

Running Biomechanical Evaluation

Intake Form



Name: _____ Today's Date: _____ Date of Birth: _____

Mailing Address: _____ Name of Coach: _____

Email Address: _____ Phone# _____ Coach #: _____

This biomechanical running evaluation is intended to provide insight into muscle and/or joint problem areas that are restricting your ability to efficiently use your body. The goal is to identify movement asymmetries, muscle inflexibilities, strength asymmetries/imbances, joint restrictions/limitations, and muscle recruitment pattern dysfunctions and a list of exercises to address any of the above stated impairments. This is not a physical therapy evaluation and if you have a condition that is beyond the scope of this running evaluation we may suggest you consult a Physician or obtain a referral for Physical Therapy Treatment.

Please complete the following as your consent to participate in this biomechanical evaluation:

Signature of Participant / Parent / Guardian: _____ Date: _____

History

Runner / Walker _____ Orthotics or shoe inserts: YES / NO _____ Miles per week: _____

Injuries running or walking for past 2 years (please describe briefly): _____

Past Medical History (significant surgeries or diseases): _____

Medications: _____

Most recent running/walking event: _____

Next planned running/walking event: _____

THE FOLLOWING TO BE COMPLETED BY PHYSICAL THERAPIST

Subjective Notes

Static Joint Tests:

1st Ray L/R

Foot L/R

Arch L/R

Ankle L/R

Knee L / R

Hip L / R

SI L / R

Spine

Muscle Flexibility: Gastroc-soleus L / R Quads L / R Hamstrings L / R Hip Flex L / R IT Band L / R Gluts R / L Back R / L

Dynamic Tests:

2-Leg Squat x 3:

Single Leg Squat: R: _____ L: _____

Hop Test x 3: R: _____ L: _____

Walking:

Running:

Notes:

Therapeutic Associates

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