RealRehab
SPORTS + PHYSICAL THERAPY

Performance Running Analysis
Instructions and Forms

How to prepare and what to expect:

- Upon scheduling your assessment, a $280 deposit is required. Any additional fees will be collected at the time of your appointment. We politely request clients contact us at least 24 hours in advance to cancel or reschedule appointments. If appointments are canceled or rescheduled less than 24 hours prior to the scheduled appointment time, your deposit will be forfeit.
- Your appointment is 2 hours (there will be time during the appointment when your therapist is reviewing/analyzing data so please note there will be some down time during the session). **Please arrive 15 minutes prior to your appointment time**.
- Please be prepared to walk/jog on the treadmill for up to 20 minutes.
- Your assessment will be completed by a physical therapist with advanced training in running analysis and your appointment will include:
    - An in-depth review of medical and running history.
    - An individualized functional movement screen and musculoskeletal evaluation.
    - Video analysis of your walking and running movements both barefoot and with shoes using motion capture software to assess key joint angles and motions to identify problem areas in any part of the running/walking cycle.
    - Detailed review of the findings including running mechanics, footwear and orthotic considerations and tips for improvements.
    - General recommendations on exercises to address any strength, flexibility or stability impairments.
- The possibility of follow-up sessions for assisting you in achieving your goals will be discussed at the completion of your appointment. Follow-up sessions are scheduled in one-hour increments.

What to bring with you for your appointment:

- Your signed and dated Consent and Waiver Form
- Current running shoes and any inserts or orthotics
- A training log if available and a flash drive if you would like a copy of your videos
- Wear running shorts (preferably black or dark colored compression shorts), tank top or sports bra and low socks. Stretch fabrics are better than loose fitting apparel and the more skin that is visible, the more accurate the assessment will be.

RealRehab
SPORTS + PHYSICAL THERAPY

Performance Running Analysis Intake Questionnaire

Name: _____ Email: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Please answer the following important questions as precisely as you can. Your gait specialist will review this form with you and may request further information to best meet your needs.

1. What are your goals/reasons for scheduling a Running Analysis?
    a. _____
    b. _____
    c. _____
2. Please briefly describe any CURRENT issues you are experiencing with running, including whether issue(s) occur during or following running and how long they persist. Also, please note how you have attempted to address the issues: _____
    _____
    _____
3. Please list any PAST injuries or pain: _____
    _____
4. Do you have any history of: Stress Fractures □ Y/ □ N Menstrual Irregularity □ Y/ □ N Eating Disorder □ Y/ □ N
5. Running History:
    a. Competition Level: □ Elite/Sponsored □ Competitive Club Level □ NCAA Div I
    □ NCAA Div II, III, College □ High School □ Recreational Competitive □ Recreation Only
    b. Number of Years/Months Running: _____ Primary Reason You Run: _____
    c. Current Weekly Mileage: _____ Current Long Run (miles or time): _____
    d. Number of Weekly Track Workouts: _____ Number of Weekly Hill Workouts: _____
    e. Running Surface (road, track, trail, other): _____
    f. Running Warm Up: _____
6. What races have you completed in the past 6 months (dates and mileage)?
    _____
    _____
7. Please list your Cross Training Methods and Frequency:
    _____
    _____
8. Do you do any stretching? □ Y/ □ N If yes, how frequently: _____
9. Brand of Training Shoes: _____ Age: _____ Recent Change: □ Y/ □ N
    Brand of Racing Shoes: _____ Age: _____ Recent Change □ Y/ □ N
    Orthotics: □ Y/ □ N If yes, why were they needed? _____
    Date Prescribed: _____ Are they helpful? □Y/ □ N
10. Short Term Running Goals (<3 months): _____
    _____
    Long Term Running Goals (>3 months): _____
    _____
11. If you are working with a coach and would like your therapist to review your results with them, please provide their name and contact information: _____

RealRehab
SPORTS + PHYSICAL THERAPY

HEALTH HISTORY

1. Are you currently under the care of any health care provider? □ Y / □ N

   If yes, please state type of provider and nature of condition and treatment: _____
   _____

2. Do you have any condition that a doctor says may limit your exercise? □ Y / □ N If yes, please explain below:
   _____

3. Have you ever smoked? □ Y/ □ N If Yes, when did you quit? _____

4. Have you ever been diagnosed with, or suspect that you may have/had any of the following*?

1)	Heart problems/disease	□ Y / □ N	
2)	Stroke/CVA	□ Y / □ N	
3)	High/low blood pressure	□ Y / □ N	
4)	Anemia	□ Y / □ N	
5)	Respiratory /Asthma	□ Y / □ N	
6)	Cancer	□ Y / □ N	
7)	Bowel/bladder dysfunction	□ Y / □ N	
8)	Arthritic conditions	□ Y / □ N	
9)	Diabetes	□ Y / □ N	
10)	Seizures	□ Y / □ N	
11)	Neurological disorder(s)	□ Y / □ N	
12)	Other Brain injuries/disorders	□ Y / □ N	
13)	HIV/AIDS	□ Y / □ N	
14)	Eating disorder(s)	□ Y / □ N	
15)	Allergies	□ Y / □ N	
16)	Any mental illness	□ Y / □ N	
17)	Depression	□ Y / □ N	
18)	Pacemaker	□ Y / □ N	
19)	Orthopedic injuries	□ Y / □ N	

Please provide details on all "yes" answers to the above questions: _____
_____
_____

Please describe and date any surgeries, hospitalizations or other conditions or injuries you have experienced, if not already addressed: _____
_____
_____

Please list any prescription medications that you are taking, or have taken in the last week: _____
_____

Please list any over-the-counter medications, vitamins and/or nutritional supplements that you are taking, or have taken in the last week: _____
_____

Please note any dietary restrictions or special diets: _____

By signing below, I attest that all of the information that I have provided is true and accurate to the best of my knowledge.

Participant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

RealRehab
SPORTS + PHYSICAL THERAPY

Performance Gait Analysis Consent and Waiver

Please read the following statements carefully and sign at the bottom indicating your understanding. Be aware that a Video Run Analysis is completed for the purposes of providing insight into muscle and/or joint problem areas that are affecting your ability to move efficiently. The goal is to identify movement asymmetries, mobility restrictions, strength imbalances and motor recruitment pattern dysfunctions and to provide recommendations on how to address these issues. ***The analysis is NOT intended as a physical therapy evaluation and if you have a condition that is beyond the scope of the running analysis we may suggest you consult your physician or be referred for Physical Therapy treatment.***

The analysis can be stopped at any time should you experience fatigue, shortness of breath, dizziness, chest pain or excessive discomfort.

Risks and Discomfort: There is some risk involved with performing physical activity. Certain changes can occur in response to exercise including abnormal blood pressure changes, dizziness, myocardial infarction, stroke, or death. Every effort will be made to minimize these risks and emergency equipment and trained personnel are available.

Client Responsibilities: Information you have about your health status or previous experiences with physical effort or testing may affect the safety of your exercise test. You are responsible for fully disclosing such information to the staff.

Payment and Cancellation Policy: Upon scheduling your assessment, a $280 deposit is required. Any additional fees will be collected at the time of your appointment. We politely request clients contact us at least 24 hours in advance to cancel or reschedule appointments. If appointments are canceled or rescheduled less than 24 hours prior to the scheduled appointment, your deposit will be forfeited. Real Rehab does not bill medical insurance for Performance Gait Analysis.

Consent and Waiver: To best of my knowledge, I am sufficiently healthy to participate in a Running Analysis and I understand that performance of this analysis is completely VOLUNTARY and I am able to stop at any point. I hereby attest that I am in good health and I agree that if I experience any discomfort or feel unsafe during the Running Analysis and related assessment, I will communicate this to Real Rehab. I agree to be videotaped during the course of this assessment and acknowledge that these images are for the sole purpose of evaluation and will not be used by Real Rehab for other purposes unless I provide consent. I do hereby waive, release and forever discharge Real Rehab Sports and Physical Therapy and its employees from any and all responsibilities or liability for any injuries or damages resulting from my participation in any activities recommended or supervised by Real Rehab Sports and Physical Therapy. I have read and I understand the test procedures that I will perform and the associated risks and discomforts. I consent to participate in a Running Analysis.

Participant signature: _____ **Date:** _____

Parent/Guardian signature: _____ **Date:** _____