

Injury Assessment and Treatment Instructions

Date: **[Insert Date]**

To: **[Athlete's Name]**

From: **[Coach/Trainer's Name]**

Team: **[Team Name]**

Injury Details

Type of Injury: **[Describe the Injury]**

Date of Injury: **[Insert Date of Injury]**

Assessment Findings: **[Brief Description of Assessment Findings]**

Treatment Instructions

1. Rest: Avoid any physical activity that aggravates the injury.
2. Icing: Apply ice for 15-20 minutes every 1-2 hours to reduce swelling.
3. Compression: Use a compression bandage to minimize swelling.
4. Elevation: Keep the injured area elevated above the heart when possible.
5. Pain Management: Take over-the-counter pain medication as needed.
6. Rehabilitation: Follow up with recommended physical therapy sessions.

Follow-up

Please schedule a follow-up appointment on or before **[Insert Follow-up Date]** to reassess the injury.

If you experience any worsening symptoms, please seek medical attention immediately.

Best regards,
[Your Name]
[Your Position]
[Contact Information]