

# Runners Biomechanical Evaluation Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Coach: \_\_\_\_\_ Coach Ph. #: \_\_\_\_\_

(if applicable)

\*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 imbalances, joint restrictions/limitations, and muscles recruitment pattern dysfunctions as well as to recommend a few select 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 that you consult a Physician or Physical Therapist.

\_\_\_\_\_  
(Initial)

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

Participant/Parent/Guardian Signature: \_\_\_\_\_

Runner  Walker

Year Started: \_\_\_\_\_ Miles/Week: \_\_\_\_\_ Orthotics:  Yes  No

Past Medical History (significant surgeries, injuries, or relevant diseases): \_\_\_\_\_

Medications: \_\_\_\_\_

Any medical contraindications to exercise: \_\_\_\_\_

Most recent running/walking or endurance event: \_\_\_\_\_

Next planned running/walking or endurance event: \_\_\_\_\_

Goal for next event (pace/finish time): \_\_\_\_\_

Primary reason for getting a running evaluation: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_