



# The Woodlands High School Highlander Athletic Training



The Woodlands High School  
6101 Research Forest Dr.  
The Woodlands, TX 77381  
936-709-1068

The Woodlands high School – 9<sup>th</sup> Grade Campus  
10010 Branch Crossing Dr  
The Woodlands, TX 77381  
832-592-8075

FAX- 936-709-1297

## PHYSICIAN REFERRAL

Athlete Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_ Date: \_\_\_\_\_

The Athlete has been evaluated in the Athletic Training Room with:

### PHYSICIAN USE:

Diagnosis: \_\_\_\_\_

| Recommended Activity Level:                                       | Recommended Therapy: Check all that apply                |
|---|--|
| <input type="checkbox"/> Complete Rest for _____ Weeks / Days     | <input type="checkbox"/> Cold Whirlpool                  |
| <input type="checkbox"/> Non-Contact for _____ Weeks / Days       | <input type="checkbox"/> Warm Whirlpool                  |
| <input type="checkbox"/> Non-Contact w/ Sport Specific Drills     | <input type="checkbox"/> Contrast Bath                   |
| <input type="checkbox"/> Full Contact with SPECIFIC restrictions: | <input type="checkbox"/> Ice                             |
| _____   | <input type="checkbox"/> Hot Pack                        |
| _____   | <input type="checkbox"/> Ultrasound                      |
| _____   | <input type="checkbox"/> Electrical Stimulation          |
| <input type="checkbox"/> Full Contact                             | <input type="checkbox"/> Progressive Resistive Exercises |
| <input type="checkbox"/> TREAT AS NEEDED                          | <input type="checkbox"/> Foam Rolling                    |
|   | <input type="checkbox"/> Range of Motion Exercises       |
|   | <input type="checkbox"/> Stationary Bike                 |
|   | <input type="checkbox"/> Jogging to Running Progression  |
|   | <input type="checkbox"/> Sport-Specific Drills           |
|   | <input type="checkbox"/> LOWER Body Workout ONLY         |
|   | <input type="checkbox"/> UPPER Body Workout ONLY         |
|   | <input type="checkbox"/> Bracing                         |
|   | <input type="checkbox"/> Taping                          |

Special Instructions or Limitations: \_\_\_\_\_

Date of Next Appointment: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Thank you,

Katy Ryan, Med, LAT, ATC  
936-709-1068

Chris Tagliaferro, LAT, ATC  
936-709-1483

Mitchell Neal, LAT, ATC  
936-709-1483