



# THIRROUL PHYSIOTHERAPY & SPORTS INJURY CLINIC

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## INFORMATION YOU NEED FOR EN POINTE ASSESSMENT APPOINTMENT

En 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 45 minutes.*
- ◆ **Please complete the "En Pointe 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](mailto: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 en point 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) 4267 3400 if you have any questions or additional information requests.



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## THIRROUL PHYSIOTHERAPY AND SPORTS INJURY CLINIC: EN POINTE ASSESSMENT SCREENING FORM

### Personal History:

• Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(DD) / (MM) / (YYYY)

• Address: \_\_\_\_\_ Sex: M / F  
(Address / City / State / Postcode)

- Race:  
 Caucasian  
 Aboriginal / Torres Strait Islander  
 Asian  
 European  
 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:             |
| <input type="checkbox"/> ballet          | <input type="checkbox"/> professional  |
| <input type="checkbox"/> jazz            | <input type="checkbox"/> choreographer |
| <input type="checkbox"/> other           | <input type="checkbox"/> teacher       |
| <input type="checkbox"/> modern*         | <input type="checkbox"/> 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): \_\_\_\_\_

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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

- 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?: \_\_\_\_\_

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- Have you ever had surgery? **Yes / No**

*If yes*:

What type of surgery, where and when? \_\_\_\_\_

- Have you ever been hospitalized? **Yes / No**

*If yes*:

Why and for how long? \_\_\_\_\_





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- 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**

## MEN:

- At what age did you first get facial hair (i.e. a beard)? \_\_\_\_\_ years old



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## Medical Complaint

- Do you have any presenting injuries or concerns?
  - 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?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## EN POINTE 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: \_\_\_\_\_