

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/imbbalances, joint restrictions/limitations, and muscle recruitment pattern dysfunctions and generate solutions to these impairments.

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

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

Please list any coaches or health care providers that you would like us to coordinate care with:

Name: _____

Phone/email: _____

Name: _____

Phone/email: _____

How often (during an average week) do you perform the following?

Run more than 15 mins:

Lift weights:

Perform a Dynamic warm up or stretching around your Runs:

Core or Rehab routine:

More than 5 minutes of foam rolling or icing:

Participate in any other form of cardio for 20 mins or more:

How many hours per night do you sleep?

Training Week- Please indicate what an average training week would look like in the last month

Miles/wk	Long Run / pace:	Intervals/ track / fartlek	Tempo runs / pace	Easy or recovery runs / pace

Highest mileage / week (2020):

Current mileage (/week):

Typical moderate run Pace:

Goal Race(s):

Most common Training surfaces:

Training/racing shoe(s):

Medical History (Please check all that apply.)

- Abnormal blood pressure
- Allergies
- Cancer
- Cardiac issues
- Diabetes
- Osteoporosis
- Pelvic floor dysfunction
- Pregnancy
- Respiratory disorders
- Rheumatoid Arthritis

Current prescription medications:

List all previous surgical procedures:

Have you had an MRI/CT scan/Nerve conduction study, PRP, Prolotherapy or Steroid injections in the last 2 years?

YES **NO**

Do you frequently, or currently see any other health care practitioners?

List any injuries that have stopped you from running training for > 2weeks.

Year	Injury	Solutions that helped

What do you think might be the cause(s) of your running problem(s)?

What goals do you hope to achieve through this running evaluation and treatment?

How would you rate your durability as a runner? (out of 10)