



### **ELITE BASEBALL CARE ASSESSMENT**

The Next ERA Elite Baseball Care Assessment will assess each athlete using baseball specific protocols in order to identify faulty movement patterns that contribute to common injuries. Additionally, we will assess each athlete's tissue integrity using orthopedic special tests. This assessment will allow us to identify issues before they may happen in hopes of preventing future injury. Additionally, this information will be shared with your coaching staff in order to help facilitate appropriate programming.

### **SELECTIVE FUNCTIONAL MOVEMENT ASSESSMENT**

A comprehensive full body movement assessment

#### **ORTHOPEDIC SPECIAL TESTS**

- Ulnar Collateral Ligament (UCL) Integrity
- Rotator Cuff Pathology (tendonitis)
- Labral tears (SLAP, posterior tears)
- Impingement Pathologies
- Bicep Tendonitis

### **TOTAL SHOULDER RANGE OF MOTION**

### **THORACIC SPINE MOBILITY**

### **STRENGTH TESTING OF ROTATOR CUFF AND SCAPULAR MUSCLES**

### **SCAPULAR POSTURAL ASSESSMENT**

Next ERA Physical Therapy  
6851 S Holly Circle, Ste 110  
Centennial, CO 80112  
(720) 644-0181  
[www.nexterapt.com](http://www.nexterapt.com)

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Parent Phone \_\_\_\_\_

Position: \_\_\_\_\_ Injury History (Past or Present): \_\_\_\_\_

<b><u>Movement</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>	<b><u>Pain</u></b>
Lumbar ROM			
Squat Pattern			
Single Leg Squat			
Upper Extremity 1			
Upper Extremity 2			
Cervical			

<b><u>Baseball Specific Tests</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Scapular Positioning		
Hip IR/ER		
Supine OH Flexion		
Shoulder ER/IR		
Thoracic spine Rotation		

Special Tests: \_\_\_\_\_

I hereby grant permission for my student athlete to participate in the Next Era Elite Baseball Care Assessments. The information from these evaluations will be used to assist your coaching staff with pre and post throwing regimens. Additionally, a Doctor of Physical Therapy may contact you with your assessment results.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_