Charles Metzger, M.D.
5420 West Loop South, suite 4100
Bellaire, Tx 77401
(713) 333-9333
www.HoustonOrtho.com

GREATER HOUSTON ORTHOPAEDIC SPECIALISTS

Throwers' Medical History

Medical conditions, if any: _____
_____
_____

Surgical history

Have you ever had surgery on any part of your throwing arm? yes no

Type of surgery _____

Date of surgery _____

Did you feel like you fully recovered from that surgery? yes no

Describe any residual symptoms from that surgery

_____
_____

Do you have any pain in your throwing arm? yes no

If yes, please answer the following:

Which joint? (circle any that apply) shoulder elbow wrist fingers
Pain level at rest (1 little pain, 10 worst imaginable pain) 1 2 3 4 5 6 7 8 9 10
Pain level when throwing 1 2 3 4 5 6 7 8 9 10
What part of throwing causes pain?
windup cocking back starting forward release follow-through

Does your shoulder ever feel like it is slipping out of place? yes no
If yes, have you had any treatment for that? yes no
If yes, please explain _____
_____

Does your elbow ever feel like it is slipping out of place, clicking or clunking? yes no
If yes, have you had any treatment for that?
If yes, please explain _____
_____

Do you have any numbness in the fingers of the throwing hand? (circle any that apply)

At rest:	thumb	index	long	ring	small
During throwing:	thumb	index	long	ring	small