

|           |          |              |
|-----------|----------|--------------|
| Firstname | Lastname | HAS ID _____ |
|-----------|----------|--------------|

|            |   |   |  |
|------------|---|---|--|
| Date       | <input type="radio"/> Male <input type="radio"/> Female | DoB   | Age (years) <input type="radio"/> Not sure |
| Event      | Location  | <input type="radio"/> Athlete <input type="radio"/> Unified partner | Sport                                      |
| Delegation | SO Program  |   |  |

|                       |  |                                     |                                |                                   |                                     |
|-----------------------|--|-------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|
| Uses Wheelchair       | <input type="radio"/> Yes <input type="radio"/> No |                                     |                                |                                   |                                     |
| Uses Assistive Device | <input type="radio"/> Yes <input type="radio"/> No |                                     |                                |                                   |                                     |
| Wears splint or brace | <input type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> Hand-Wrist | <input type="checkbox"/> Elbow | <input type="checkbox"/> Shoulder |                                     |
|                       |  | <input type="checkbox"/> Knee       | <input type="checkbox"/> Hip   | <input type="checkbox"/> Back     | <input type="checkbox"/> Foot/Ankle |

|  |   |  |                                |   |                                |
|--|---|--|--------------------------------|---|--------------------------------|
| <b>Any diseases or injuries that may affect screening results?</b> |   |  |                                |   |                                |
| <input type="checkbox"/> Problems with breathing or lungs          | <input type="checkbox"/> Problems with heart          | <input type="checkbox"/> Problems with circulation |                                |   |                                |
| <input type="checkbox"/> Pain:                                     | <input type="checkbox"/> lower extremity              | <input type="checkbox"/> upper extremity           | <input type="checkbox"/> back  | <input type="checkbox"/> neck           | <input type="checkbox"/> head  |
| <input type="checkbox"/> Sprain:                                   | <input type="checkbox"/> foot or ankle                | <input type="checkbox"/> knee                      | <input type="checkbox"/> hip   | <input type="checkbox"/> hand or wrist  | <input type="checkbox"/> elbow |
|  | <input type="checkbox"/> shoulder                     | <input type="checkbox"/> back                      | <input type="checkbox"/> neck  |   |                                |
| <input type="checkbox"/> Strain:                                   | <input type="checkbox"/> foot                         | <input type="checkbox"/> leg                       | <input type="checkbox"/> thigh | <input type="checkbox"/> back or pelvis | <input type="checkbox"/> hand  |
|  | <input type="checkbox"/> forearm                      | <input type="checkbox"/> arm                       |                                |   |                                |
|  | <input type="checkbox"/> shoulder or scapula          | <input type="checkbox"/> neck                      |                                |   |                                |
| <input type="checkbox"/> Skin Problems                             | <input type="checkbox"/> Fever, illness, or infection |  |                                |   |                                |



## PHYSICAL ACTIVITY HABITS

|   |   |  |
|---|---|--|
| <b>On AVERAGE, how many days each week do you do some physical activity?</b>                |   |  |
| <input type="radio"/> 3 - 7 days a week   |   |  |
| <input type="radio"/> 1 - 2 days a week   |   |  |
| <b>What activities do you usually participate in?</b>                                       |   |  |
| <input type="checkbox"/> Walk/Hike  | <input type="checkbox"/> Run / Jog                    | <input type="checkbox"/> Race walk               |
| <input type="checkbox"/> Sport (football, basketball, hockey, gymnastics, athletics, etc. ) | <input type="checkbox"/> Swim                         | <input type="checkbox"/> Cycle                   |
| <input type="checkbox"/> Other  | <input type="checkbox"/> Weight Lift                  |  |
| <input type="radio"/> <b>No regular activity program</b>                                    | <b>Why aren't you physically active?</b>              |  |
| <input type="checkbox"/> No available exercise facilities                                   | <input type="checkbox"/> No transportation            | <input type="checkbox"/> No money                |
| <input type="checkbox"/> No interest  | <input type="checkbox"/> No fitness person to help me | <input type="checkbox"/> Not safe                |
| <input type="checkbox"/> Physically unable  | <input type="checkbox"/> No one to exercise with      | <input type="checkbox"/> No equipment or clothes |
| <b>Do you stretch routinely?</b>  |   |  |
| <input type="radio"/> Several times each day  | <input type="radio"/> Could not elicit response:      |  |
| <input type="radio"/> Once each day   | <input type="radio"/> Refused to respond              |  |
| <input type="radio"/> Occasionally, but not every day                                       | <input type="radio"/> Unable to respond               |  |
| <input type="radio"/> No regular stretching   | <input type="radio"/> Unable to understand            |  |

## FLEXIBILITY

Note Positive (+) or Negative (-) degrees

|   |  |
|---|--|
| <b>HAMSTRING - supine (passive) knee extension</b>              |  |
| Left ____ degrees   | Right ____ degrees   |
| <input type="checkbox"/> <b>Unable to test because athlete:</b> | <input type="checkbox"/> <b>Education &lt; -15° or asymmetry</b> |
| <input type="radio"/> Refused to perform                        | <input type="radio"/> Unable to perform                          |
| <input type="radio"/> Unable to understand                      |  |
| <b>CALF - supine (passive) ankle dorsiflexion</b>               |  |
| Left ____ degrees   | Right ____ degrees   |
| <input type="checkbox"/> <b>Unable to test because athlete:</b> | <input type="checkbox"/> <b>Education &lt; +10° or asymmetry</b> |
| <input type="radio"/> Refused to perform                        | <input type="radio"/> Unable to perform                          |
| <input type="radio"/> Unable to understand                      |  |
| <b>ANTERIOR HIP - Modified Thomas Test</b>                      |  |
| Left ____ degrees   | Right ____ degrees   |
| <input type="checkbox"/> <b>Unable to test because athlete:</b> | <input type="checkbox"/> <b>Education &lt; -10° or asymmetry</b> |
| <input type="radio"/> Refused to perform                        | <input type="radio"/> Unable to perform                          |
| <input type="radio"/> Unable to understand                      |  |

|                 |                |              |
|-----------------|----------------|--------------|
| Firstname _____ | Lastname _____ | HAS ID _____ |
|-----------------|----------------|--------------|

## FLEXIBILITY

Note Positive (+) or Negative (-) cm.

|   |   |  |   |
|---|---|--|---|
| <b>SHOULDER - Apley's Test (Functional Shoulder Rotation)</b>   |   |  |   |
| Left _____ cm.  |   | Right _____ cm.                                  |   |
| <input type="checkbox"/> Asymmetry  |   | <input type="checkbox"/> Asymmetry               |   |
| <b>LEFT SIDE:</b>   | <b>RIGHT SIDE:</b>                              | <b>LEFT SIDE:</b>                                | <b>RIGHT SIDE:</b>                              |
| <input type="radio"/> Within normal limits  | <input type="radio"/> Within normal limits      | <input type="radio"/> Within normal limits       | <input type="radio"/> Within normal limits      |
| <input type="radio"/> Less flexible than normal   | <input type="radio"/> Less flexible than normal | <input type="radio"/> Less flexible than normal  | <input type="radio"/> Less flexible than normal |
| <input type="radio"/> More Flexible than normal   | <input type="radio"/> More flexible than normal | <input type="radio"/> More Flexible than normal  | <input type="radio"/> More flexible than normal |
| <input type="checkbox"/> <b>Unable to test because athlete:</b>   |   | <input type="checkbox"/> <b>Education</b>        |   |
| <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand |   | <b>&gt;15 cm between fingertips or asymmetry</b> |   |

## STRENGTH

|   |  |   |
|---|--|---|
| <b>LEG MUSCLES - Times Stand Test (Functional Leg Strength)</b>   |  | Time _____ seconds                        |
| <input type="checkbox"/> <b>Unable to test because athlete:</b>   |  | <input type="checkbox"/> <b>Education</b> |
| <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand |  | <b>&lt; 10 in 20 seconds</b>              |
| <b>ABDOMINAL MUSCLES - Partial Sit-up Test</b>  |  |   |
| Number _____  |  |   |
| <input type="checkbox"/> <b>Unable to test because athlete:</b>   |  | <input type="checkbox"/> <b>Education</b> |
| <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand |  | <b>&lt; 25 in 1 minute</b>                |
| <b>FOREARM AND HAND MUSCLES - Grip Test</b>   |  |   |
| Dominant Hand: <input type="radio"/> Left <input type="radio"/> Right   |  |   |
| LEFT Trial 1. _____ kg. 2. _____ kg. 3. _____ kg.   | RIGHT Trial 1. _____ kg. 2. _____ kg. 3. _____ kg. |   |
| <input type="checkbox"/> <b>Unable to test because athlete:</b>   |  | <input type="checkbox"/> <b>Education</b> |
| <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand |  | <b>see reference sheet</b>                |
| <b>UPPER EXTREMITY MUSCLES - Seated Push-up Test (Functional Strength)</b>  |  |   |
| Push-up _____ seconds   |  |   |
| <input type="checkbox"/> <b>Unable to test because athlete:</b>   |  | <input type="checkbox"/> <b>Education</b> |
| <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand |  |   |

## BALANCE

|   |                          |   |                     |
|---|--------------------------|---|---------------------|
| <b>EYES OPEN</b>  | <b>Single Leg Stance</b> | Left _____ seconds                        | Right _____ seconds |
| <input type="checkbox"/> <b>Unable to test because athlete:</b>   |                          | <input type="checkbox"/> <b>Education</b> |                     |
| <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand |                          | <b>&lt; 20 seconds</b>                    |                     |
| <b>EYES CLOSED OR COVERED</b>   | <b>Single Leg Stance</b> | Left _____ seconds                        | Right _____ seconds |
| <input type="checkbox"/> <b>Unable to test because athlete:</b>   |                          | <input type="checkbox"/> <b>Education</b> |                     |
| <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand |                          | <b>&lt; 10 seconds</b>                    |                     |
| <b>FUNCTIONAL REACH</b>   |                          |   |                     |
| Left: _____ cm  |                          | Right _____ cm                            |                     |
| <input type="checkbox"/> <b>Unable to test because athlete:</b>   |                          | <input type="checkbox"/> <b>Education</b> |                     |
| <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand |                          | <b>&lt; 20 cm</b>                         |                     |

## AEROBIC FITNESS

|   |                    |                    |   |
|---|--------------------|--------------------|---|
| <b>Heart Rate (beats/min):</b>  | Pre-Exercise _____ | End Exercise _____ | 2 Minutes after _____                                       |
| <b>O Two Minute Step Test</b>   |                    |                    |   |
| Number of Steps _____ Steps   |                    |                    |   |
| <b>O Alternative Test: Three Minute Walk Test</b>   |                    |                    |   |
| Distance _____ Meters   |                    |                    |   |
| <b>O Five-Minute Wheel Test</b>   |                    |                    |   |
| Distance _____ Meters   |                    |                    |   |
| <input type="checkbox"/> <b>Unable to test because athlete:</b>   |                    |                    | <input type="checkbox"/> <b>Education</b>                   |
| <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand |                    |                    | <b>unable to test, poor color, excess sweating, panting</b> |

PHYSICAL THERAPIST REFERRAL RECOMMENDED:     Yes     No

Reasons for Recommendation:     Flexibility     Strength     Balance     Aerobic Fitness