



March 31, 2010

Dear Athletic Director and Athletic Trainer:

Primary Care Sports Medicine
Craig M. Burnworth, M.D.

Hip and Knee Replacement
Kim J. Chillag, M.D.

Spine Surgery
William T. Felmly, M.D.

Hand, Upper Extremity Surgery
David B. Fulton, M.D.

Sports Medicine and Arthroscopy
Cartilage Repair
S. Wendell Holmes, Jr., M.D.

Children's Orthopaedics
Mark D. Locke, M.D.

Shoulder Surgery, Hand & Microsurgery
Earl B. McFadden, Jr., M.D.

Sports Medicine, Arthroscopy
Shoulder and Knee Surgery
Frank K. Noojin, M.D.

Sports Medicine, Arthroscopy
Shoulder and Knee Surgery
Aran M. O'Malley, M.D.

Hip and Knee Replacement
Bradley P. Presnal, M.D.

Musculoskeletal Medicine and
Electrodiagnostics
W. Alaric Van Dam, M.D.

I hope this letter finds your athletic year accomplished. The Moore Orthopaedic Clinic in collaboration with Providence Hospitals is announcing our annual physicals on May, 8 2010. This event will run from 8am to 3pm. Please contact me by April 30th to reserve a time for your school and provide the number of student-athletes anticipated. Physicals will take place at The Moore Orthopaedic Clinic's Lexington office located at I-20 and Hwy 378.

Enclosed you will find a copy of our Physicals flyer, the official copy of the South Carolina High School League physical form, map to our location, and instructions for the physicals. Physical forms must be completed prior to the Physical date, so please be sure to distribute to your student-athletes in advance so that parents/guardians will have the opportunity to sign and complete the forms. ***All Forms must be completed in their entirety prior to arrival on May 8th, including medical history and signatures, or no physical will be given.*** The original physical form will be given to the student-athlete and copies will be made to keep on file at the respective school.

Finally, student-athletes will be charged a fee of \$10.00 per physical. All monies collected will be returned to the Athletic Training or Athletic Department of each participating schools. This will be the only opportunity your student-athletes will have to take advantage of this convenience. Make-up physicals will not be offered after the 8th of May. The responsibility will fall to the individual athlete and their parents to make up their physical. Please make all coaches aware of this important event.

We hope you will encourage your athletes to take advantage of this service. We thank you for the opportunity to serve you and your athletes, and look forward to seeing you on May 8th. If you have any questions, or need any additional information, please contact me at (803) 312-4159 or via email at chris.greenleaf@mooreclinic.com. Again, thank you for your time and we look forward to serving you!

Respectfully,

Christopher D. Greenleaf MS, ATC, SCAT CSCS
Director of Athletic Training and Community Outreach
The Moore Orthopaedic Clinic/Providence Hospitals
(803) 312-4159
Chris.greenleaf@mooreclinic.com

14 Medical Park, Suite 200
Columbia, SC 29203
T: 803 227 8000

4721 Sunset Boulevard, Suite A
Lexington, SC 29072
T: 803 227 8007

104 Saluda Pointe Drive
Lexington, SC 29072
T: 803 227 8000

PRE-PARTICIPATION HISTORY & PHYSICAL EXAM

Name: _____ Sex: F M Age: _____ Date of Birth: _____
 Grade: _____ School: _____ Sport(s) Please list ALL: _____
 Address: _____ Phone: _____
 Personal Physician: _____ None
 Emergency Contact Name: _____ Relationship: _____ Phone#(s): _____

Attention parent or guardian and athlete: answers to the following questions are very important!!! Please take the time, read through the questions, and answer to the best of your knowledge.

General Medical History:

Cardiac History:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have sickle cell trait? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any other major medical problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been hospitalized or had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you cough, wheeze or have trouble breathing with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a single organ (testicle or kidney)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently taking any medicines or do you take any medicines on a regular basis (prescription or over-the-counter)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever taken any supplements or vitamins to help with weight loss, weight gain, or improve performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have any allergies (seasonal, insects, food, or medicines)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you have any skin problems other than acne? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had a head injury, been knocked out, lost your memory, had your "bell rung," or a concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you had mononucleosis or any significant illness in the last 60 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have trouble with your eyes/vision/ wear glasses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you have trouble with your hearing/wear hearing aid(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you lose weight regularly to meet weight requirements for your sport or other reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you feel stressed out, tired, or depressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are there any other issues you would like to discuss with the doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Are your immunizations up to date? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had chest pain or chest pressure during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you tire easily or more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been told you had a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been told you had an enlarged or weak heart? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any member of your family:
-died of heart problems or sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| -been told they had a serious heart problem before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| -been told they had Marfan's syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a physician ever denied or restricted your participation in sports? | <input type="checkbox"/> | <input type="checkbox"/> |
- Explain "YES" answers here: _____

Orthopaedic History:

- FEMALES ONLY**
- | | YES | NO |
|---|--------------------------|--------------------------|
| 27. Are your periods regular (every month)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are your periods heavy? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever broken or fractured any bones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever subluxed or dislocated any joint? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any other problems related to your:
-neck, spine, or back? | <input type="checkbox"/> | <input type="checkbox"/> |
| -shoulders? | <input type="checkbox"/> | <input type="checkbox"/> |
| -elbows? | <input type="checkbox"/> | <input type="checkbox"/> |
| -wrists, hands, or fingers? | <input type="checkbox"/> | <input type="checkbox"/> |
| -hips? | <input type="checkbox"/> | <input type="checkbox"/> |
| -knees? | <input type="checkbox"/> | <input type="checkbox"/> |
| -ankles, feet, or toes? | <input type="checkbox"/> | <input type="checkbox"/> |
| -other? | <input type="checkbox"/> | <input type="checkbox"/> |
- Explain "YES" answers here (put date of injury if known): _____

Explain "YES" answers here (use back/page 2 if needed): _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parent or legal guardian of the above named student-athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of athlete _____ Date _____
 Signature of parent/guardian _____ Date _____

PRE-PARTICIPATION SPORTS PHYSICAL EXAM

Vision: L20/____ R20/____ Both____ Corrected: Y N BMI____ (Wt in kg/ hgt in meters squared)

Height____ Weight____ Pulse____ B/P (R arm)____

Medical	Normal	Abnormal Findings
Appearance/Emotional Affect		
Head/Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart (squatting to standing and supine)		
Pulses (include femoral)		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

May Participate in all sports, EXCEPT those listed below:

May Participate after completing evaluation/rehabilitation for: _____

May Not Participate – Reason: _____

Recommendations: _____

Signature of M.D. _____ Date of Exam: _____

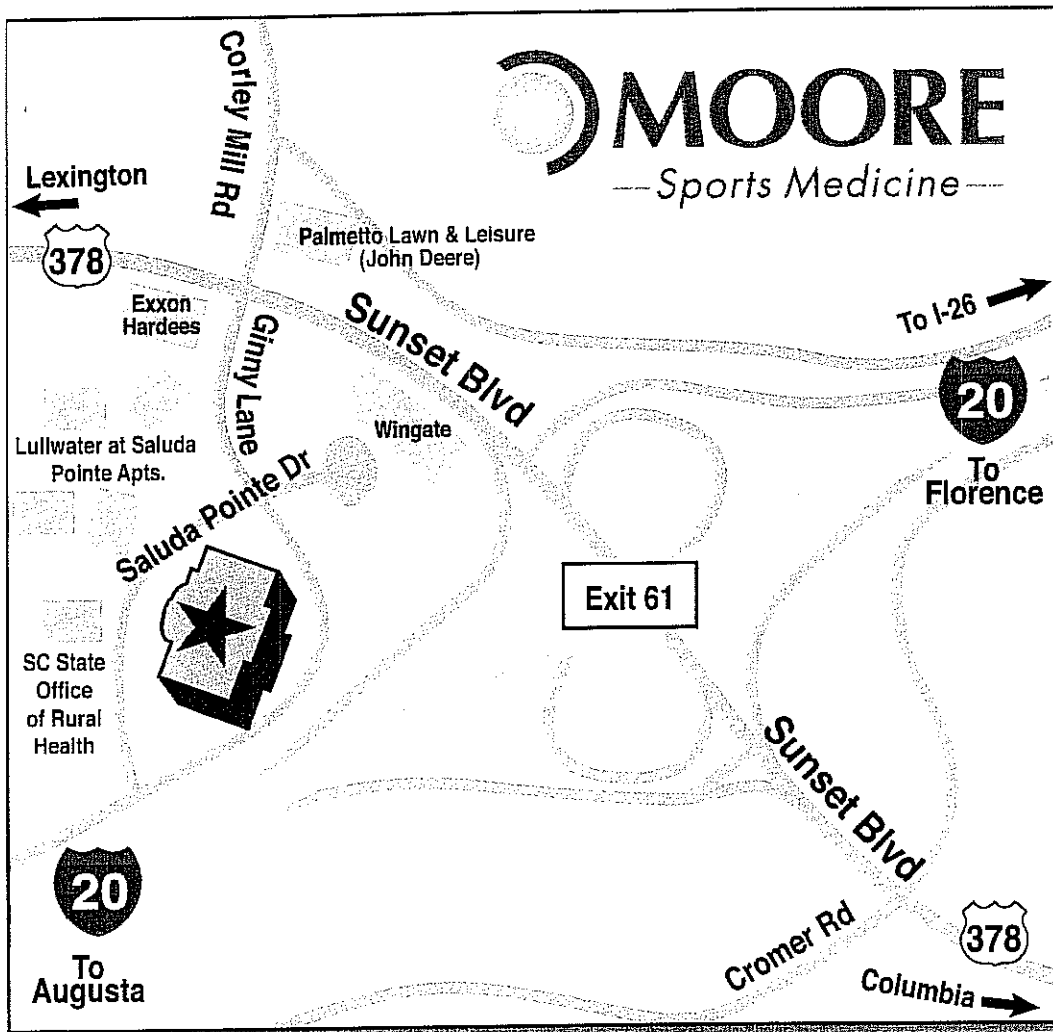
Printed Name: _____ Office Stamp _____

Phone Number: _____

Extra Space for "YES" answers from the front: _____

Developed 2003-2004 by the Richland County (South Carolina) School District One Task Force On Athletic Health Issues following a review of related information from the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine, the South Carolina High School League and the National Federation of State High School Associations. Revised 011807 by the SCMA Medical Aspects of Sports Committee

104 Saluda Pointe Drive, Lexington

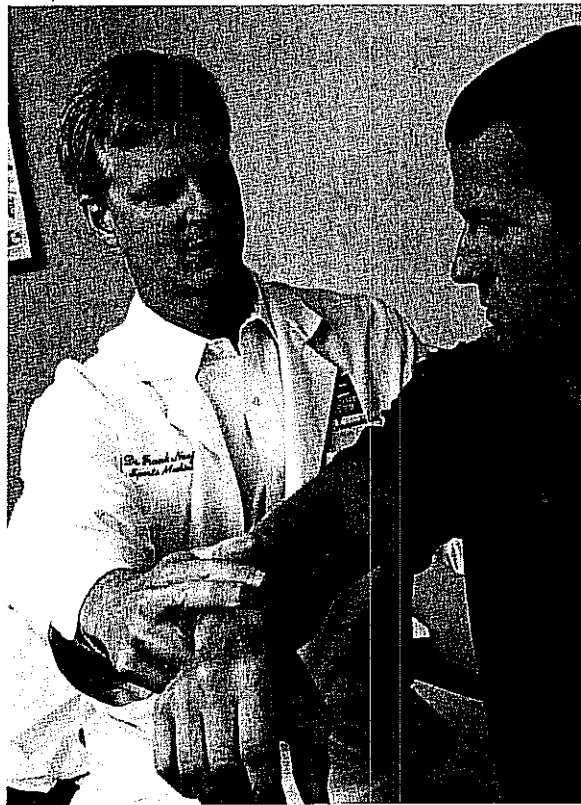


www.mooreclinic.com

PRE-PARTICIPATION PHYSICALS

IT'S TIME FOR HIGH SCHOOL PRE-SEASON PHYSICALS

Moore Clinic is making it easy on you! All day on **May 8th** at **Moore Clinic Ambulatory Surgery Center**, we will be providing physicals for high school athletes without an



appointment. Cost is only \$10 per student athlete and all the proceeds will go back to each student's school sports medicine department.

**NO APPOINTMENTS
NECESSARY**

· 8 A.M. UNTIL 3 P.M. ·

**PLEASE MAKE CHECKS
PAYABLE TO YOUR SCHOOL**

 **MOORE**
—Sports Medicine—

Moore Clinic is located at 104 Saluda Pointe Dr. just off 378 in Lexington
Questions? Contact your school's athletic department.

www.mooreclinic.com