] |
| 2) Have you ever strained (pulled) a muscle? _____ | [] | [] |
| 3) Have you ever fractured any bone? _____ | [] | [] |
| 4) Do you experience any persistent swelling of a joint or body region? _____ | [] | [] |
| 5) Do you experience pain in any muscle or joint when you first wake up? _____ | [] | [] |
| 6) Have you been awakened at night due to pain in any joint or muscle? _____ | [] | [] |
| 7) Do you ever have pain during or after activity? _____ | [] | [] |
| 8) Do you use any special protective equipment (pads, mouth guard, eye goggles, etc)? _____ | [] | [] |

Please explain "yes" answers:

MUSCULOSKELETAL EXAMINATION

	NORMAL		ABNORMAL FINDINGS
POSTURAL SYMMETRY			
Spine			
Pelvis			
Lower Extremities			
Upper Extremities			
CERVICAL SPINE			
Flexion			
Extension			
Lateral Flexion			
Rotation			
SHOULDER	R	L	
Abduction			
Internal Rotation			
External Rotation			
Flexion			
ELBOW	R	L	
Flexion			
Extension			
Pronation			
Supination			

	NORMAL		ABNORMAL FINDINGS
	R	L	
WRIST			
Flexion			
Extension			
Radial Deviation			
Ulnar Deviation			
HIP			
Flexion			
Extension			
Abduction			
Adduction			
KNEE			
Flexion			
Extension			
Varus Test			
Valgus Test			
Lachman's Test			
ANKLE			
Dorsiflexion			
Plantarflexion			
Inversion			
Eversion			
Anterior Drawer Test			
FUNCTIONAL			
Duck Walk			
Squatting			
Heel Stand			
Toe Up			

CLEARED

Cleared after completing rehabilitation for:

NOT CLEARED

For the following reason(s):

ATHLETIC TRAINER: _____ DATE: _____

PHYSICIAN: _____ DATE: _____