

## BUFFALO GROVE HIGH SCHOOL ATHLETIC TRAINING PROGRAM

1100 W. Dundee Rd. Buffalo Grove, IL. 60089 PHONE: 847-718-4167

FAX: 847-718-4122 Kelly Stone, ATC Tom Sullivan, ATC Lexi Faklaris, ATC



	Cold WhirlpoodContrast Bath Flexibility/StreeKnee Program Shoulder Prog Wrist/Hand ProgramStrength Train General ConditAthletic Trains	tching  ram ogram ing (Weight Rm.) tioning ers Discretion  nded away from activity nded away from activity
Lice —Hot Whirlpool —Moist Hot Pack —Ankle/Foot Program —Hip Program —Elbow Program —Progressive Resistance Program —Ultrasound —Muscle Stim  May the student participate in Athletics? You want to be purely assumed the student participate in Physical Education.	Cold WhirlpoodContrast Bath Flexibility/StreeKnee Program Shoulder Prog Wrist/Hand ProgramStrength Train General ConditAthletic Trains	tching  ram ogram ing (Weight Rm.) tioning ers Discretion  nded away from activity
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		e check items that you feel would best
The following modalities or exercise activities are available in our Training Room. Please check items that you feel would be perfect this student if he/she should be put on a reconditioning program.		
Physician's Diagnosis:		
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847-718-4167 kelly.stone@d214.org	thomas.sullivan@d214.org	Alexis.Faklaris@athletico.com
Athletic Trainer Supervisor	Assistant Athletic Trainer	Assistant Athletic Trainer
Kelly Stone, ATC	Tom Sullivan, ATC	Lexi Faklaris, ATC
Sincerely,		
appreciated.		
appropriate treatment. Please report your	r findings and return this form with the athlet	e. Your comments and suggestions ar
on while participating in	. We request that y	ou examine this individual and suggest
This student is an athlete competing at Buffalo Grove High School. He/she received an injury to his/her		
This student is an athlete competing at But	ffalo Grove High School. He/she received an	injury to his/her
		injury to his/her
DEAR DR.  This student is an athlete competing at But		injury to his/her

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