

Running and Endurance Sports Injury Screening Form

Please print off, fill out by hand, and bring with you to your appointment.

Name: _____ **Age:** _____

Date: _____

1) Circle events you participate in:

- | | | | | |
|-------------------|--------|---------|---------------|------------|
| a) Cycling: | Road | Track | Mountain | Cyclocross |
| b) Running: | 5K | 10K | Half marathon | Marathon |
| c) Triathlon: | Sprint | Olympic | Half Ironman | Ironman |
| d) Nordic Skiing: | | Skating | Classic | |

2) How many years have you been participating in your sport/s? _____

3) Average weekly mileage training schedule:

- a) Cycling:
- b) Running:
- c) Swimming:
- d) Skiing:

4) Do you train year-round? _____ Yes _____ No

5) Do you periodize your training? _____ Yes _____ No

6) Describe your current injury?

- a) Date of injury?
- b) How did it happen?
- c) Where is your pain located?
- d) What treatment have you had?
- e) Is it getting better or worse?

7) What is your injury history? (Please circle the body site of injury, indicate date of injury and describe injury)

- a) Concussion or Traumatic brain injury
- b) Neck pain
- c) Back pain (location)
- d) Disc herniation (right – left)
- e) Shoulder pain or injury (right – left)
- f) Groin pain (right – left):
- g) Hip pain or injury (right – left)
- h) Iliotibial band syndrome (right – left, knee or hip pain?)
- i) Hamstring injury (right – left)
- j) Knee pain or injury (right – left) , medial or lateral, anterior or posterior)

- k) Shin splints (right – left)
- l) Ankle sprain (right – left)
- m) Plantar fasciitis (right – left)
- n) Achilles tendonitis (right – left)
- o) Other foot pain or injury (right – left)
- p) Fractures (location of fractures?)
- q) Other injuries?

8) What surgeries have you had?

9) Have you been treated by: (circle any that apply)

- a) PT
- b) Chiropractor
- c) Podiatrist
- d) Accupuncturist
- e) Orthopedic surgeon
- f) Primary Care Sports Medicine physician
- g) Physical medicine and Rehab physician
- h) Massage therapist

10) Do you wear orthotics? _____Yes _____No

- a) **Have you been told you have a leg length discrepancy (short leg)?**
(Yes - No) (Right – Left)

Who told you?

11) Has your bike been fitted for you? _____Yes _____No

If yes, by whom?

12) If applicable, what model(s) of running shoe do you wear?

13) How often do you replace your shoes? _____months _____miles

14) Do you stretch? _____Yes _____No

_____Before riding? _____After riding?

15) How often do you weight-train?

Upper body?_____ Lower body?_____

16) What other exercise programs to you participate in?

Programs (indicate how often)

a) Pilate_____

b) Yoga_____

c) Feldenkreis_____

d) Personal training_____

e) Pose method training_____

f) Chi running_____

REMEMBER:

- Please complete this form and bring to screening exam.
- Come prepared to run if you are a running athlete.
 - Men: please wear running shorts and shoes.
 - Women: please wear sports bra or running top, running shorts and shoes.
- Bring all current running shoes and foot orthotic devices for Dr. Leisz to review.