

SIDELINE

WEST LINN YOUTH CHEER

**20
26**



Dear Cheerleaders and Families,

Welcome to West Linn Youth Cheer!

We're excited to have you join us for a season focused on growth, and teamwork. Whether you're returning or new to the program, this season will be an important step in developing the skills, discipline, and leadership qualities needed to succeed on your cheerleading journey.

Our teams focus on building strong fundamentals in cheerleading, including motions, jumps, stunts, and crowdleading techniques. We emphasize teamwork, sportsmanship, and a positive attitude both on and off the sidelines.

Throughout the season, cheerleaders will have the opportunity to:

- ✓ Learn and practice cheerleading fundamentals
- ✓ Build technical skills in motions and stunting
- ✓ Learn responsibility, time management, and dedication
- ✓ Perform at games, community events, and competitions
- ✓ Develop confidence, teamwork and leadership in a high-energy, supportive environment

Parents, your support is crucial to our program's success. Enclosed in this packet you'll find important information regarding practice schedules, financial breakdown, uniforms, etc.

The rules outlined in our handbook are fairly enforced. Coaches have the right to make any decision that they feel is appropriate. Furthermore, all OCCA (Oregon Cheerleading Coaches Association) and NFHS (National Federation of State High School Associations) rules and regulations will be enforced.

Please read this packet and our handbook in its entirety before registering your athlete online, which gives your support and permission for your athlete to participate in this organization.

If you have any questions, please don't hesitate to reach out. We look forward to an incredible season together and watching every athlete grow!

Warmly,

West Linn Youth Cheer Staff & Board

SIDELINE TEAM SKILLS AND REQUIREMENTS

There are no tryouts for sideline teams.

Everyone who registers will be assigned a team following a skills evaluation on June 10th, 2026. All registered participants entering 3rd-8th grade in the Fall must attend the skills evaluation. Athletes entering K-2nd in the Fall will not have a skills evaluation. All athletes will start regular team practices after the 4th of July holiday.

Once registration closes in May, all registered participants will receive an email link to cheer/dance videos that cheerleaders should learn over May-June to prepare for July/August practices. It is the responsibility of each cheerleader to take the time to learn their team cheers and sideline dances over Summer.

Starting in July/August, squad members will attend practice in the Summer through the Fall 1x-2x/week. Summer practices will be utilized to perfect game day material for football games, basic motions, jump, and stunting technique.

Starting in September, squad members will cheer at home football games and selected away playoff games 1x/week. The team will cheer at a random selection of WLYF games for various grades.

This program is great for athletes looking to learn more about cheerleading, or for those interested in registering for our competitive programs in August. There are additional fees to be on the competition team. More information will be emailed August 1st.

SKILL LEVEL EXPECTATIONS

TINYS TEAM	MINIS TEAM	YOUTH TEAM	JUNIOR TEAM
<p>This team is paced to work well for ages 5-8 (K-2nd).</p> <ul style="list-style-type: none"> • Beginning motion technique and jumps • Beginning dance technique • Beginning stunting skills or willingness to try • Loud voice • Tumbling expectations: None 	<p>This team is paced to work well for ages 8-10 (3rd-4th grade). Younger or older ages may also be placed on this team based on their skill evaluation.</p> <ul style="list-style-type: none"> • Beginning motion technique and jumps • Beginning dance technique • Beginning stunting skills or willingness to try • Loud voice • Tumbling expectations: None 	<p>This team is paced to work well for ages 10-12 (5th-6th). Younger or older ages may also be placed on this team based on their skill evaluation.</p> <ul style="list-style-type: none"> • Beginning to intermediate motion technique and jumps • Beginning to intermediate dance technique • Beginning to intermediate stunting skills or willingness to try • Loud voice • Tumbling expectations: None for sideline season 	<p>This team is paced to work well for ages 12-14 (6th-8th). Younger ages may also be placed on this team based on their skill evaluation.</p> <ul style="list-style-type: none"> • Beginning to advanced motion technique and jumps • Beginning to advanced dance technique • Beginning to advanced stunting skills or willingness to try • Loud voice • Tumbling expectations: None for sideline season

FINANCIAL BREAKDOWN | SIDELINE SEASON

Grade level should be what grade the athlete will be in as of September 2026

GRADES K-2 nd	GRADES 3 rd -5 th	GRADES 6 th -8 th
Registration Fee: \$300 <ul style="list-style-type: none"> • Admin Fees • Practice Shirts • Bow • 1-Day Camp • Old Time Fair Parade • Team Activities • Nov Competition Fees • End of Season Party 	Registration Fee: \$400 <ul style="list-style-type: none"> • Admin Fees • Practice Shirts • Bow • 2-3 Day Skills Camp • Old Time Fair Parade • Team Activities • Nov Competition Fees • End of Season Party <p><u>Optional Add-On Fee</u> NCA Camp: \$130 Aug 17th-19th Grades 5th-8th Only</p>	Registration Fee: \$500 <ul style="list-style-type: none"> • Admin Fees • Practice Shirts • Bow • 3-4 Day Skills Camp • Old Time Fair Parade • Team Activities • Nov Competition Fees • End of Season Party <p><u>Optional Add-On Fee</u> NCA Camp: \$130 Aug 17th-19th Grades 5th-8th Only</p>

PLEASE NOTE: REGISTRATION FEE DOES NOT INCLUDE UNIFORM

Acceptable Forms of Payment

- Debit/Credit Card/ACH
 - Pay account balance in full or in monthly installments
 - Processing fees will apply
- Offline Payment (Checks/Money Orders)
 - Must pay account balance in full to pay by check/money order
 - Checks/money orders made out to **West Linn Youth Cheer** are due no later than May 20th, 2026. Please hand in at uniform fittings.
 - \$35 fee will be added for any check that is rejected, or is not received by May 20th, 2026

Financial Assistance & Support

At West Linn Youth Cheer, we believe that every athlete deserves the opportunity to participate, regardless of financial circumstances. If you are experiencing a financial hardship, please don't hesitate to reach out to westlinnyouthcheer97068@gmail.com. We offer various options, including extended payment plans, fundraising/sponsorship opportunities, and scholarships on a case-by-case basis, to help offset costs. Our goal is to support our athletes and ensure that no one misses out due to financial challenges. Open and upfront communication allows us to work together to find a solution that keeps your athlete on the team. Please contact us to discuss available options. We're here to help!

REFUND POLICY

The policy of West Linn Youth Cheer is as follows:

- 100% refund of fees, when canceling prior to **May 31st** with a \$25 administrative fee assessed
- 50% refund of fees, when canceling prior to **June 10th** with a \$50 administrative fee assessed
- No refunds will be issued as of **June 11th**

PLEASE NOTE: Once uniform or other gear is purchased from our vendors, no refund is guaranteed to be issued for any of the items ordered.

UNIFORM AND GEAR

Newly Ordered Uniform/Gear Pricing:

If your cheerleader already has items below, you can calculate what is needed.

Price does not include shipping/handling fees.

- Uniform Top (\$35)
- Uniform Skirt (\$34)
- Green Long Sleeve (\$29)
- Green/Gold Poms (\$38)
- Rain Jacket (\$120)

Uniform Fittings

Date: Wednesday, May 20th

Time: 3:30pm-5:30pm

Location: Cascade Summit Club House: 3480 Chaparrel Loop West Linn, OR 97068

Notes: Uniform Fittings will be in person. This is the only date for in person fittings. There will not be a makeup date. Please wear a sports bra, Nike pros or other similar athletic shorts and socks. Team members will be changing in and out of items in an open room. There are also bathrooms you can change in. Attendance is only required at fittings if you need to order a new uniform. If you already own a uniform and it still fits, you do not need to attend.

UNIFORM AND GEAR BREAKDOWN

UNIFORM (Required)	TEAM GEAR (Required)	TEAM GEAR (Required)	TEAM GEAR (Optional)
<ul style="list-style-type: none"> • Uniform top • Uniform skirt • Green long sleeve • Poms: x1 green/x1 gold <p>Ordered through Varsity Spirit during uniform fittings through their shop</p>	<ul style="list-style-type: none"> • Game Bow • X4 Practice Shirt's • Rain Jacket – you must add this fee when registering online if you need one <p>Ordered after registration closes. Program orders on family's behalf based on sizes provided on your registration form</p>	<ul style="list-style-type: none"> • Cheer shoes - any brand of <u>white</u> cheer shoes is allowed (Varsity, Rebel, Nfinity, Nike, etc.) • X2 pairs of black Nike pros or other similar athletic shorts for practice and to wear with uniform skirt • White no-show socks • Black sports bra • X1 pair all black leggings for games when its colder out. Should not have any large logos visible. We are looking for solid black. <ul style="list-style-type: none"> ○ Here is an <u>example</u> of what we are looking for: https://a.co/ObaAaxzk • Black knit gloves for cold games <ul style="list-style-type: none"> ○ Here is an example: https://a.co/d/ObT6PVwn <p>Families need to purchase on their own before the first practice/game.</p>	<ul style="list-style-type: none"> • Pink poms and bow for October Pink Out game • Sparkle backpack (you can use any bag you already own) • Sweatshirts/zip-up and other spirit ware made available at fittings. <p>Ordered through Varsity Spirit during uniform fittings.</p>

Some used uniforms and gear can be purchased through our buy/sell/swap parent Facebook group "West Linn Youth Cheer Gear"

SIDELINE SCHEDULES & KEY DATES

TINYS TEAM	MINIS TEAM	YOUTH TEAM	JUNIOR TEAM
<p><u>SUMMER SCHEDULE</u> Days: Tues/Thurs Time: 4:30pm-5:30pm Location: TBC by district - Will be in West Linn <u>outside</u> (check TeamSnap)</p> <ul style="list-style-type: none"> • Old Time Fair Clinic/Parade: July 10th - 11th • First Practice: August 4th 	<p><u>SUMMER SCHEDULE</u> Days: Mon/Wed Time: 4:30pm-5:45pm Location: TBC by district - Will be in West Linn <u>outside</u> (check TeamSnap)</p> <ul style="list-style-type: none"> • Skills Evaluation: June 10th • First Practice: July 8th • Old Time Fair Clinic/Parade: July 10th - 11th • No Practice: July 27th - 31st (Moratorium Week) • Skills Clinic @Empire Athletics (Sherwood): July 20th - 21st (8:30am-12:30pm) 	<p><u>SUMMER SCHEDULE</u> Days: Tues/Thurs Time: 5:00pm-6:30pm Location: TBC by district - Will be in West Linn <u>outside</u> (check TeamSnap)</p> <ul style="list-style-type: none"> • Skills Evaluation: June 10th • First Practice: July 7th • Old Time Fair Clinic/Parade: July 10th - 11th • No Practice: July 27th - 31st (Moratorium Week) • Skills Clinic @Empire Athletics (Sherwood): July 22nd - 24th (8:30am-12:30pm) • NCA Camp: Aug 17th - 19th 	<p><u>SUMMER SCHEDULE</u> Days: Tues/Thurs Time: 5:00pm-7:00pm Location: TBC by district - Will be in West Linn <u>outside</u> (check TeamSnap)</p> <ul style="list-style-type: none"> • Skills Evaluation: June 10th • First Practice: July 7th • Old Time Fair Clinic/Parade: July 10th - 11th • No Practice: July 27th - 31st (Moratorium Week) • Skills Clinic @Empire Athletics (Sherwood): August 3rd-6th (9am-1pm) • NCA Camp: Aug 17th - 19th
<p><u>FALL SCHEDULE</u> As of September 1st Days: Tues/Thurs Time: 4:30pm-5:30pm Location: TBC by district - Will be in West Linn (check TeamSnap)</p> <ul style="list-style-type: none"> • First Game: Sept 12th • Last Game: (TBC) • Game Day Competition (Clackamas HS): Nov 7th • Game Day Championships Competition (Sherwood HS): Nov 14th 	<p><u>FALL SCHEDULE</u> As of August 31st Days: Mon/Wed Time: 4:30pm-5:45pm Location: TBC by district - Will be in West Linn (check TeamSnap)</p> <ul style="list-style-type: none"> • First Game: Sept 12th • Last Game: (TBC) • Game Day Competition (Clackamas HS): Nov 7th • Game Day Championships Competition (Sherwood HS): Nov 14th 	<p><u>FALL SCHEDULE</u> As of September 1st Days: Tues/Thurs Time: 5:00pm-6:30pm Location: TBC by district - Will be in West Linn (check TeamSnap)</p> <ul style="list-style-type: none"> • First Game: Sept 12th • Last Game: (TBC) • Game Day Competition (Clackamas HS): Nov 7th • Game Day Championships Competition (Sherwood HS): Nov 14th 	<p><u>FALL SCHEDULE</u> As of September 1st Days: Tues/Thurs Time: 5:00pm-6:30pm Location: TBC by district - Will be in West Linn (check TeamSnap)</p> <ul style="list-style-type: none"> • First Game: Sept 12th • Last Game: (TBC) • Game Day Competition (Clackamas HS): Nov 7th • Game Day Championships Competition (Sherwood HS): Nov 14th
<p>Estimated Season Time Frame August – November 14th</p>	<p>Estimated Season Time Frame June 10th - November 14th</p>	<p>Estimated Season Time Frame June 10th - November 14th</p>	<p>Estimated Season Time Frame June 10th - November 14th</p>

PLEASE NOTE: we do our best to keep practice timing/locations consistent. If an issue should arise due to school district related scheduling conflicts, weather (excessive heat), etc., our staff will communicate any changes to our practice/game schedules ASAP. Our goal is not to cancel or shift practice times around, but sometimes it happens. Your flexibility and understanding are appreciated.

SUMMER SKILLS CLINICS & CAMPS

SKILLS CLINICS

All team members will attend a Skills Clinic. This clinic will provide vital instruction on the basics of stunt safety and technique, which will be used to help form our stunt groups for the season. We want everyone to have an opportunity to participate in stunting.

TINYS TEAM	MINIS TEAM	YOUTH TEAM	JUNIOR TEAM
Days: late August TBD Time: TBD Location: WLHS 1-Day clinic hosted by WLHS Varsity Cheer	Days: July 20 th - 21 st Time: 8:30am- 12:30pm Location: Empire Athletics Sherwood	Days: July 22 nd - 24 th Time: 8:30am- 12:30pm Location: Empire Athletics Sherwood	Days: August 3 rd - 6 th Time: 9am-1pm Location: Empire Athletics Sherwood

NCA CAMP

All Youth and Junior Team members are invited to attend this Game Day skills intensive camp. Attendance is highly encouraged. This camp provides vital instruction and material that will kick off our season. We want everyone to have an opportunity to participate.

- **WHEN:** August 17th - 19th | 9am-4pm
- **WHERE:** Lakeridge High School
- **WHO WILL ATTEND:** youth and junior team members only. Other local youth/junior leveled teams will be participating as well.
- **WHAT WE WILL LEARN:** jumps, cheers, dances, stunting, game day halftime routine and more!

A FEW DETAILS: This is a day camp only (not overnight like previous years). Camp will be discussed at the parent meeting in April, and an email will be sent out 2-weeks prior to camp with more details. Everyone will need to bring a sacked lunch and large water bottle daily.

MEDICAL RELEASE

Every cheerleader is required to complete and submit a physical form. The required forms needed for the physical are available in this packet. Submit your forms by visiting the link below.

Your cheerleader's physical can be completed by your family doctor or by an urgent care physician.

PLEASE NOTE:

The first page is for families to complete prior to your appointment and give to your doctor. The second page is for the doctor to complete and for families to return to this form submission. We do not need the first or third page of the release forms. We only need the "Physical Examination Form" page.

Physicals are valid for **TWO** years from the date of the exam.

If you have completed this form previously for cheer or another sport in the last two years, you can provide a copy to fulfill the requirement.

IMPORTANT!

If your cheerleader had an injury that sidelined them at any time during the 2025-26 season (sideline or competition), you will need to provide an updated note of release from their doctor fully clearing them to participate before they can practice.

Signed forms are due no later than July 4th!

If you have any questions, please reach out to: westlinnyouthcheer97068@gmail.com

Please complete the below form and upload a copy of your physical:

<https://forms.gle/rtQsYp9BVDuUmg2i8>

HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient’s record. Schools keep a copy in the student’s education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student’s health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Foods Stinging Insects

Over the last two weeks, how often have you been bothered by any of the following problems?
Give answers as 0 to 3, using this scale: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Little interest or pleasure in doing things:	0	1	2	3	Feeling down, depressed, or hopeless:	0	1	2	3
--	---	---	---	---	---------------------------------------	---	---	---	---

Note to Providers: If combined score is 3 or greater, the student should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Explain “Yes” answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS	YES	NO
1. Do you have any concerns you would like to discuss with your provider?		
2. Has a doctor or other healthcare professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
4. Have you had a COVID-19 infection that required hospitalization?		
THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ___ High blood pressure ___ A heart murmur ___ High cholesterol ___ A heart infection ___ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
11. Have you ever had a seizure?		
THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.	YES	NO
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 years (including drowning or unexplained car accident)?		
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE.	YES	NO
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
16. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES	YES	NO
17. Do you cough, wheeze, or have difficulty breathing during/after exercise?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
19. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20. Do you have any recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22. Have you ever had numbness, had tingling, had weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
23. Have you ever become ill while exercising in the heat?		
24. Do you or does someone in your family have sickle cell trait or disease?		
25. Have you ever had, or do you have any problems with your eyes or vision?		
THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE	YES	NO
26. Do you worry about your weight?		
27. Are you trying to or has anyone recommended that you gain/lose weight?		
28. Are you on a special diet or do you avoid certain types of food or food groups?		
29. Have you ever had an eating disorder?		
30. Have you ever had a menstrual period? (If yes, please answer the following questions.)		
31. How old were you when you had your first menstrual period? _____		
32. When was your most recent menstrual period? _____		
33. How many periods have you had in the last 12 months? _____		

Explain “yes” answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

ORS 336.479, Section 1 (3) “A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years.” Section 1(5) “Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects.”

Form adapted from ©2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.

PHYSICAL EXAMINATION FORM

(Note: Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Date of Exam: _____

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

EXAMINATION		
Height:	Weight:	BMI %:
BP: / (/)	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

- Cleared for all sports without restriction
 - Cleared for all sports without restriction with recommendations for further evaluation or treatment for:
 - Not cleared
 - Pending further evaluation
 - For any sports
 - For certain sports: _____
 - Reason: _____
- Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of Provider (print/type): _____ Date: _____
 Address: _____ Phone: _____
 Signature of Provider: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.

MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

MURMUR EVALUATION – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Graduated, Step-wise Return-to-Participation Progression: A medical release is required by [ORS 336.485](#), [ORS 417.875](#) before returning to participation.

1. **Symptom-Limited Activity:** Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
2. **Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
3. **Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. **Non-Contact Training:** More complex drills in full equipment. Weight training or resistance training may begin.

****Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.**

5. **Full-Contact Practice:** Participate in normal full-contact training activities.
6. **Unrestricted Return-to-Participation / Full Competition:** Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

581-021-0041 Form and Protocol for Sports Physical Examinations

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination " dated April 2023 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. If the form is produced from an electronic medical record, it must contain the following statement above the medical provider's signature line:
This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after May 1, 2018 and prior to May 1, 2023 must use the form dated May 2017.
4. Medical providers conducting physicals on or after May 1, 2023 and prior to May 1, 2024 may use either the form dated May 2017 or the form dated April 2023.
5. Medical providers conducting physicals on or after May 1, 2024 must use the form dated April 2023.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) website at <https://www.osaa.org/health-safety>.

Statutory/Other Authority: ORS 326.051

Statutes/Other Implemented: ORS 336.479