

# Lake Sumter COMMUNITY COLLEGE ATHLETIC MEDICINE

## Pre-Participation Orthopedic History Questionnaire and Examination

Athlete's Name \_\_\_\_\_  

Last Name
First Name
Middle Initial

Sport \_\_\_\_\_ Date \_\_\_\_\_

1. In the past 12 months have you seen a physician, certified athletic trainer, or other health care professional for a new or on-going injury? If yes, please specify below:

- 1. Specific Injury \_\_\_\_\_ Do you still have complications? Yes  No
- 2. Specific Injury \_\_\_\_\_ Do you still have complications? Yes  No
- 3. Specific Injury \_\_\_\_\_ Do you still have complications? Yes  No

2. Have you been medically released for athletic participation from above injuries? Yes  No

### NECK MEDICAL HISTORY

Have you ever had or do you currently have a **NECK** injury or problem of the following?

- 1. Disc Disease Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 2. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 3. Whiplash Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 4. Burner or Stinger Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 5. Facet Disorder Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 6. Stress Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 7. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

#### PHYSICIANS FINDINGS:

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### SPINE & BACK MEDICAL HISTORY

Have you ever had or do you currently have a **SPINE/BACK** injury or problem of the following?

- 1. Congenital Deformity Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 2. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 3. Stress Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 4. Back Pain or stiffness Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 5. Spondylosis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 6. Facet Disorder or Disc Disease Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 7. Sacroiliac Disorder Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 8. Sciatica Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 9. Scoliosis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 10. Spondylolisthesis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
- 11. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

#### PHYSICIANS FINDINGS:

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## SHOULDER & CLAVICLE MEDICAL HISTORY

Have you ever had or do you currently have a **SHOULDER/CLAVICLE** injury or problem of the following?

1. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
2. Rotator Cuff Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
3. Subluxation or Dislocation Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
4. Bursitis or Impingement Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
5. Acromioclavicular (AC) Sprain or instability Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
6. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

### PHYSICIANS FINDINGS:

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## UPPER ARM, ELBOW, & FOREARM MEDICAL HISTORY

Have you ever had or do you currently have an **UPPER ARM, ELBOW, AND FOREARM** injury or problem of the following?

1. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
2. Elbow Dislocation Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
3. Tendon, Muscle, or Ligament Injury Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
4. Bursitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
5. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

### PHYSICIANS FINDINGS:

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## HAND, WRIST, & FINGER MEDICAL HISTORY

Have you ever had or do you currently have a **HAND, WRIST, AND FINGER** injury or problem of the following?

1. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
2. Ligament or Tendon Injury Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
3. Dislocation Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
4. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

### PHYSICIANS FINDINGS:

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## PELVIS & HIP MEDICAL HISTORY

Have you ever had or do you currently have a **PELVIS AND HIP** injury or problem of the following?

1. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
2. Stress Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
3. Tendinitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
4. Contusion or Hip Pointer Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
5. Dislocation Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
6. Groin Strain Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
7. Bursitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
8. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

### PHYSICIANS FINDINGS:

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### THIGH MEDICAL HISTORY

Have you ever had or do you currently have a **THIGH** injury or problem of the following?

1. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
2. Stress Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
3. Tendonitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
4. Hamstring Strain Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
5. Quad Strain Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
6. Severe Contusion Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
7. Bursitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
8. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

#### PHYSICIANS FINDINGS:

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### KNEE MEDICAL HISTORY

Have you ever had or do you currently have a **KNEE** injury or problem of the following?

1. ACL Tear or Repair Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
2. MCL Tear or Repair Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
3. PCL Tear or Repair Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
4. LCL Tear or Repair Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
5. Meniscal Injury, Repair, Menisctomy Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
6. Dislocation of Patella Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
7. Patellar Femoral Syndrome Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
8. Tendonitis or Bursitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
9. IT Band Syndrome Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
10. Swelling, pain, locking, instability or giving away? Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
11. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

#### PHYSICIANS FINDINGS:

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### LOWER LEG MEDICAL HISTORY

Have you ever had or do you currently have a **LOWER LEG** injury or problem of the following?

1. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
2. Stress Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
3. Muscle Strain Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
4. Shin Splints Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
5. Compartment Syndrome Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
6. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

#### PHYSICIANS FINDINGS:

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### ANKLE LEG MEDICAL HISTORY

Have you ever had or do you currently have an **ANKLE** injury or problem of the following?

1. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
2. Stress Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
3. Sprain Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
4. Tendonitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
5. Bone Chip in Joint Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
6. Dislocation Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
7. Bursitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
8. Instability Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
9. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

**PHYSICIANS FINDINGS:**

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**FOOT OR TOES MEDICAL HISTORY**

Have you ever had or do you currently have a **FOOT OR TOES** injury or problem of the following?

1. Traumatic Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
2. Stress Fracture Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
3. Sprain or Strain Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
4. Plantar Fasciitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
5. Dislocation Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
6. Bone Spur Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
7. Tendonitis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
8. Sesmoiditis Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_
9. Other, pain, swelling, or surgery Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

**PHYSICIANS FINDINGS:**

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**ADDITIONAL ORTHOPEDIC MEDICAL INFORMATION**

1. Please include surgeons name and a phone number for all orthopedic surgeries listed above.

1. Injury \_\_\_\_\_ Physician Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
2. Injury \_\_\_\_\_ Physician Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
3. Injury \_\_\_\_\_ Physician Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
4. Injury \_\_\_\_\_ Physician Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. Have you been treated for a serious injury(s) not mentioned above?

Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

3. Have you ever had a cortisone injection into a tendon, bursa, or a joint for an injury or pain?

Yes  No  Date \_\_\_\_\_ Specify \_\_\_\_\_

4. In the last 12 months, what is the total number of days of training and/or competition that you have been unable to participate due to an injury?

1. Specific Injury \_\_\_\_\_ Number of days miss? \_\_\_\_\_  
Date \_\_\_\_\_

2. Specific Injury \_\_\_\_\_ Number of days miss? \_\_\_\_\_  
Date \_\_\_\_\_

3. Specific Injury \_\_\_\_\_ Number of days miss? \_\_\_\_\_  
Date \_\_\_\_\_

5. Please list any additional medical problems Lake-Sumter Community College Medical staff should be aware of:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

**Lake-Sumter Community College Pre-Participation Orthopedic History and Examination**

**This form will be reviewed by the team physician and athletic training staff and placed in your permanent medical file at Lake-Sumter Community College. By signing below, I agree that this information is true and accurate to the best of my knowledge. I understand failure to disclose any or all-medical problems and/or accurate medical history may result in forfeiture of my athletic aid, and relieves Lake-Sumter Community College of any and all liability.**

**Student-Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Stamp:**

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