

Athletic Training Blister Evaluation Form

Date: \_\_\_/\_\_\_/\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
DD MM YYYY

Full SSN: \_\_\_\_\_ Rank E- \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
DD MM YYYY

Gender:  Male  Female Status:  Active Duty  Reserve  National Guard

Company:  Alpha  Bravo  Charlie  Delta  Echo  Foxtrot Platoon:  1  2  3  4  Holdover

Training Goals:  Continue Training  Decrease Pain  Diagnose Problem  Learn Self Care  Want out of Army

Do you feel you need to be on profile for this injury?  Yes  No

Pain Scale (Circle Number): 0 1 2 3 4 5 6 7 8 9 10  
None Mild Moderate Excruciating Unimaginable

What makes the pain worse?  Nothing  Walking  Marching  Running  Jumping  Stairs  Squats  
 Bending  Lifting  Push-ups  Pull-ups  Climbing  Sit-ups  Prolonged Standing  Prolonged Sitting  
 Other: \_\_\_\_\_

What makes the pain better?  Nothing  Ice  Support  Rest  Stretching  Motion  Medications  Brace  
 Other: \_\_\_\_\_

Injury Location:  RIGHT  LEFT  BOTH  
 Foot/Toe  Ankle  Shin/Lower Leg  Knee/Thigh  Hip/Pelvis/Groin  Head/Neck  
 Upper/Mid Back  Lower Back  Shoulder  Upper Arm  Elbow  Forearm  Wrist  
 Hand/Fingers

Have you ever injured this body part before?  Yes  No If yes, was surgery required?  Yes  No

When did you first notice this blister?  1-2 days  3-5 days  1 wk  1-2 wks  2-3 wks  >3 wks

Has this blister stopped you from training?  Yes  No Events Missed: \_\_\_\_\_

Where were you training when you first noticed this pain?  Road/Foot March  PT  APFT  Vic Tower  
 Barracks/Drill Pad  Confidence Course  TDC  Fit to Win  Combatives  Range  FTX  Prior to BCT

Have you been self-treating this blister?  Yes  No If yes, describe care \_\_\_\_\_

Have you been seen by the Athletic Trainer previously for this blister?:  Yes  No  
If yes, since your last evaluation is your pain  Better  Worse  Same

Have you been seen at the TMC/hospital or by the medic for this blister?  Yes  No  
If yes, what medical care did you receive for this blister: \_\_\_\_\_

Are you currently on profile?  Yes  No If yes, when does it end? \_\_\_/\_\_\_/\_\_\_  
DD MM YYYY

Are you taking any medications?  Yes  No If yes, what? \_\_\_\_\_

Are you allergic to any medications?  Yes  No If yes, what? \_\_\_\_\_

Do you have any other medical problems?  Yes  No If yes, what? \_\_\_\_\_

Describe your injury in your own words: \_\_\_\_\_  
\_\_\_\_\_

**For Athletic Trainer Use Only**

**Eval Type:**  Initial Eval  Follow-up  Referral from TMC

**Subjective:**  Hx of prior blister(self-treated)  Seen previously by medic/TMC provider  No Prior History  
 Hx of prior blister(seen by AT)  
 Positive progress  No change  Negative progress

**Objective:**

*Inspection:*

Unremarkable  Swelling  Redness  Roof intact  De-roofed  Ulcer-like  Necrotic tissue  
 Signs of infection: \_\_\_\_\_

*Blister edges/Size:*

Clean edges  Epibole  Macerated  Callused  Tunneling  Undermining  Signs of healing  
 less than 18 mm  Dime sized(18mm)  Nickel sized(21mm)  Quarter sized(24mm)  
 Larger than quarter sized(greater than 24mm)

Length(head to toe direction): \_\_\_\_\_

Width(hip to hip direction): \_\_\_\_\_

Depth: \_\_\_\_\_

Height: \_\_\_\_\_

*Palpation:*

Not TTP  TTP  Warmth

*Fluid Leakage:*

No fluid present  Clear/Watery  Bloody discharge  Purulent/Pus-like

*ROM:*

AROM WNL  Full Strength  Decreased AROM  Decreased Strength \_\_\_\_/5

*Neurovascular:*  Intact Bilaterally  Abnormal: \_\_\_\_\_

*Functional:*  Able to perform normal duties/ADL's  Unable to perform normal duties/ADL's.

**Assessment:**

Acute  Chronic

**Treatment/Plan:**

Lancing(detail in AHLTA note)  Wound/Blister Care(detail in AHLTA note)  Crutches

**Profile:**  RTD  T2  T3  T4 Through: \_\_\_\_/\_\_\_\_/\_\_\_\_ Restrictions:  Soft Shoes  Run  Jump  Squat  
 March  APFT  Other: \_\_\_\_\_

**Referral:**  BAS  TMC  FAS  UCC **Meds:** \_\_\_\_\_

**Follow Up Information:**  Yes  PRN Date \_\_\_\_/\_\_\_\_/\_\_\_\_  ATC  Other : \_\_\_\_\_

**Self Care Instructions:**  Educational Materials(handouts given)

Verbal Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Records:**  AHLTA  Daily Log

