



THIRROUL PHYSIOTHERAPY & SPORTS INJURY CLINIC

INFORMATION YOU NEED FOR INJURY PREVENTION APPOINTMENT

Injury Prevention and Pointe Assessment appointments are held at Thirroul Physiotherapy & Sports Injury Clinic which is located at **Suite 14, 345 Lawrence Hargrave Drive Thirroul.**

To help us with the evaluation, please read the following information before the appointment:

- ◆ *The assessment will last approximately one hour.*
- ◆ **Please complete the "Preventative Screening Form" prior to your appointment. You can submit electronically or bring it with you to the appointment. We ask that you arrive 15 minutes early if you have not completed the form.**
***You are able to email the form to thirroulphysio@bigpond.com or fax to (02) 4267 3400. Otherwise bring the completed form to the appointment.*
- ◆ *You will need shorts and a t-shirt.*

Be advised the injury prevention assessment is intended only to evaluate your unique tendencies. You may receive advice for an active injury, and a diagnosis for any injury complaints, but additional consultations may be required for further treatment. What you will receive is information designed to help you determine your strengths, weaknesses, and injury risks. If the physiotherapist determines that you have an injury that requires ongoing treatment, this will be explained during your assessment.

Please call (02) 42673400 if you have any questions or additional information requests.



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THIRROUL PHYSIOTHERAPY AND SPORTS INJURY CLINIC: PREVENTATIVE SCREENING FORM

Personal History:

Name: _____ Date of Birth: _____
(DD) / (MM) / (YYYY)

Address: _____ Sex: M / F
(Address / City / State / Postcode)

Race:	Marital Status:
____ Caucasian	____ Married
____ Asian	____ Single
____ European	____ Separated
____ Hispanic	____ Divorced
____ African/American	____ Widowed
____ Other (_____)	

School/Company where you primarily study or perform: _____

Phone (home): _____ (work or voice mail): _____
(fax): _____ (e-mail): _____

How did you hear about our dance injury prevention program?

Type of dance you <u>mainly</u> study:	Current level of training:
____ ballet	____ professional
____ jazz	____ choreographer
____ other	____ teacher
____ modern*	____ student

*(if you mainly study modern dance, identify the type of modern technique you study most often) _____



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- How many hours of class do you take in a typical day? _____
- How many hours of rehearsal do you have in a typical week? _____
- How many performance weeks do you have in a typical year? _____
- Do you have another job(s) to subsidize your dance life? **Yes/ No**
If yes, describe what that job(s) is: _____
- At what age did you begin serious dance training? _____
- Do you do any other form of exercise on a regular basis? (Circle one): **Yes / No**
If yes, describe that exercise (see below):

Type of exercise (example, weight lifting, aerobics, Pilates, yoga, running, swimming, bicycling): _____

Frequency (# time per week you do this other exercise): _____ times per week

Intensity On a scale of 1-10, [1=very easy & 10=hardest exercise possible] how hard is your exercise program for you to do?: Circle one choice: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Duration (how long [per session] do you typically exercise)? _____ minutes per session

- Do you train en pointe: **Yes / No**

If yes:

At what age did you begin pointe work? _____ years old

How many hours per day do you typically spend working en pointe? _____ hours per day

- Are you currently on any medication (including aspirin or Nurofen-type anti-inflammatory)? **Yes / No**

If yes:

What medication, how often, in what dose? _____

For what condition? _____

What medical problems run in your family?: _____

- Do you smoke? **Yes / No**

If yes:

How often / How much / For how long? _____



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• Do you take calcium supplements? _____

• Are you satisfied with your body weight?: **Yes / No**

If no: what weight would you prefer to be? _____ (Kilograms)

• What type of dance shoes do you most often train in?:

_____ none (barefoot) _____ jazz oxfords

_____ ballet slippers _____ pointe shoes

_____ character shoes _____ other: _____

• Do you wear orthotics in your shoes? **Yes / No**

If yes, what type and for how long? _____

If yes, do you wear them: Circle one: In all shoes / In dance shoes only / In street shoes only

• Do you dance on sprung wood floors?: Circle one: Always / Usually / Often / Sometimes / Rarely / Never

• Do you warm-up before class?: Circle one: Always / Usually / Often / Sometimes / Rarely / Never

• What does your warm-up consist of? _____

• Do you *stretch after* class or exercise? Circle one: Always / Usually / Often / Sometimes / Rarely / Never

WOMEN:

• At what age did you get your menstrual period? _____ years old

• Is your period regular, i.e. do you get it every 28-35 days?: **Yes / No**

• Has it always been regular? **Yes / No**

If no to either of the above questions:

• Describe your cycle: _____

• Do you go to your gynecologist every 6 -12 months for a general check-up? **Yes / No**

• When did this “not regular” pattern begin? _____ years old

• Do you take oral contraceptive (i.e. “the pill”)? **Yes / No**

MEN:

• At what age did you first get facial hair (i.e. a beard)? _____ years old



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Medical Complaint

- What is the injury / problem you are here for today?
 - a. Part(s) of body: _____
 - b. How did this injury/problem happen? Circle one: **Traumatic Accident** / **Slow Onset**
 - c. What are your current symptoms?: _____

 - d. How long have you had this problem? _____ years / month / weeks / days
 - e. Have you had this same problem before? **Yes / No**
If yes:
When, how long did it last, and what made it better? _____

 - f. Have you had physical therapy or other medical treatment of any kind for this problem?
Yes / No
If yes:
Describe treatment: _____

 - g. Did you get better? **Yes / No**
 - h. What other injuries / problems have you had in the past?: _____

 - i. ****What do you hope to get out of today's visit?** _____



THIRROUL PHYSIOTHERAPY & SPORTS INJURY CLINIC

INJURY PREVENTION ASSESSMENT CONSENT FOR EVALUATION

I authorize Thirroul Physiotherapy and Sports Injury Clinic Physiotherapists and Exercise Physiologists in charge of the injury prevention assessment of

Name: _____

to administer orthopaedic screening tests, which may include: postural assessment, manual muscle testing, flexibility testing, functional testing and to recommend exercise or other follow-up referrals for the prevention of injuries and/or for general wellness guidelines in the assessment of this voluntary, injury-prevention assessment participant. I have read and fully understand the above consent, and all of my questions have been answered. All blanks or statements requiring insertion or completion were filled in before I signed.

Participant's signature: _____ Date: _____

If participant is a minor complete the following:

Participant (is a minor _____ years of age)

Print Name of Parent or Guardian: _____

Signature: _____ Date: _____