Brigham Young University Athletics

PRE-PARTICIPATION PHYSICAL EXAM

Sports Medicine Department

Full Name:	Sport:	Date:

PHYSICAL EXAMINATION

Height:	Weight:
Blood Pressure: _____	Vision:
Cuff Size: Regular Large Thigh	Correction yes no
Pulse (at rest): _____	Contact Lenses yes no
	Eyeglasses yes no
General Appearance: NDWN (W B O P) (male female)	
Somatotype: thin normal heavy fat marfan	
Pupils: L greater than equal to less than R Eyes: E.O.M.- **WNL**	
Ears/Nose/Throat: **WNL**	
Lymph Nodes: **WNL**	
Cardiac (Including Murmur): **WNL**	
Neuro: **WNL**	
Chest-Lungs: **WNL**	
Abdomen: **WNL**	
Genitalia/(Pelvic)/Hernia: **WNL**	
Skin: **WNL**	
Other/Remarks:	
Doctor's Signature	

MUSCULOSKELETAL INJURIES

Comments:

Allergies:

(FOR ATHLETIC DEPARTMENT USE ONLY)

1. ☐ Unrestricted activity in Sport or events noted: — Pending:
2. ☐ No participation until ____/____/____ : and/or — Pending:
3. ☐ Conditional participation limited to: — Pending:

Comments:

Team Doctor's Signature: _____ Date: _____

MUSCULOSKELETAL EXAMINATION

- **To be filled out by BYU personnel only.**
- ROM: Assume normal if blank.
- Specific tests: Note if positive, unstable, or painful; assume normal if blank
- Note Right/Left/Bilateral in comments if abnormal.
- For returning athletes note injuries since the last BYU physical

Joint	Test		Comments
Neck	ROM:	Strength:	
Shoulder	ROM:	Strength:	
	AC joint stress test		
	GH joint stress test		
	Impingement test		
Elbow	ROM:	Strength:	
Hand/ Fingers	ROM:	Strength:	
Back	ROM:	Strength:	
	Scoliosis		
	Posture		
Knee	ROM:	Strength:	
	Quads/Hip flexors	Quads	
	Hamstring	Hams	
	MCL stress test		
	LCL stress test		
	ACL stress test		
	PCL stress test		
	Meniscus stress test		
	Patella		
	Stability		
	Tracking		
	Patella tendon		
Ankle	ROM:	Strength:	
	Anterior Drawer		
	Inversion stress		
	Eversion stress		
Foot	Pronation		
	Supination		
	Gait pattern		
Other	Joint ROM/Strength		
	Joint stress test		
	Scars		
	Braces worn		

Check box if no abnormality was noted: ☐ ATC signature: _____

Orthopedic clearance

Cleared for full participation: ☐	Limited clearance: Rehabilitation only: ☐ Lifting/Conditioning only: ☐ Other: _____ ☐	Not cleared: ☐ Comments:

Orthopedic physician's Signature: _____ Date: _____