

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal Physician _____
In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ Phone(W) _____

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

- | | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply): | | | 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High blood pressure | | | 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol | | | 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart murmur | | | 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart infection | | | 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> | 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> | 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> | 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
- | | | | | | | | |
|------------|------------|----------|-----------|-------|------------|---------------|------------|
| Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand/ Fingers | Chest |
| Upper Back | Lower Back | Hip | Thigh | Knee | Calf/ Shin | Ankle | Foot/ Toes |
20. Have you ever had a stress fracture? Yes No
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Yes No
22. Do you regularly use a brace or assistive device? Yes No
23. Has a doctor ever told you that you have asthma or allergies? Yes No
- FEMALES ONLY**
47. Have you ever had a menstrual period? Yes No
48. How old were you when you had your first menstrual period? _____
49. How many periods have you had in the last 12 months? _____
- Explain "Yes" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____ , ____ / ____)

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

+Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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State of California
Edmund G. Brown Jr., Governor

November 24, 2014

Martin Brady, Executive Director
Schools Insurance Authority
P.O. Box 276710
Sacramento, CA 95827-6710

Dear Mr. Brady:

I am writing on behalf of the California Board of Chiropractic Examiners (BCE) to share our position regarding chiropractors performing pre-participatory sports physicals.

The BCE is the only California regulatory agency authorized to enforce the Chiropractic Initiative Act and regulate the practice of chiropractic, as well as set standards for chiropractic education and training. It is the BCE's opinion that chiropractors are not only duly authorized to perform sports physicals as part of the chiropractic scope of practice but are also well qualified to do so.

At the core, a sports physical is a screening physical to ensure the safety of the student athlete. The argument is that chiropractors are not able to evaluate certain conditions such as cardiac and pulmonary conditions because we are not authorized to treat such conditions. This logic is deeply flawed. Chiropractors may not treat some of the conditions that they are required to evaluate for a sports physical but that does not mean that Chiropractors are not qualified to identify these conditions. Once an abnormality in one of these areas is identified these athletes can be referred for further evaluation, just as they might by their primary care medical doctor (see Title 16, CCR §317(w)).

Chiropractors are authorized under state and federal law to perform physicals more rigorous than athletic physicals to screen patients for a variety of other purposes. Chiropractors perform physicals to qualify commercial truck drivers for licensure, to examine injured workers under the workers' compensation system, to certify disabilities for insurance purposes and to clear athletes to return to play after a concussion (Education Code §49475). All of these examinations require more sophisticated diagnostic procedures than are required to render a history and physical for student athletics.

- **Commercial driver physicals**

Both federal (49 CFR Part 300, §390.103) and California (Vehicle Code §12517.2) law authorize chiropractors to perform medical examinations to screen commercial vehicle license applicants for fitness to operate heavy commercial vehicles, such as school buses, trucks over 26,000 pounds, a truck towing more than one vehicle, and vehicles transporting hazardous materials.

T (916) 263-5355
F (916) 327-0039
TT/TDD (800) 735-2929
Consumer Complaint Hotline
(866) 543-1311

Board of Chiropractic Examiners
901 Street, Suite 142A
Sacramento, California 95814
www.chiro.ca.gov

The commercial driver examination is extremely rigorous, more comprehensive both in scope and detail than the athletic evaluation. First, the athletic evaluation is a screening, not a substitute for a comprehensive physical examination. The commercial truck driver examination, by contrast, is a "medical examination," and the California Department of Motor Vehicles ("DMV") has deemed the process "comprehensive." Additionally, the commercial driver examination is governed by a comprehensive and extraordinarily detailed set of federal regulations that specify thirteen elaborate physical qualifications for drivers, eighteen complex components of the examination, and a voluminous health history. Qualifications include visual acuity, cardiac health, blood pressure, and hearing ability among many others. Chiropractors do not treat these conditions but are imminently qualified to evaluate these areas.

- **Workers' Compensation Examinations**

Chiropractors are statutorily authorized to function as independent and qualified medical examiners and disability evaluators in the workers' compensation system (Labor Code §139.2). Both of these functions require far more sophisticated diagnostic skills than are required to render a history and physical for high school athletics.

- **Insurance Evaluations**

Chiropractors are also statutorily authorized to perform physical examinations to certify disability for state disability or insurance proceedings. Similarly, these examinations require more detailed diagnostic evaluations than the student sports screenings.

Furthermore, chiropractors receive extensive training in chiropractic college regarding how to conduct physical examinations (see Title 16 CCR §331.12.2) and treat conditions in a manner consistent with chiropractic methods and teachings (Title 16 CCR §317). This training prepares them to handle the conditions and injuries that occur most commonly with high school athletes, including:

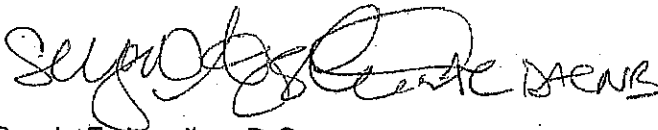
- **Cardiac Abnormalities:** Chiropractors complete a battery of courses and laboratory clinics designed to provide them with a broad base of knowledge of cardiac conditions, such as anatomy, physiology, and histology covering the dissection of the human heart and study of the human cardiovascular and respiratory systems. Training in this area also includes heart sounds, valve diseases; congenital heart diseases, myocardial infarction, cardiac endocarditis and cardiac myopathies. Chiropractors are also trained in emergency procedures and how to communicate with EMS when needed.
- **Traumatic Brain Injuries:** Significant lecture and laboratory hours in neurology, physiology, anatomy, including dissection of the human brain, and pathology of traumatic brain injuries are routine components of chiropractic education.
- **Exercise-Induced Asthma (EIA):** Chiropractic training includes the same standard examination procedures (inspection, percussion, palpation and auscultation) that other health care professions are taught, including an investigation for historical clues such as severity of attack, persistence or progression of symptoms, family history of allergies, or known triggers that establish a high index of suspicion.
- **Musculoskeletal Injuries:** Procedures to diagnose, treat, and refer to appropriated health care providers, injuries common to athletics such as sprains and strains, fractures, rotator cuff tears, shoulder impingement syndrome, ankle sprains, ligament and cartilage injuries of the knee, and other acute and overuse injuries are a standard part of chiropractic curricula.

- **Neurology:** Chiropractic students are trained in neurology, common nerve injuries, and appropriate evaluation, diagnosis, treatment, and management of such injuries. Neurology is an integral part of Chiropractic education and practice.
- **Pathology:** Chiropractic students are taught to recognize abnormal conditions by history, signs and symptoms (visible bleeding, wounds, bruises, distention, rigid or tender abdomen, absent bowel sound, etc.) examination (palpation, auscultation, and or laboratory) of visceral, dermatological, and female conditions and make appropriate referral to medical doctors for treatment.
- **Differential Diagnosis:** Chiropractors are trained to evaluate different conditions with similar symptoms, both musculoskeletal and non-musculoskeletal, to render a diagnosis and possible alternate disorders.
- **Eye Injuries:** In conjunction with the anatomy, physiology, and histology coursework, the Eyes, Ears, Nose, & Throat (EENT) course teaches students to recognize and diagnose common EENT conditions and to determine appropriate management and/or collaborative care.

The BCE would welcome the opportunity to meet with representatives from the SIA and CIF to answer any questions and address concerns you may have regarding the scope of authority and qualifications for chiropractors to perform athletic physicals. Please contact our Executive Officer, Robert Puleo, at (916) 263-5359 if you would like to schedule a meeting.

Thank you for considering our comments.

Sincerely,



Sergio F. Azzolino, D.C.
 Chairman - California Board of Chiropractic Examiners
 Vice President - American Chiropractic Neurology Board
 Assistant Professor of Clinical Neurology, Carrick Institute
 Fellow American College of Functional Neurology
 Diplomate American Academy of Pain Management
 Fellow American Board of Childhood Developmental Disorders