Sports Injury Physical Therapy Evaluation

Date DOB Sport Referring Physician Injury Date Subjective Chief Complaint History of Present Injury Pain Scale (0-10) Location of Pain Type of Pain Previous Treatments Objective Observation/Posture	Patient Name	
Sport Referring Physician Injury Date Subjective Chief Complaint History of Present Injury Pain Scale (0-10) Location of Pain Type of Pain Previous Treatments Objective Observation/Posture		
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Previous Treatments Objective Observation/Posture		
Objective Observation/Posture	Type of Pain	
Objective Observation/Posture		
Objective Observation/Posture		
Observation/Posture	Previous Treatments	
Observation/Posture		
Observation/Posture	Objective	
	Objective	
Range of Motion (ROM)	Observation/Posture	
Range of Motion (ROM)		
Range of Motion (ROM)		
	Range of Motion (ROM)	

Strength	
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Special Tests	
Palpation	
Functional Assessment	
Accoment	
Assessment	
Clinical Impression	
Rehabilitation Potential	
Plan	
Treatment Plan	
Treatment Fian	
Goals	
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Frequency/Duration	
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Therapist Name	
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