



# School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2010

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **% Body Fat (optional):** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **BP:** \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
**Vision:** R 20/\_\_\_\_ L 20/\_\_\_\_ **Corrected:** Y N **Pupils:** Equal \_\_\_\_\_ Unequal \_\_\_\_\_ **Rhythm:** Regular \_\_\_\_\_ Irregular \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes / Ears / Nose / Throat			
Lymph Nodes			
Heart: Pericardial activity			
1 <sup>st</sup> & 2 <sup>nd</sup> heart sounds			
Murmurs			
Pulses: brachial / femoral			
Lungs			
Abdomen			
Skin			

### MUSCULOSKELETAL

Neck			
Back			
Shoulder / arm			
Elbow / forearm			
Wrist / hand			
Hip / thigh			
Knee			
Leg / ankle			
Foot			

\* Station-based examination only

### CLEARANCE

\_\_\_\_\_ Cleared  
 \_\_\_\_\_ Cleared after completing evaluation / rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_ (print or type) Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Medical Provider: \_\_\_\_\_

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

## SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN

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### MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

**MURMUR EVALUATION** – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses  
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

**MARFAN'S SCREEN** – Screen all men over 6'0" and all women over 5'10" in height with echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 standard deviation below mean
7. Myopia
8. Ectopic lens

### CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Once an athlete is cleared to return to play they should proceed with activity in a stepwise fashion to allow their brain to readjust to exertion. The athlete may complete a new step each day. The return to play schedule should proceed as below following medical clearance:

- Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
- Step 2: Running in the gym or on the field. No helmet or other equipment.
- Step 3: Non-contact training drills in full equipment. Weight training can begin.
- Step 4: Full contact practice or training.
- Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by a health care provider.

#### 581-021-0041 Form and Protocol for Sports Physical Examinations

The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination May 2010" that must be used to document the physical examination and sets out the protocol for conducting the physical examination. Medical providers conducting physicals on or after June 30, 2010 must use the form dated May 2010.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) Website [www.osaa.org](http://www.osaa.org).

Stat. Auth: ORS 326-051

Stats. Implemented: ORS 336.479

Hist.: ODE 24-2002, f. & cert. ef. 11-15-02; ODE 29-2004(Temp), f. & cert. ef. 9-15-04 thru 2-25-05; ODE 4-2005, f. & cert. ef. 2-14-05