

Wrestler's Annual Physical Examination Form

Comments

OTOLOGIC: External Trauma? Yes No
 Perforated drum? Yes No

NOSE: Instability? Yes No
 Recent trauma Yes No
 Obstruction? Yes No

OROPHARYNX: Loose teeth? Yes No

FACE: Recent trauma? Yes No
 Jaw and Temporomandibular Joints.
 Normal _____ Abnormal _____

ADENOPATHY: Yes No

LUNGS: Normal _____ Abnormal _____

CARDIOVASCULAR: Blood Pressure (supine) _____ (upright) _____
 Heart rate (supine) _____ (after 2 minutes of exercise) _____

ABDOMEN: Normal _____ Abnormal _____

HERNIAS: Yes No

TESTES: Normal _____ Abnormal _____

GYNECOLOGICAL EXAMINATION (Women Wrestlers)
 Normal _____ Abnormal _____

MUSCULOSKELETAL:	<u>Normal</u>	<u>Abnormal</u>
Hands	<input type="checkbox"/>	<input type="checkbox"/>
Wrists	<input type="checkbox"/>	<input type="checkbox"/>
Elbows	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder Girdle	<input type="checkbox"/>	<input type="checkbox"/>
Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>

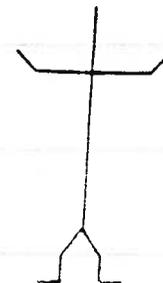
Comments

NEUROLOGIC:
 Mental Status: Orientation _____ /3
 5-minute recall _____ /3

	<u>Normal</u>	<u>Abnormal</u>
Cranial Nerves	<input type="checkbox"/>	<input type="checkbox"/>
Strength	<input type="checkbox"/>	<input type="checkbox"/>
Tone	<input type="checkbox"/>	<input type="checkbox"/>
Gait	<input type="checkbox"/>	<input type="checkbox"/>
<u>Coordination:</u>		
Finger-to-Nose	<input type="checkbox"/>	<input type="checkbox"/>
Tandem Gait	<input type="checkbox"/>	<input type="checkbox"/>

DEEP TENDON REFLEXES

USE SCALE 0-4. INDICATE PLANTAR RESPONSE WITH ARROW



*NORMAL FOR TANDEM GAIT ABILITY TO WALK 10 FT. FORWARD AND BACKWARD, HEEL TO TOE, AFTER TWO TRAINING TRIES.

