

JOHN HERSEY HIGH SCHOOL 1900 E. Thomas Ave., Arlington Hts. IL. 60004



"Huskies"

HAL L. HILMER – LICENSED ATHLETIC TRAINER
ARI HIRSCHFELD – LICENSED ATHLETIC TRAINER
DAVID PAPEZ – LICENSED ATHLETIC TRAINER
PHILLIP GRAHAM – LICENSED ATHLETIC TRAINER

TRAINING ROOM: (847) 718-4957 or 4958 FAX: (847) 718-4960

TODAY'S DATE: _____ DATE INJURED: _____

NAME: _____ SPORT: _____

DIAGNOSIS: _____

MD COMMENTS: _____

REHABILITATIVE THERAPY

The following treatments can be performed in our Athletic Training Room. Please check the treatments and/or exercises that you feel would aid in the recovery of this individual's injury.

TREATMENT:

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> EVALUATE AND TREAT | <input type="checkbox"/> Contrast Bath | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Muscle Stim. |
| <input type="checkbox"/> Ice-Compression-Elevation | <input type="checkbox"/> Cold Whirlpool | <input type="checkbox"/> Warm Whirlpool | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Hot Hydrocollator Packs | <input type="checkbox"/> Light Therapy | | |

EXERCISES:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Passive R.O.M. | <input type="checkbox"/> Active R.O.M. | <input type="checkbox"/> Active-Assistive R.O.M. | <input type="checkbox"/> BAPS |
| <input type="checkbox"/> Closed Chain Exercises | <input type="checkbox"/> Open Chain Exercises | <input type="checkbox"/> Progressive Resistive Exercises | <input type="checkbox"/> Flexibility Exercises |
| <input type="checkbox"/> Codman Exercises | <input type="checkbox"/> Swiss Ball Exercises | <input type="checkbox"/> Theraband Exercises | <input type="checkbox"/> Foam Roll Exercises |
| <input type="checkbox"/> Upper Body Bike | <input type="checkbox"/> Stationary Bike | <input type="checkbox"/> Other – Please list in comments section | |

AT/PT COMMENTS: _____

CRITERIA FOR RETURN TO REGULAR P.E / PRACTICE / GAME

- Should be placed in Modified Physical Education performing above mentioned program.
- Must see Physician before returning to Regular P.E. / Practice / Game.
- May return to Regular P.E. / Practice / Game without Physician recheck upon:
 - A. ability to perform normal pain-free range of motion and strength tests
 - B. ability to perform sports specific test determined by Athletic Trainer
- May return to Regular P.E. / Practice / Game immediately.
- May return to Regular P.E. / Practice / Game on this date: _____.

Physician's Signature

P.T./A.T.'s Signature

THIS FORM MUST BE RETURNED TO THE ATHLETIC TRAINER(S) BEFORE RETURN TO REGULAR P.E. / PRACTICE / GAME.