

**Oswego High School  
Athletic Injury Referral Form**

**Athlete's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Year in School:** \_\_\_\_\_ **Injury Date:** \_\_\_\_\_ **Practice**      **Game**

**Area Injured:** \_\_\_\_\_ **New**              **Old**              **Chronic**

**Mechanism of Injury and Exam Findings:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Physician's Findings: Please complete the form.**

**Diagnosis and X-ray Findings:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Physician's Activity Recommendations (please check one)**

- \_\_\_\_\_ **1. Activity may be resumed without restriction.**
- \_\_\_\_\_ **2. Activity may be resumed with appropriate therapy and/or restrictive taping/wrapping.**
- \_\_\_\_\_ **3. Limited Activity (please specify)** \_\_\_\_\_
- \_\_\_\_\_ **4. No activity other than treatment(s) until re-evaluated on** \_\_\_\_\_.

**Recommendations for Treatment/Rehabilitation (check all that apply).**

- |  |                                    |
|--|------------------------------------|
| _____ <b>Ice, Compression, Elevation</b>   | _____ <b>ROM Exercises</b>         |
| _____ <b>Ice Massage</b>                   | _____ <b>Active Stretching</b>     |
| _____ <b>Cold Whirlpool</b>                | _____ <b>Passive Stretching</b>    |
| _____ <b>Warm Whirlpool</b>                | _____ <b>Isometric Exercises</b>   |
| _____ <b>Contrast Bath</b>                 | _____ <b>Isotonic Exercises</b>    |
| _____ <b>Hydrocollator Pack</b>            | _____ <b>Manual Resistance</b>     |
| _____ <b>Tape/Wrap</b>                     | _____ <b>Stationary Bike</b>       |
| _____ <b>Padding</b>                       | _____ <b>Ultrasound</b>            |
| _____ <b>Electric Stim (HVG)</b>           | _____ <b>Ultrasound/Stim Combo</b> |
| _____ <b>Athletic Trainer's Discretion</b> | _____ <b>Physical Therapy</b>      |
| _____ <b>Biocompression Boot</b>           |                                    |

**Additional Recommendations or Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Please return with athlete or fax to: (630) 636-2094 (OHS Athletic Dept. FAX)**

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Brian T. Cronin, ATC

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Laura Nickels, ATC

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Samantha Hughes, ATC