



Health Professional Report

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Health Professional (name): \_\_\_\_\_

Business: \_\_\_\_\_

Contact No. \_\_\_\_\_

Diagnosis:

[Empty box for diagnosis]

Common activities to avoid:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sprinting/Jumping             | <input type="checkbox"/> Change of direction      | <input type="checkbox"/> Cross trainer                 |
| <input type="checkbox"/> Running (>70%)                | <input type="checkbox"/> Weight bearing           | <input type="checkbox"/> Rower                         |
| <input type="checkbox"/> Jogging (>50%)                | <input type="checkbox"/> Lower/Upper body weights | <input type="checkbox"/> Core ex's                     |
| <input type="checkbox"/> Walking/Active weight bearing | <input type="checkbox"/> Bike                     | <input type="checkbox"/> Sport-based stationary skills |

More specific restrictions and time-frames:

[Empty box for restrictions and time-frames]

Recommendations:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Foam roller          | <input type="checkbox"/> Massage from therapist             | <input type="checkbox"/> Complete rest         |
| <input type="checkbox"/> Stretch              | <input type="checkbox"/> Treatment from Health Professional | <input type="checkbox"/> Decreased load        |
| <input type="checkbox"/> Trigger ball massage | <input type="checkbox"/> Rehabilitation exercises           | <input type="checkbox"/> Start running program |
| <input type="checkbox"/> Self-massage         | <input type="checkbox"/> Bike                               | <input type="checkbox"/> Walk/Jog program      |

More specific recommendations and time-frames:

[Empty box for recommendations and time-frames]

I have shown this athlete their rehab exercises (please circle): Yes No

Classification of this injury (please circle): Open Resolved (no limitations/conditions pending)

Review (when and where): \_\_\_\_\_