



Injury screening and prevention booklet

To be completed by a physiotherapist and the applicant

Applicant to answer:

Name: _____ DOB (Age): _____

Address: _____

Phone: (____) _____

General Medical History

Height: _____ cms Weight: _____ kgs

1. Do you currently have any medical problems? Yes/No If Yes please list:
a. _____
b. _____

2. Do you take any regular medications? Yes/No If yes, state name and dosage
a. _____
b. _____

3. Are there any reasons which you know of that would prevent you from participating fully in the course?
a. _____

4. Do you smoke? (please circle) Never / less than 10 a day / more than 10 a day

5. Do you suffer from any of the following?

Condition	Asthma	Arthritis	Hepatitis	Diabetes	Epilepsy	Glandular Fever
Date						

If you answered YES to any of these conditions, please give further details, including status & medical requirements:

6. Have you suffered, or do you still suffer from mental illness? Please provide more details: _____

Injuries:

An injury is something that has caused you to either miss or modify classwork or to seek medical treatment. Injuries are common occurrences within the dancing population, so your truthful answer will help us to assist you to full recovery.

Please list any past or present injuries in the table below:

Body part	Yes or No	Date of injury:	Did you receive any treatment for the injury? (E.g., physio, chiro, GP etc)	Any ongoing problems?
Neck				
Shoulders				
Wrist/Elbows				
Lumbar spine Pelvis				
Thoracic spine				
Abdomen				
Hips				
Thigh				
Knees				
Ankles				
Feet				

Injury screening

The following to be completed by a physiotherapist

General posture

1. Head and neck alignment: Normal Poked Retracted
2. Scoliosis: Normal Structural Postural
3. Lumbar lordosis: Normal Hyper Hypo
4. Pelvic tilt: Normal Anterior Posterior
5. Foot posture:
 Left Normal Pronation Supination
 Right Normal Pronation Supination
6. Hallux Valgus (bunion) Normal Right Left

Range of motion

C/S ROM: Normal Limitation: _____

T/S ROM: Normal Limitation: _____

L/S ROM: Normal Limitation: _____

- Quality of L/S extension:
 Normal Hinges Hypermobility Hypomobility

Slump test:

- Neural symptoms Right: Yes/No Left: Yes/No

Ankle:

Optimal Requirement:

- KTW: (cm) Right: Left: >8cm
- 1st MTP jt Extension Right: Left: 90 degrees
- Plantarflexion Right: Left: 180 degrees

Knee:

- Patella mobility
 - Right: Normal Anterior Posterior
 - Left: Normal Anterior Posterior
- Knee hyper extension: Right Left

Hip:

- Passive Internal rotation: (degrees) Right: _____ Left: _____ Pain: Yes/No
 - Passive External rotation: (degrees) Right: _____ Left: _____ Pain: Yes/No
 - FADIR (pain) Right: Yes/No Left: Yes/No
 - FABER (pain) Right: Yes/No Left: Yes/No
 - Quadrant (pain) Right: Yes/No Left: Yes/No
 - Straight leg raise
 - Ankle relaxed: >90 degrees < 90 degrees
 - Ankle dorsiflexed: >90 degrees < 90 degrees
- Neural Sx: Yes/No

Strength + control testing

- Number of slow single calf raise (Record the number until full TC jt ROM has been lost)
 - Right: _____
 - Left: _____
- Hamstring bridges (number to fatigue or failure)
 - Right: _____
 - Left: _____
- Single leg squat (quality)
 - Right: Good Average Poor
 - Left: Good Average Poor
- Saute` (pronation on landing) x 5
 - Right: Yes/No Left: Yes/No
- Single leg hop x 5
 - Right: Pronation Femoral IR Hip adduction
 - Left: Pronation Femoral IR Hip adduction

Comments/Advice:

Disclaimer:

I understand that the results of this screening can be discussed by the undersigned physiotherapist with the staff undertaking the audition and/or tertiary school I will be attending

Dancers signature: _____

Parent/guardian signature (if applicant is under 18): _____

Date: ____ / ____ / ____

Physiotherapists details:

Name: _____

Address: _____

Phone: _____

Signature: _____