

Wrestling Practice Injury Assessment Form

Injured Wrestler's Name: _____

Date: _____

Injury Description: _____

Do you have a Physician or Trainer's Clearance? ☐ Yes ☐ No

Functional Assessment

1. Movement Capabilities:

- Can you jog lightly? ☐ Yes ☐ No
- Can you participate in dynamic stretching? ☐ Yes ☐ No
- Can you perform basic drills without significant discomfort? ☐ Yes ☐ No
- Explain any limitations _____

2. Strength Training:

- Can you lift light weights or resistance bands? (dumbbells, etc) ☐ Yes ☐ No
- Are bodyweight exercises (push-ups, squats, etc.) possible? ☐ Yes ☐ No
- Are you able to participate in strength training exercises (squat, bench, etc.) ☐ Yes ☐ No
- Explain any limitations _____

3. Technique Work:

- Can you shadow wrestle? ☐ Yes ☐ No
- Can you engage in walkthrough drills with minimal contact? ☐ Yes ☐ No
- Are you able to wrestle live in matches or situations? ☐ Yes ☐ No
- Explain any limitations _____

4. Cardio:

- Can you ride a stationary bike or rower? ☐ Yes ☐ No
- Can you perform modified conditioning exercises (e.g., low impact)? ☐ Yes ☐ No
- Explain any limitations _____

5. Other Restrictions

Athlete/Parent Signature: _____

Coach/Trainer Signature: _____

Date: _____

This form can be used to assess the injured athlete's limitations and determine their role during practice to promote recovery while maintaining involvement.