

Pre-Participation Physical	
History	<ul style="list-style-type: none"> • Goal to elucidate conditions that might preclude or limit sports participation • Cardiac history • Dyspnea on exertion - consider exercise induced asthma • History of head trauma • History of "burners" or "stingers" (from transient brachial plexus compression/stretching) - if recurrent may need C-spine XR • Disordered eating (esp in sports w/ weight requirements) • Substance abuse • Family history: sudden death, congenital heart disease, arrhythmias, Marfan syndrome
PE	<ul style="list-style-type: none"> • Special attention to CV, respiratory, and MSK • MSK: assess ROM, symmetry, stability
Cardiac Testing	<ul style="list-style-type: none"> • e.g. EKG, echo, exercise testing • ONLY if clinically indicated
Clearance	<ul style="list-style-type: none"> • Increased risk of injury? • Would treatment make athlete safe to participate? • Can limited participation be allowed while treatment is undergone? • Limitations for some or all sports?

General Approach to the MSK Exam			
	Step	Focus	Red Flags
1	History	Mechanism, chronicity, exposures, associated symptoms	B symptoms Major trauma
2	Inspection (compare to contralateral side)	Make sure to EXPOSE for best exam Asymmetry, atrophy, deformity, ecchymosis, erythema, scars	Erythema - sign of infection Deformity concerning for major trauma
3	Palpation	Anatomic points of interest	Warmth - sign of infection Diminished sensation - sign of neurologic deficit
4	Range of Motion (active first, then passive)	Pain with motion, limited ROM (distinguish whether 2/2 pain, effusion, mechanical problem)	
5	Strength	5/5: full strength 4/5: movement against some resistance 3/5: movement against gravity 2/5: movement but not against gravity 1/5: muscle flicker 0/5: no contraction	Diminished strength (if not 2/2 pain) - sign of neurologic deficit
6	Special Testing	Joint specific - see relevant section	See relevant section