BACK IN MOTION SPORTS INJURIES CLINIC, LLC

1138 SW Scholls Ferry Road
Beaverton, Oregon, 97008

On-Field Assessment Report

Player's Name: ______________________________ Player's Number: _____
Date: ______________ Time: ____________ Sport: ______________________________
Location: ______________________________ Team: ______________________________
Position: ______________________________

Prior History:

Injury ____
Allergy/Asthma ____

Subjective Complaint: (circle)

Pain level: _____/10

Dizzy   Cold
Headache   Hot
Nausea   Vomiting
Other ____________________________________

Cramping: Region ______________________________
Muscle Pain: Region ______________________________
Joint Pain: Region ______________________________
Cut/Abrasion/Blister: Region ______________________

Subjective Account of Injury: ____
____
____

Evaluation:

Time	Temperature	Pulse	Blood Pressure

Musculoskeletal

ROM:
____

Swelling: ____________________________________
Orthopedic Tests: ____________________________________

DTR: R +1 +2 +3 L +1 +2 +3 Achilles Patellar Biceps

Tenting Response: + - ____
Capillary Re-Fill: + - ____

Level of Consciousness

Pupils: PERLA equal dilated unequal: R>L L>R
Visual Tracking: H
Verbal Response: WNL dysphasic fragmented none
Oriented: time + - name + - quarter + -
Response to Pain: + -

Objective Findings/Other: ______________________________
____
____
____
____
____

Recommendations/Treatment:

_____ EMT requested and athlete transported to ______________________________ Time: __________
Heat ______________ Ice ______________
R.I.C.E.: Region ______________________________
Brace/Tape ______________________________
Bandaid/Dressing ______________________________
Manipulation: ______________________________

Refer for f/u to: MD DC LAc LMT ATC X-Ray/Lab __________
Other: ____
____
____
Soft Tissue Therapy: ______________________________

Impression:

Dehydration   Asthma   Muscular Cramping
Hyperthermia   Cut/Abrasion/Blister   Strain: ______________________
Hypothermia   Abdominal Cramping   Sprain: ______________________
Other: ____
Athlete May Return to Competition: ____ Yes ____ No Reason: ______________________________

Signature: ____ Date: ______________________________