



SouthernTM
Illinois University
Carbondale

Athletic Training Education Program

Initial Athlete Injury Evaluation

Athlete name: _____ **Date:** _____

Body part: _____ **Sport:** _____

History (Mechanism of injury, onset, previous injury, sensations, duration, etc.): _____

Observation (Edema, redness, AROM, PROM, deformity, ecchymosis, atrophy, gait, etc.): _____

Palpation (Deformity, temperature, point tenderness location and quality): _____

Special tests (Stability, pain provocation, etc., [+] or [-]): _____

Strength tests (RRROM 1-5/5 specific manual muscle tests): _____

Neurological tests (Deep tendon reflexes, sensory dermatomes, motor myotomes, etc.): _____

Functional tests: _____

Assessment: _____

Initial treatment: _____

Plan: _____

ATC Signature: _____ **ATS Signature:** _____