

# **SPORTS MEDICINE REPORT**

**Dear Practitioner,**

*At Delta Gymnastics we do a number of activities which may be appropriate for the gymnast to do while recovering from a sports injury. Please help us maximise their safety and minimise the interruption to training during recovery by advising us on the following information.*

**Dear Parent,**

*In order for our coaches to give your child an appropriate training program, **THE GYMNAST MUST RETURN THIS FORM TO THE VENUE MANAGER PRIOR TO RESUMPTION OF TRAINING.** Please do not place us in the awkward position of having to suspend membership temporarily pending receipt of medical guidance.*

Date \_\_\_\_\_ Practitioner's Name \_\_\_\_\_

Date next treatment \_\_\_\_\_ Signature Practitioner \_\_\_\_\_ (Dr., Physio, \_\_\_\_\_)

Gymnast's Name \_\_\_\_\_ Phone \_\_\_\_\_ Degree \_\_\_\_\_

Approximate Date of Onset \_\_\_\_\_ Problem (in layman's terms) : \_\_\_\_\_

**The gymnast may participate in the following training activities using pain as a guide:**

(Advice required on posture focus, loading, contra indicated activities / body actions and specific rehab activities.)

Warm-up activities

Stretching : Avoid \_\_\_\_\_

Focus on : \_\_\_\_\_

Loading : \_\_\_\_\_

Strength : Avoid : \_\_\_\_\_

Focus on : \_\_\_\_\_

Loading : \_\_\_\_\_

Allignment Avoid : \_\_\_\_\_

Focus on : \_\_\_\_\_

Loading : \_\_\_\_\_

Skills: Avoid : \_\_\_\_\_

Focus on : \_\_\_\_\_

Loading : \_\_\_\_\_

**The gymnast will undergo physiotherapy from \_\_\_\_\_ to \_\_\_\_\_.**

**The gymnast is expected to return to full training on \_\_\_\_\_.**

**Additional Recommendations to Improve Performance:**