

Name: _____ Date of Injury/Surgery: ____/____/____

Sport: _____

	Phase 1 Rehab Phase	Date	Involved	Normal	Result
	Pain lasting less than 48 hours after any activity				
	No/trace edema				
	Normal functional ROM as compared bilaterally				
	Normal, non-antalgic gait				
	Single leg step down test				
	Y-balance/modified star excursion (<4cm, ant. reach)				
	Lower extremity functional scale: Establish baseline				

	Phase 2 Return to Participation <i>Progress to sport-specific activities and with restrictions</i>	Date	Involved	Normal	Result
	Single leg hop 6" above reach (non-symptomatic)				
	In-line jogging (1 mile, non-symptomatic)				
	Single leg hop for distance (requires 90% symmetry)				
	Triple hop for distance (requires 90% symmetry)				
	Crossover hop for distance (requires 90% symmetry)				
	30 to 40 yard dash (non-symptomatic, 100% effort)				
	Modified agility T-test (non-symptomatic)				
	Lower extremity functional scale: > 76/80				
	Psychological readiness to return to sport scale				

	Phase 3 Return to Sport <i>Focus on initiating full competition</i>	Date	Result
	Lower extremity functional scale: 80/80		
	Psychological readiness to return to sport scale: >50		
	Medical clearance by physician		
	Progress weekly practice volume to 100%		

Notes:

Test Performed By: _____ Date: ____/____/____