

ARM HISTORY

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PLAYERS NAME _____ POSITION _____ Age _____
Date _____ Grade or year in school _____ **Grade Avg.** _____

List the complete history of your baseball experience including all arm problems or surgeries. Include dates. Be specific. Use one or more pages to complete.

DO YOU HAVE PAIN WHEN THROWING? _____ WHERE? _____

DO YOU HAVE SORENESS AFTER THROWING? _____ WHERE? _____

HOW LONG HAVE YOU HAD PAIN AND LIST DATES OF EACH _____

ARE YOU UNDER A DOCTORS CARE _____ PROGNOSIS _____

X-ray _____ MRI _____

HAVE YOU HAD SURGERY OR PAIN ON THE FOLLOWING:

SHOULDER _____ DATE _____

ELBOW _____ DATE _____

ARM _____ DATE _____

OTHER _____ DATE _____

DOCTORS PROGNOSIS ON THE ABOVE: _____

What caused the injury? _____

Maximum velocity on your fastball _____ velocity now _____

Describe your control when throwing or pitching _____

Describe how many years you played and threw with no soreness or pain or injuries.
List dates and your age at the time of first pain or injury. _____

Control
Problems _____

