

## **Performance Bike Fit Instructions and Forms**

### How to prepare and what to expect:

- Upon scheduling your appointment, 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 cancelled or rescheduled less than 24 hours prior to your scheduled bike fit, the deposit will be forfeited.
- Your appointment is 2 hours. Please arrive 15 minutes prior to your appointment time as to allow for equipment set up.
- Your performance bike fit will be completed by a Real Rehab Bike Fit Specialist and your appointment will include:
  - An off bike physical assessment of flexibility, lower extremity and core strength, balance and leg length
  - An on bike analysis of posture, pedaling efficiency, seat/cleat/handle bar positions and crank length
  - Video analysis of cycling mechanics
  - Appropriate changes to the bike and foot-pedal interface to address any injuries or areas of concern
  - Individualized stretching and strengthening recommendations for improvements in cycling efficiency and personal health
  - Spin efficiency drills or other cycling skills recommendations as deemed appropriate
- Any equipment needs (such as stems, handlebars, pedals, etc.) may be purchased at a local bike shop. Small parts such as cleat wedges, small spacers and screws can be purchased through Real Rehab.
- 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 bike fit:

- Your signed and dated Consent and Waiver Form
- Please bring your bike clean and in good working condition
- Wear your regular cycling clothes (including padded shorts), cleats/shoes (orthotics, if you wear them), helmet, gloves and eyewear
- Please ensure that cycling shoe cleat hardware is clean/free of debris in the event cleat position adjustments are needed

**Performance Fit Client Questionnaire**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

1. What are your goals/reasons for scheduling a bike fit?  
a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

2. Have you ever had a bike fit before?  Y /  N If yes, the bike you're having fit today?  Y /  N Date of Fit: \_\_\_\_\_

3. Bike Make: \_\_\_\_\_ Model: \_\_\_\_\_ Frame Size: \_\_\_\_\_ Year: \_\_\_\_\_  
Axle Type:  Quick Release  Thru-axle Shoe Type:  Road  Mtn  Other Cleat Type: \_\_\_\_\_  
Any changes to stock equipment:  Y /  N If yes, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

4. What kind of riding do you participate in most often: Road, Mountain, CycloCross, Time Trial, Triathlon, Track, Gravel, Commuter? \_\_\_\_\_

5. Volume of riding: Days per week: \_\_\_\_\_ Hours/Miles per day/week: \_\_\_\_\_

6. List any upcoming races or events, if any: \_\_\_\_\_

7. Do you participate in any other forms of exercise regularly? (Please list and note how often you participate in each):  
\_\_\_\_\_  
\_\_\_\_\_

8. Please briefly describe any CURRENT issues you are experiencing while cycling (e.g., pain, chaffing, sores, poor power output) as well as any current injuries/pain unrelated to cycling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List any PAST injuries or pain you experienced while cycling and in other activities and the treatment you received, if any:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you interested in a physical therapy consult to address any of these concerns? \_\_\_\_\_

11. How did you hear about us? \_\_\_\_\_

12. Please provide any other information you feel is pertinent to your evaluation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH HISTORY**

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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: \_\_\_\_\_

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

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

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

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

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

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

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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: \_\_\_\_\_

## Performance Bike Fit Consent and Waiver

*Please read the following statements carefully and sign at the bottom indicating your understanding. Be aware that a Performance Bike Fit is completed for the purposes of improving comfort, reducing injury risk and enhancing cycling efficiency and in most cases a break-in period is necessary to allow the body to adapt to adjustments made to your bike during the evaluation. The Bike Fit is NOT intended as a physical therapy evaluation and if you have a condition that is beyond the scope of the bike fitting, we may suggest you consult your physician or be referred for Physical Therapy Treatment.*

Adjustments and Break-in Period:

**Bicycle Adjustments:** Bicycle hardware (i.e., brakes, drive train, wheels, nuts/bolts for seat post/handlebar stem) is loosened and retightened as part of the evaluation process. The client agrees to recheck any and all such adjustments to ensure the bicycle position is secure and safe. The client should record any changes he/she makes independent of those implemented during the bike fit appointment(s).

**Break-in Period:** It is generally recommended to allow a 2 week break-in period for bicycle adjustments. The duration of the break-in period depends upon the amount of changes made during the fitting and the intensity and amount of time the client spends riding. During this time, the client should ride using the small chain ring and adjust riding volume, duration and intensity to below their normal levels. Any original riding discomfort or pain should not increase during this time. It is sometimes expected to experience differing sensations during the break-in process, especially muscular in origin but not pain. If the client experiences pain or has any questions or concerns, please contact Real Rehab immediately.

**Client Responsibilities:** A bicycle fitting includes an array of testing of musculoskeletal structures and functions and requires the regular kinds of stress that cycling entails. The client is aware that any physical activity carries some degree of risk for injury. It is the client's responsibility to inform Real Rehab of all medical and/or fitness conditions, treatments and medications that could impact their ability to exercise and train safely. If at any time during the evaluation process, the client experiences discomfort or feels unsafe, it is the client's responsibility to inform Real Rehab. It is the client's responsibility to inform Real Rehab about any concerns they may have or clarification needed regarding the bike fit process or Real Rehab's appointment and cancellation policy.

**Payment and Cancellation Policy:** Upon scheduling your appointment, 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 cancelled or rescheduled less than 24 hours prior to your scheduled bike fit, the deposit will be forfeited. Real Rehab does not bill medical insurance for Performance Bike Fittings.

**Client Consent and Release of Liability:** To the best of my knowledge, I am sufficiently healthy to participate in a Performance Bike Fit and the related break-in period, since the associated evaluation requires the client to undergo normal bicycling-related stress. I agree that if I experience any discomfort or feel unsafe during the Performance Bike Fit and related activities, I will communicate this to Real Rehab. I understand that it is my responsibility to notify Real Rehab of any changes in my medical and/or fitness condition that could impact my ability to exercise and train safely, including (without limitations) covered in the intake questionnaires. I have been advised to consult with a physician before beginning any exercise, including Performance Bike Fit-related activities, even if my answers within the intake questionnaires did not indicate the existence of any specific risk factor(s).

By signing below, I indicate that I have read and understand each of the above policies of Real Rehab. I have addressed any concerns I have with these policies with the Bike Fit Specialist. I further release Real Rehab and its therapists from any liability resulting from the Performance Bike Fit and/or the exercises and techniques used or recommended during the evaluation.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_