

Youth Thrower Injury Assessment

Demographics

Patient Name: _____ Date of Consultation: ____/____/____

DOB: ____/____/____ Sex: _____ Age: _____ Handedness: L or R or Both

Who referred you to our clinic? _____ Primary Care Physician: _____

Have you seen a physician, surgeon, or physical therapist for your injury/complaint? **Yes No**

If Yes, please explain: _____

Pharmacy Name/Address: _____

Your E-mail Address: _____ Preferred Phone #: _____

Can we leave a message regarding your care on your voice mail/answering machine? **Yes No**

HISTORY (please check/circle all that apply)

Chief Complaint:

Shoulder Pain Elbow Pain Back Pain Other: _____

Can you easily localize the pain (e.g., front of shoulder, inside of elbow)?: Yes No

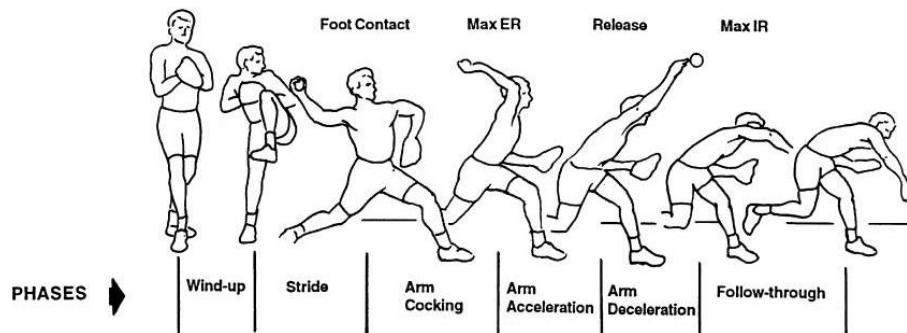
If "Yes", please describe the location of your pain: _____

What is the quality of your arm pain? Sharp Dull "Dead Arm" Vague Other: _____

Was there a specific pitch/throw your injury occurred with?

Yes No—pain developed gradually Unsure Other: _____

Phase of throwing your pain occurs (circle one/more than one):



How long have you had pain? < 1 week 1-3 weeks 3-6 weeks 6-12 weeks 3-6 months > 6 months

Is your pain associated with: Loss of velocity Loss of accuracy Locking Catching Feels Unstable

Age: ___ yrs Handed: Left Right # of Teams/season: 1 2 3 >3

Position(s) played (circle all): Pitcher Catcher SS 3B 2B 1B OF

How many months do you throw per year? < 3 3-6 6-9 9-12

THANK YOU FOR COMPLETING THIS SECTION.

EXAMINATION

INSPECTION (Anterior, Posterior, Lateral)

- Is shoulder height symmetric? Yes No

Scapula (Include assessment of scapulothoracic motion—forward elevation, abduction, wall p/u's)

- Is there excessive scapular: Protraction Retraction Winging Anterior Tilt Posterior Tilt
- Is there scapular: Side-to-side asymmetry Inferior Medial Medial border prominence

Elbow

- Is carrying angle: Normal Increased
- Is there an effusion? Yes No
- Is there loss of terminal extension? Yes No
- Is there ecchymosis? Yes: _____ No

(Location)

Pelvis

- Is there excessive anterior pelvic tilt? Yes No

PALPATION (circle which is TTP)

SC jt AC jt Coracoid Acromion Anterior GH jt Posterior GH jt
 Proximal Humeral Physis Bicipital Groove Medial Border of Scapula
 Medial Epicondyle Lateral Epicondyle Radiocapitellar jt UCL Proximal Olecranon
 Other: _____

ROM

Shoulder

- **Dominant arm***
 - ER @ 90° abduction: _____ (129-137°) IR @ 90° abduction _____ (54-61°)
 - Total Motion: _____ (183-198°) Evidence of GIRD (>25° deficit)? Yes No
- **Non-dominant (ND) arm***
 - ER @ 90° abduction: _____ IR @ 90° abduction _____
 - Total Motion: _____ (183-198°)

*Dominant arm ER usually 7-9° greater than ND arm, IR usually 7-9° less than ND arm

Elbow

- **Dominant arm:** Flexion ___ to ___ (0-140° ± 10°), forearm pronation to ___, supination to ___ (80-90°)
- **ND arm:** Flexion ___ to ___ (0-140° ± 10°), forearm pronation to ___, supination to ___ (80-90°)

Hips

- **Lead leg:** IR* _____ (28-42°) ER* _____ (32-50°) Thomas testing: _____
- **Trail leg:** IR* _____ (30-43°) ER* _____ (34-50°) Thomas testing: _____

*measured in 90° of flexion

STRENGTH

Shoulder			Elbow/Wrist			Hip/Pelvis			Core		
	NI	Abn	Resisted	NI	Abn	Resisted	NI	Abn		NI	Abn
Deltoid			Elbow Ext			Hip Flexion			Single Leg Bridge		
Full Can			Elbow Flex			Abduction			Single Leg Squat		
Resisted ER			Wrist Ext			Adduction					
Lift Off			Wrist Flex			IR					
			Forearm Pron/Supin			ER					

IMAGING

X-rays: _____

MRI: _____

ASSESSMENT

Shoulder

- Little League Shoulder
- RTC tendinopathy
- RTC tear
- SLAP tear (Type __)
- GIRD
- Scapular dyskinesis
- Other: _____

Elbow

- Little League Elbow
- Avulsion fx medial epicondyle
- OCD capitellum
- UCL injury
- Ulnar neuritis
- VEOS
- Olecranon stress fx
- Loose body
- Flexor-pronator strain
- Other: _____

Spine

- Spondylolysis
- Acute Disc Herniation
- Degenerative Disc Dx
- Facet Joint Arthrosis
- Scheuermann kyphosis
- Atypical Scheuermann's
- Other: _____

Flexibility/Strength

- Multidirectional Instability
- Generalized lig. laxity
- Glut medius weakness
- Lower abdominal weakness
- Hip IR/ER inflexibility
- Hip IR/ER weakness
- Hip flexor tightness
- Quadricep tightness
- Hamstring tightness
- Other: _____

PLAN

Non-operative Treatment

- Restrict throwing activities for ___ weeks months (circle one)
- Ice
- NSAID's
- Rehabilitation Progression (Acute, Subacute, Rehabilitative, Sport-Specific)
- Core Stabilization/lower body training
- Thrower's Ten/Advanced Thrower's Ten
- Accelerated Interval Throwing Program (see Appendix 1)
- Interval Throwing Program
- Other: _____

Operative Treatment

- Refer to Dr. _____ at University Orthopedics for surgical consultation.

Notes:

Signed: _____ Date: _____

Printed Name: _____