



TRANSITIONS

PHYSICAL THERAPY

Name: _____

Date: _____

Age: _____

Phone Number: _____

Email Address: _____

How did you hear about Transitions? _____

Running Affiliation: (group/team) _____

Running History & Schedule:

- How long have you been a runner?
- Do you run for health and fitness or to race?
For racers: What distances? Approximately, How many races per year?
- How many days per week do you run?
- What are your typical running days?
- Do you crosstrain? (doing what and when?)
- What is your running style? (walk intervals or run without stopping?)

- Where do you run? (terrain, on a treadmill?)
- Did anyone ever teach you how to run?
- Do you have a running coach?

Footwear:

- Have you had a shoe fit? If so, Where and When?
- What sneaker do you run in?
- Do you know what type of shoe you are running in? (neutral, motion control, cushion..)
- How long have you run in this shoe type?
- What else have you tried and why did you switch?
- How often do you change out your running shoes?

Past Medical History:

- Have you had a running injury?

If yes, details of injury:

Did you see a doctor for your injury?

Doctor's Name?

What was course of treatment? (meds/injections/PT etc..)

- Other pertinent information regarding health and injuries: