

# Sports medicine physical examination

(Version: 01.02.2023)

Examination date:	
Clinician:	
Name, first name:	
Date of birth:	
Gender:	<input type="checkbox"/> male <input type="checkbox"/> female

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**NL      significant finding**

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## 1. Head/neck

Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Contact lenses	<input type="checkbox"/>
Visual acuity (distance visual acuity)	left uncorrected		right uncorrected			
	left corrected		right corrected			
Nose/sinuses	<input type="checkbox"/>	<input type="checkbox"/>				
Teeth	<input type="checkbox"/>	<input type="checkbox"/>				
Throat/Tonsils	<input type="checkbox"/>	<input type="checkbox"/>				
Ears/eardrum	<input type="checkbox"/>	<input type="checkbox"/>				
Thyroid gland	<input type="checkbox"/>	<input type="checkbox"/>				
other						

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## 2. Thorax/lungs

Auscultation	<input type="checkbox"/>	<input type="checkbox"/>
Percussion	<input type="checkbox"/>	<input type="checkbox"/>
Rib cage	<input type="checkbox"/>	<input type="checkbox"/>
other		

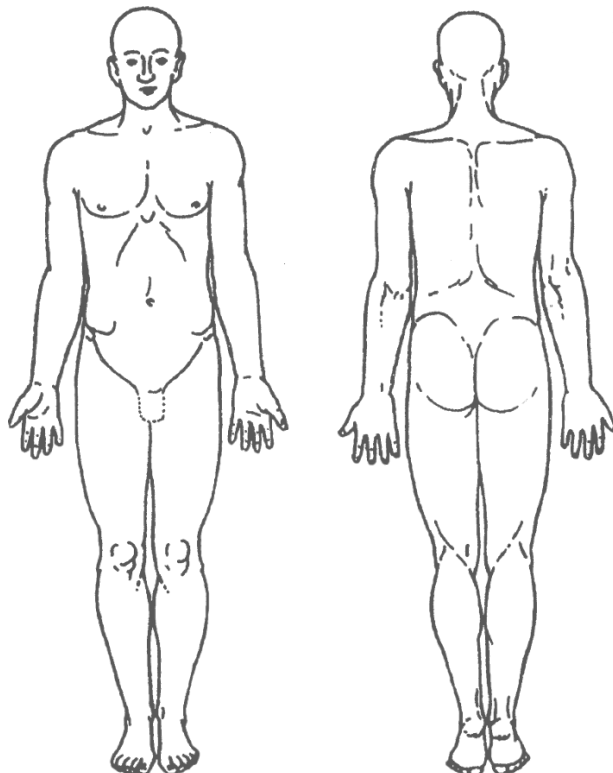
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## 3. Heart/Circulation

Pulse:      /min		Blood pressure:		/      mmHg
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>		
Heart sounds	<input type="checkbox"/>	<input type="checkbox"/>		
Peripheral pulses	<input type="checkbox"/>	<input type="checkbox"/>		
Veins	<input type="checkbox"/>	<input type="checkbox"/>		

	NL	significant finding		
<b>4. Lymph nodes</b>	<input type="checkbox"/>	<input type="checkbox"/> cervical r/l	<input type="checkbox"/> axillary r/l	
		<input type="checkbox"/> inguinal r/l	<input type="checkbox"/> other	
<b>5. Skin</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6. Abdomen</b>				
Palpation	<input type="checkbox"/>	<input type="checkbox"/>		
Liver	<input type="checkbox"/>	<input type="checkbox"/>		
Spleen	<input type="checkbox"/>	<input type="checkbox"/>		
Kidney lodges	<input type="checkbox"/>	<input type="checkbox"/>		
Hernias/Genitals/Tanner stage.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7. Nervous system</b>				
Reflexes	<input type="checkbox"/>	<input type="checkbox"/> ASR r/l	<input type="checkbox"/> PSR r/l	<input type="checkbox"/> other
Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>		
Muscle function	<input type="checkbox"/>	<input type="checkbox"/>		

Mark pathological findings (for sections 1 – 7):



**NL significant finding**

**8. Musculoskeletal system**

Gait/posture/limb alignment	<input type="checkbox"/>	<input type="checkbox"/>				
Spine curvature	<input type="checkbox"/>	<input type="checkbox"/>				
Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	tilt towards	<input type="checkbox"/> right	<input type="checkbox"/> left	minus cm
Sacroiliac joint	<input type="checkbox"/>	<input type="checkbox"/>				
Leg length	<input type="checkbox"/>	<input type="checkbox"/>				
Cervical spine	<input type="checkbox"/>	<input type="checkbox"/>				
Thoracic spine	<input type="checkbox"/>	<input type="checkbox"/>				
Lumbar spine	<input type="checkbox"/>	<input type="checkbox"/>				
Shoulder girdle	<input type="checkbox"/>	<input type="checkbox"/>				
Elbow	<input type="checkbox"/>	<input type="checkbox"/>				
Hand/wrist	<input type="checkbox"/>	<input type="checkbox"/>				
Hip	<input type="checkbox"/>	<input type="checkbox"/>				
Knee	<input type="checkbox"/>	<input type="checkbox"/>				
Ankle joint	<input type="checkbox"/>	<input type="checkbox"/>				
Foot	<input type="checkbox"/>	<input type="checkbox"/>				
Muscle lengths/flexibility	<input type="checkbox"/>	<input type="checkbox"/>				
Functional tests	<input type="checkbox"/>	<input type="checkbox"/>				
Sport-specific findings	<input type="checkbox"/>	<input type="checkbox"/>				
Comments	<input type="checkbox"/>	<input type="checkbox"/>				

**Mark pathological findings (for section 8):**

