

**Referral: Melbourne Comprehensive Return to Sport Test**

SPORT & EXERCISE MEDICINE

PHYSIOTHERAPY

PODIATRY

MASSAGE

Patient name:

DOB:

Injury and date:

Surgery; type and date:

Surgeon:

Referrer details:  
(Name and email address)

Sport returning to post injury:

Sport level pre injury: Professional Recreational

**Pre test examination \* TO BE COMPLETED BY THE REFERRING PRACTITIONER PRIOR TO THE RETURN TO SPORT TEST\* please circle appropriate answer**

Swelling	Nil	Min	Mod	Large		
Lachman's Test	Laxity:	Min	Mod	Large	+ve end feel	Y / N
Pivot Shift	-ve		+ve			
PFJ glides	pain	Y / N		Hypomobile	Normal	Hypermobile
1 leg squat	poor	fair	good			
Single leg hop	poor	fair	good			

Please bring /send the completed forms into Prahran Market Pilates and Injury Rehab, Suite 12-14, Level 1, 163 Commercial Road, Prahran, 3181, email: [prahranmarketpilates@lifecare.com.au](mailto:prahranmarketpilates@lifecare.com.au)

**The Melbourne**  
— KNEE CLINIC —



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