## MARIBYRNONG SPORTS ACADEMY

Health Professional Report

Student name: Date: Health Professional (name): Business:

Phone/Email:

Impression:

Common activities to avoid:

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| --- | --- | --- | --- | --- |
| Sprinting (>85%) |  | Change of Direction/Agility |  | Upper-body weights |
| Running (>70%) |  | Jumping/Landing |  | Lower-body weights |
| Jogging (>50%) |  | Upper Body Conditioning |  | Core exercises |
| Walking/Active weight bearing |  | Bike |  | Sport-based skills |

Specific Activity Modifications:

Recommendations and/or Plan:

Classification of this injury (please circle):

Full Training & Competition

*Full participation in their primary form of training*

No Training or Competition

*No participation in their primary form of training*

Modified Training or Competition

*Modified participation in their primary form of training*

Review (when and where):

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Rehabilitation Exercises

Please use this space to list, describe, and/or draw the strengthening exercises and stretches that you have shown this athlete. Include sets and repetitions required for strengthening exercises and length of hold time and repetitions for stretches.

I have shown this athlete their rehab exercises (please circle): Yes No

# 1.

2.

3.

4.

5.