Dear Healthcare Provider:

Your patient is requesting a pre-participation sports physical exam required for participation in Spirit of Atlanta Drum & Bugle Corps. Drum Corps is a highly athletic 3 month summer activity involving:

- Training duration and intensity similar to marathon training in extreme heat
- Enduring 12-14 hr. rehearsal days outdoors.
- Carrying instruments weighing between 3-50 lbs., while marching at 200 steps/strides per minute or greater
- Color guard members will require strength and flexibility for both equipment manipulation (flags, rifles, sabres) as well as dance
- Lower extremity demands are similar to that experienced in basketball or soccer.
- Caloric demands often exceed 6000 kcal/day
- Distances run/marched will meet or exceed 6 miles per day, 7 days/week for 3 months

Your patient will be at risk for overuse and repetitive strain injuries. In addition, corps travel at night on buses and members sleep both on buses and gym floors.

Pre-participation recommendations for these musician-athletes are:

1) A thorough cardiac and musculoskeletal screening
2) A routine hearing screening, as musicians are at risk for noise induced hearing loss
3) Address any and all mental health concerns
4) Engage the individual in rehabilitation of any musculoskeletal issues identified on exam or by history and/or involve them in a preseason conditioning program
5) Arrange for a 3-month supply of medications for the summer tour/competition season

Your assistance with this exam is greatly appreciated and we look forward to your evaluation and recommendations.

Sincerely,

Spirit of Atlanta Drum & Bugle Corps

_____

Medical Staff

Jenna Chinburg, MA, ATC, OTC
Medical Program Manager
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C.J. Rolison, IV, DO
Corps Physician
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Health History Form

Exam Date: _____ Date of Birth: _____

Name: _____

Gender: _____ Age: _____ Section: _____

List any drug, food or environmental **Allergies** _____

List any **Medications** you are taking: _____

_____

Questionnaire

Cardiac History **(circle)**

1. Has a doctor ever restricted or denied your participation in athletics, or drum corps? Y N
2. With exercise, have you ever passed out, had chest pain, dizziness, or shortness of breath? Y N
3. Have you ever been told you had a heart murmur, heart valve issue, or high blood pressure? Y N
4. Have you ever had a racing heart or has your heart every skipped beats? Y N
5. Do you tire more easily than your friends with exercise? Y N
6. Has anyone in your family (under age 40) had a heart attack or died suddenly? Y N
7. Has a doctor ever ordered a test for your heart? (EKG/Echo) Y N
8. Does any family member have a pacemaker or defibrillator? Y N
9. Has any family member been diagnosed with Marfan's syndrome, long QT, arrhythmogenic right ventricular Dysplasia, short QT, or Brugada syndrome? Y N

Pulmonary History

10. Do you ever wheeze, cough, or have difficulty breathing with exercise? Y N
11. Have you ever needed an inhaler before exercise? Y N
12. Do you have asthma? Y N

Exertional History

13. Have you or any family member been diagnosed with sickle cell disease or sickle trait? Y N
14. Do you ever get muscle cramps when exercising, working out, or in the heat? Y N
15. Have you ever passed out, collapsed, had a heat stroke, or had heat exhaustion? Y N

Bone and Joint History

16. Have you had any bone, muscle, joint or ligament injury that caused you to miss a game or a performance? Y N
17. Have you had any fractured/broken bones, or any joint dislocations? Y N
18. Do you have any hypermobile joints or been told you have a connective tissue disorder? Y N
19. Have you had an injury that needed X-ray, MRI, CT scan? Y N
20. Do you have a bone, joint, or muscle that bothers you? Y N
21. Have you ever had a stress fracture or stress injury? Y N

Mental Health History

22. Have you ever had anxiety, depression or a mood disorder that required medical treatment? Y N
23. Are you currently taking anti-depressant, anti-anxiety, antipsychotic, mood stabilizing, or stimulant medications? Y N
    If yes, please list medications and dosages above
24. Have you had suicidal thoughts in the past or attempted suicide? Y N

Concussion / Neurologic History

25. Have you ever had a concussion? Y N
26. If yes, list number and date of last concussion _____
27. Have you had an injury that caused you to have a headache or trouble focusing in school? Y N
28. Have you had an injury that caused confusion or memory problems? Y N
29. Have you had a burner/stinger or an injury that required X-ray or imaging of your Neck? Y N
30. Do you get any numbness/tingling or weakness in your arm(s) or leg(s)? Y N

GYN History (females)

31. Have you ever had a menstrual period? Y N
32. Have you missed any periods in the last 3 months? Y N
33. Have you missed more than 3 periods in last 12 months? Y N
34. Are you currently taking any contraceptive pills, or other types of birth control? Y N

Genitourinary History (males)

35. Have you ever felt a mass or area of concern during your testicular self examinations? Y N

General Medical History

36. Do you wear glasses or contacts? Y N
37. Have you had mononucleosis in the last 12 months? Y N
38. Were you born without a paired organ? (eyes, kidneys) Y N
39. Have you ever had MRSA? Y N
40. Do you have any skin concerns, rash, or itching? Y N
41. Do you worry about your weight? Y N
42. Have you ever been concerned about what you eat? Y N
43. Have you ever been told you have an eating disorder, anorexia, or bulimia? Y N
44. Have you ever forced yourself to throw up or vomit after eating? Y N
45. Do you have any other medical condition not addressed above? Y N

Please explain any "Yes" answers

_____

_____

_____

_____

_____

_____

_____

I attest that the above information is true and accurate to the best of my knowledge.

Member/Parent Signature: _____ Date _____

Spirit of Atlanta Drum & Bugle Corps

Last Name _____ First Initial _____

DOB _____ Date of Exam _____

Physical Exam (to be completed by physician – **request MD or DO only**)

Please evaluate this patient with the intensity of an elite distance athlete. The summer Drum Corps activity is significantly more intense than fall marching band.

Vital Signs				
Height:	Weight:	□ Male □ Female	Vision: R 20/	L 20/ □ corrected?
Heart Rate:	BP: /	*(recheck if >135/90)*	Hearing/Audiogram: □ Normal	□ Abnormal

Medical	**Normal**	**Abnormal Findings**
General		
HEENT		
Heart/Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
Psych		

Musculoskeletal	**Normal**	**Abnormal Findings**
Neck		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Back		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (Duck-Walk)		

Based on this patient's health history, cardiopulmonary risk factors, and musculoskeletal exam, I deem they are:

- □ **Cleared to participate in full without restrictions**
- □ **Cleared to participate with recommendations for:** _____
- □ **Final clearance pending:** _____
- □ **Not cleared to participate due to:** _____

Physician Name _____ Degree: **MD / DO**

Signature _____ Date _____

Clinic Name: _____ Phone: _____

Address: _____