ROLLING MEADOWS HIGH SCHOOL ATHLETIC TRAINING ROOM

MR. MICHAEL AUSTIN, ATC. MS. HUMAIRA BAIG, ATC. MRS. LAURA GELDON 847-718-5844 FAX(847)718-5635
MR. SCOTT SAUER, ATC, MS, PES., MODIFIED P.E. AND ADAPTIVE P.E. 847-718-5784

HOSPITAL OR PHYSICIAN______________________ TODAY'S DATE__________INJURY DATE________

STUDENT'S NAME____________________ ID#______AREA INJURED________________________

ATHLETIC TRAINER'S COMMENTS____

____

____

PHYSICIAN'S DIAGNOSIS____

PHYSICIAN'S COMMENTS____

____

THE FOLLOWING TREATMENT(S) SHOULD BE PERFORMED AT ROLLIING MEADOWS HIGH SCHOOL, UNDER THE SUPERVISION OF THE ATHLETIC TRAINING STAFF, AS DESCRIBED HEREIN:

( ) ICE, COM+PRESSION, ELEVATION
( ) HYDROCOLLATOR HEAT PACKS
( ) ICE MASSAGE
( ) WHIRLPOOL ( ) COLD ( ) HOT ( ) CONTRAST

( ) ULTRASOUND
( ) ELECTRICAL MUSCLE STIMULATION (DYNATRON 950)
( ) STATIONARY BICYCLE
( ) RECUMBENT STATIONARY BICYCLE
( ) UPPER BODY ERGOMETER
( ) ELIPTICAL
( ) STAIRMASTER
( ) TREADMILL, 0-15 MPH, 0-15 DEGREE INCLINE
( ) WALKING/JOGGING/RUNNING
( ) WEIGHT TRAINING MACHINES
( ) FREE WEIGHT TRAINING
( ) STRETCHING
( ) **FUNCTIONAL TRAINING EXERCISES**
( ) R.O.M. EXERCISES
( ) SWISS BALL PROGRAMS
( ) BOSU BALL ACTIVITIES
( ) BAPS (ANKLE PLATFORM SYSTEM)

( ) LATERAL MOVEMENT SLIDE BOARD
( ) FOAM ROLLER ACTIVITIES
( ) BALANCE ACTIVITIES
( ) LUMBAR STABILIZATION ACTIVITIES
( ) MEDICINE BALL ACTIVITIES
( ) THERABAND EXERCISES
( ) FUNCTIONAL FLEXIBILITY
( ) PROGRESSIVE RESISTANCE EXERCISES
( ) ADDITIONAL REHAB. RECOMMENDATION
____
____
____

( ) PROTECTIVE BRACING
( ) PROTECTIVE PADDING
( ) PROTECTIVE TAPING
( ) WOUND CARE
( ) CUSTOM MOLDED PLASTIC PROTECTIVE PAD
( ) GAME/ACTIVITIES CAN PARTICIPATE IN________
____
____
( ) GAME/ACTIVITIES CAN NOT PARTICIPATE IN______
____

CRITERIA FOR RETURN TO REGULAR P.E. / ATHLETIC PRACTICE AND ATHLETIC GAMES

( ) Must see Physician before returning to Regular P.E. / Practice / Game.

( ) May return to Regular P. E. / Practice / Game without Physician recheck upon: ability to perform normal pain-free range of motion, have strength within normal limits and complete functional and sport specific tests.

( ) May return to full unrestricted (Regular P.E.)(Athletic Practice)(Athletic Games) on this date:________.

( ) LIMITED P.E. Class / Athletic Practice / Athletic Games, WITH THE FOLLOWING RESTRICTIONS :______

____

____

( ) PLACE STUDENT INTO MODIFIED PHYSICAL EDUCATION CLASS UNTIL, DATE________________

PHYSICIAN'S CONTACT INFORMATION_______________________________

PHYSICIAN'S SIGNATURE___________________________DATE__________

*****PLEASE RETURN THIS FORM, COMPLETED AND SIGNED, TO THE STUDENT – THANK YOU*****