



Prospect High School Athletic Training

801 W. Kensington Rd. | Mt. Prospect, IL 60056

PHONE: 847-718-5403 | **FAX:** 847-718-5404

Katie Cottin, MAT, ATC

Aaron Marnstein, MS, ATC

Alisa Mastrodomenico, ATC



Date: _____

Re: _____

Dear Dr. _____:

This student has been seen by you on a previous occasion for the injury or condition involving his/her

_____.

The following rehabilitation and conditioning programs have been given in our Training Room and the students progress appears to be:

Please fill out the back of this sheet with any further instructions and/or comments in regards to this athlete. Please send this sheet with the student so we can continue treatment.

Sincerely,

Katie Cottin, MAT, ATC
Athletic Trainer Supervisor
(847) 718-5403

Aaron Marnstein, MS, ATC
Athletic Trainer
(847) 718-5405

Alisa Mastrodomenico
Athletic Trainer

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PLEASE INDICATE YOUR INSTRUCTIONS ON THIS SHEET.

Is this student able to return to regular Physical Education at this time? Yes No

Is this student able to return to regular Physical Education with limitations? Yes No

Limitations: _____

Is this student able to return to regular Athletics at this time? Yes No

Is this student able to return to regular Athletics with limitations? Yes No

Limitations: _____

Return to full athletic Participation? Yes No

Until? _____

If the student should continue a reconditioning program, please check the activities that you feel would best benefit this student and briefly outline any other special instructions below.

- | | |
|---|--|
| <input type="checkbox"/> Ice | <input type="checkbox"/> Cold Whirlpool |
| <input type="checkbox"/> Hot Whirlpool | <input type="checkbox"/> Contrast Bath |
| <input type="checkbox"/> Moist Hot Pack | <input type="checkbox"/> Flexibility/Stretching |
| <input type="checkbox"/> Ankle/Foot Program | <input type="checkbox"/> Knee Program |
| <input type="checkbox"/> Hip Program | <input type="checkbox"/> Shoulder Program |
| <input type="checkbox"/> Elbow Program | <input type="checkbox"/> Wrist/Hand Program |
| <input type="checkbox"/> Progressive Resistance Program | <input type="checkbox"/> Strength Training (Weight Rm.) |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> General Conditioning |
| <input type="checkbox"/> Muscle Stim | <input type="checkbox"/> Athletic Trainers Discretion |

Additional Comments:

Physician's Signature: _____

Date: _____

Physician Phone: _____

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