

III Athletic Trai	iner System® Q	uick Med Chec	k Web Menu			Logout	
		Organization ATS Qui	: JOE TECH - Crash ck Med Check for the web	Davis		No Photo Available	
Athlete Search	Modalities	Copy Last Modality	Rehabs	Copy Last Rehab	Strength	Copy Last Strength	
Limitations	Equipment	Note	Med Dist	J Staff Forms	Concussions	Bulk Modality	
Med Service	Referral	Quick Injury	lnjury Plus	Pick Modalities	Pick Rehabs	Pick Strengths	
Pick Protocols	Athlete HAL	Videos	Photos	Add Appt	🙀 My Appt	Add Athlete	
Email User(s)	Kiosk Logins	Bulk HAL	Emergency Protocol				
·	ATS Quick Med Check	c				· · · · · · · · · · · · · · · · · · ·	- 🗆 ×
Modalities Rehabs	Search A	thletes 🛷 t	oy Team		Daryl Dixon		1
Release	Modalities	Copy Last Modality	👵 Rehabs	Copy Last Rehab	Strength	Copy Last Strength	
Ankle	Limitation	Equip 🛃	Note	Med Dist	Staff Form	Concuss	
Save Modality	Med Service	Referral	Quick	🏅 Injury Dlus	IAL Single		👩 Email
ATS	ie Menu					HAL Team	User(s)
	Modalities Reh	abs Strength	Pick Modalities Pick Rehabs Pick Streng			Pick Protocols	Kiosk
	ice	heat	сwp	wwp	E-Stim PM	E-Stim INF	
	US cont	US pulsed	Game Rdy	cc ankle	cc elbow	cc knee	Add Appt
	cc shoulder	ice cup	ice bucket	UltraThermal	UltraPulsed	tape	My Appt
	Paraffin	massage fri	massage trig	combo	compression	contrast	Add
	Ankle	M2	МЗ	M4	M5	M 6	Athlete
	М7	M8	M9	M9 M10 M		M12	
	Save	Modality for INJ	URY	Save Modality for BODY PART			Logout

You can add a limitation for an athlete using the Quick Med Check (QMC). The QMC is available in both the desktop and web versions and their functionality is the same. This document will go over how to add a limitation for your athletes.



Select the Limitation button. It will then open the limitation screen shown below. Fill out the desired information, you also have the ability to copy this limitation for a set amount of times or for a certain date range.

🔄 Limitation - Dixon, Daryl							
Name: Dixon, Daryl	~	↓ ↓	Date: 01/2 Practice Se	1/19 V Practi	ice/Event No:		Copy X Times
Team:		~	Event Name	e:	Lycin #.		Copy to Date Bange
Type of Limitation: Game Status:		~	Color Code	:			Add Default
O Missed Game O Miss	sed Event 🔘 None	Note Type:					Injury Email
					,		Group
						+Tag	
Actions							
New	Save	Remo	ve	Search		Close	

Once you have completed your limitation documentation do not forget to click the save button. You will get a save complete. Once you have saved the limitation the system will ask you if you would like this limitation emailed to the users that are designated to this athlete/team. If you choose yes the notice will be automatically sent out to those who are in the email group.







Once you have chosen your users to send a notification to, or you simple say no to the question up above you will get a process complete notice.

ATS: Adding a Limitation in the Quick Med Check

Athlete		AT	ation: JOE TECH - Cr. S Quick Med Check for the	e web		No Photo Available		
	Modalities	Copy Last Modality	Rehabs	Copy Last Rehab	Strength	Copy Last Strength		
Limitations	Equipment	Note	Med Dist	Staff Forms	Concussions	Bulk Modality		
Med Service	Referral	Quick Injury	lnjury Plus	Pick Modalities	Pick Rehabs	Pick Strengths		
Pick Protocols	Athlete HAL	Videos	Photos	Add Appt	My Appt	Add Athlete		
Email User(s)	Kiosk Logins	Bulk HAL	Emergency Protocol					
Ice Prei Pulsed WM Release Situ Ankle Situ Save Modality for	Mod IFC NP CWP Ish A\'E INJURY	GameRead Ice Cup Stretch	ty MHP Combo Trigger tsjoe ATS Quick Med Check W http://www.communication.com/	Wax Contrast Int. massage eb Varsion 1.0.0 Services. LLC	Mobe Foam R Compres Russia Save Modality	IN US-Cont N HV for BODY PART Logout		
a Limitatio	ons for Crash	Davis					Menu	l
Team:								
				•				
Injury:				~				
Injury: Date:	1/22/2021	Now		Practice/Even	t No: 1			
Injury: Date: Type of Limitation:	1/22/2021	Now	~	Practice/Even	t No: 1			
Injury: Date: Type of Limitation: Game Status:	1/22/2021	Now	~ ~	Practice/Even	1 No: 1			
Injury: Date: Type of Limitation: Game Status: Practice Sequence #	1/22/2021 Practice Sequence	Now	 ▼ ▼ 	Practice/Even Color Code: Event #:	t No: 1 Event Numb	er	~	
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Injury: Date: Type of Limitation: Game Status: Practice Sequence # Event Name: Comments:	1/22/2021 1/22/2021 Practice Sequence Event Name O Missed Game Comments and note	Now Now Contract Number Contract Contra	Missed Event	Practice/Even Color Code: Event #: O None	t No: 1 Event Numb	er		
Injury: Date: Type of Limitation: Game Status: Practice Sequence # Event Name: Comments:	1/22/2021 1/22/2021 Practice Sequence Event Name Missed Game Comments and note Email Limitation G	Now Number es sroup Delive	Missed Event	Practice/Even Color Code: Event #: None	t No: 1 Event Numb	er		

Follow the same procedures and fill out the information required to save the limitation. Decide if you want to email the group.

Save button to save and send the notice.