

Orthopedic Patient Questionnaire: Athletic Elbow

1. Athlete Type

- Professional Major Professional Minor Amateur
 School Team Recreational

2. Season

- Regular Season Game Regular Season Practice Pre-Season
 Off-Season Recreational

3. Sport Involved with injury/symptoms

- Baseball Basketball Softball
 Football Soccer Racquet Sport
 Gymnastics Volleyball Golf
 Weightlifting Running Skiing
 Other _____

4. Pitchers

- Usual innings pitched (circle one): 1 2 3 4 5 6 7 8 9
- Type of pitch affected: None Fastball Curve
 Screw Ball Change up Slider

5. Batters

- Right Handed Left Handed Both
 Batting pain: None W/Lead Arm W/Following Arm
 W/Contact W/Any Swing
 W/Check Swing W/Swing & Miss

6. Throwers

- Pitcher Quarterback Catcher Other
 Style of throw: Overhead ¾ Sidearm
 Velocity: Normal Decreased
 Accuracy: Normal Decreased
 Pain at rest: None Mild Moderate Severe
 Pain during throw: None Mild Moderate Severe
 Max pain during: Wind-up Cocking Acceleration Deceleration
 Follow-through
 Pain occurs when: None Warm-up During game
 After game Next day
 Max pain location: None Anterior Posterior
 Lateral Superior

7. Symptoms increased (I), decreased (D), no change (NC) with:

- Rest: _____ Sleep: _____ Throwing: _____ Batting: _____
 Overhead Activities: _____ Racquet Sports: _____ Dressing: _____

8. Disability

- At work At competitive sport
 At light sport

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PATIENT LABEL



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