



NEXT ERA
PERFORMANCE. RECOVERY. REHAB.

ELITE BASEBALL CARE ASSESSMENT

Next ERA is the premier leader in the management of high-level athletes with a focus on optimal performance, recovery, and rehab for baseball players. With locations in Arizona and Colorado, we have worked with players from all 30 MLB organizations, over 100 D1 programs, and thousands of college, high school, and youth athletes. The purpose of the **Next ERA Elite Baseball Care Assessment** is to provide information for coaches, players, and parents to perform at a safe and optimal level. After discussing each player's injury history, we will assess them individually using baseball specific exams to identify faulty movement patterns, decreased mobility, and muscular imbalances that contribute to common injuries. If needed, we will perform orthopedic testing to determine if further treatment may be necessary.

This information will be shared with the coaching staff to help facilitate appropriate programming...including on-field prep work and post-game recovery.

Players who fail multiple portions of the exam or have pain with testing, will be notified via telephone or email to schedule an appointment at one of our locations.

-- NO CHARGE --

Next ERA Physical Therapy - Arizona

6965 S Priest Drive #5. Tempe, AZ 85283

Phone: (480) 493-7859

Next ERA Physical Therapy - Colorado

6851 S Holly Circle Suite 110. Centennial, CO 80112

Phone: (720) 644-0181

www.nexterapt.com



Athlete Name: _____ Parent/Legal Guardian Name: _____
D.O.B: _____ Parent Phone #: _____
Cell Phone: _____ Parent Email: _____
Email: _____ Position: _____
Injury History/Concerns (Past or Present): _____
Goals: _____

SFMA/ONBASEU MOVEMENT SCREEN	PASS	FAIL	PAIN	NOTES
Cervical ROM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Upper Extremity 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Upper Extremity 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Squat Pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lunge w/ Extension Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Multi-Segmental Spine ROM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pelvic Tilt Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windshield Wiper Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Forearm 80/80 Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ELITE BASEBALL CARE SPECIFIC TESTS	PASS	FAIL	NOTES
Scapular Positioning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hip IR/ER	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supine OH Flexion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Total Shoulder IR/ER	<input type="checkbox"/>	<input type="checkbox"/>	_____

Special Tests (As Needed): _____

I hereby grant permission for my student athlete to participate in the Next ERA Elite Baseball Care Assessment. The information gathered from these evaluations will be shared with my coaching staff to assist in programming pre and post-game recovery and maintenance. Next ERA Physical Therapy cannot be held liable for information given from these assessments and if recommended, I may be contacted to schedule an appointment with one of Next ERA's Doctors of Physical Therapy for further examination and treatment.

Parent/Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:		
Team/School:		Therapist:
No Follow Up: <input type="checkbox"/>	Follow Up: <input type="checkbox"/>	Schedule: <input type="checkbox"/>
Apt. Date:	Time:	Therapist: