



So Ho Sports Medicine

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Name _____

Date _____

Injury Date _____

Initial Evaluation _____

Physician's Report

Diagnosis _____

X- Ray report _____

Modalities Recommended

_____ Cryotherapy

_____ Contrast Baths

_____ Hydrotherapy (hot or cold)

_____ EMS

_____ Ultrasound

_____ Hydrocollator Packs

_____ Strengthening exercises

_____ Stretching

_____ Proprioception exercises

_____ Other _____

Activity level

_____ Out

_____ Limited (please explain)

_____ No Contact

_____ Play as tolerated

Return to Play

_____ After _____ days. No follow up required

_____ After follow up visit scheduled for _____

_____ Upon ATC/LAT's discretion

Notes:

Physician's Name _____

Phone _____

Physician's Signature _____