



NAME: _____ Date of Birth: _____ Exam Date: 4-3-2018

Address: _____ City: _____ ZIP: _____

Parent Email: _____ Parent Cell: _____

Athlete Email: _____ Athlete Cell: _____

Insurance Company: _____ ID# _____ Group# _____

Past/current Injuries or Surgeries: _____

Emergency Contact Name: _____ Phone# _____

Informed Consent and Release for Participation and Use

In signing this form, I affirm that I have read, been informed of, and signed all other necessary documents regarding program trialing, membership, rules and regulations, terms and conditions, media release, functional screening and the exercise program itself in their entirety. I also affirm that my questions regarding the exercise program have been answered to my satisfaction. I consent that my image or my child's image may be present on social media outlets and the use of educational material in promotion of the programs. Email, mailers, or calls may be used as consented forms of communication with all parties. I also understand that the ownership and all affiliated staff hold the right to revoke membership for center misuse and failure to comply with all terms, conditions, rules, and regulations. Also, in consideration for being allowed to participate in the exercise program, I agree to assume the risk of such exercise, and further agree to not hold Everett Physical Therapy & Sports Performance Centers, LLC, SPT, Ford Sports Performance, Integrative Foot and Ankle Centers of Washington and its staff members conducting the exercise program responsible for any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the exercise program. I understand that I am responsible for monitoring my own condition and/or my child's condition throughout the exercise program and should any unusual symptoms occur, I will stop my participation or my child's participation and inform the staff of the symptoms. In the event that a medical clearance form must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise participation.

Signature of Participant: _____ **Date:** _____

Signature of Guardian: _____ **Date:** _____



SFMA POSTURAL/ALIGNMENT

WNL _____ Comments: _____

Cervical Flexion FN FP DP DN

-
- Can't touch Sternum to Chin
-
- Excessive effort/ or lack of motor control

Cervical Extension FN FP DP DN

-
- Not within 10degrees of parallel
-
- Excessive effort/ or lack of motor control

Cervical Rotation R FN FP DP DN

-
- Nose not in line with mid-clavicle
-
- Excessive effort/ or lack of motor control

Cervical Rotation L FN FP DP DN

-
- Nose not in line with mid-clavicle
-
- Excessive effort/ or lack of motor control

UE Pattern 1 FN FP DP DN

-
- Right
-
- doesn't reach inf-angle of scapula
-
- Excessive effort/ or appreciative asymmetry

-
- Left
-
- doesn't reach inf-angle of scapula
-
- Excessive effort/ or appreciative asymmetry

UE Pattern 2 FN FP DP DN

-
- Right
-
- doesn't reach spine of scapula
-
- Excessive effort/ or appreciative asymmetry reach

-
- Left
-
- doesn't reach spine of scapula
-
- Excessive effort/ or appreciative asymmetry reach

Multi-seg Flexion FN FP DP DN

-
- Can't touch toes
-
- sacral angle <70degrees
-
- non-uniform spinal curve
-
- lack of posterior

- Weight shift
-
- Excessive effort and /or appreciable asymmetry or lack of motor control

Multi-seg Extension FN FP DP DN

-
- UE does not achieve or maintain 170
-
- ASIS does not clear toes
-
- spine of scapula does not clear heels

-
- non-uniform spinal curve
-
- Excessive effort and /or appreciable asymmetry or lack of motor control

Multi-seg Rotation FN FP DP DN

-
- Right
-
- Pelvis Rotation <50 degrees
-
- Shldr < 50degrees
-
- Spine/pelvic deviation
-
- Excessive knee flexion
-
- Excessive effort/or lack of symmetry or motor control

-
- Left
-
- Pelvis Rotation <50 degrees
-
- Shldr < 50degrees
-
- Spine/pelvic deviation
-
- Excessive knee flexion
-
- Excessive effort/or lack of symmetry or motor control

Single Leg Stance R FN FP DP DN

-
- Eyes open <10 seconds
-
- Eyes closed <10seconds
-
- Loss of Height
-
- Excessive Effort/Asymmetry

Single Leg Stance L FN FP DP DN

-
- Eyes open <10 seconds
-
- Eyes closed <10seconds
-
- Loss of Height
-
- Excessive Effort/Asymmetry

Overhead Squat FN FP DP DN

-
- Loss of UE start Position
-
- Tibia and Torso are not parallel or better
-
- Thighs do not break parallel
-
- Loss of sagittal plane alignment
-
- Excessive effort, weight shift, or motor control

FUNCTIONAL SCREEN

Single Leg Squat (x10) R: _____ L: _____

Bilateral jump & landing test: Load/Landing _____

CKC UE Stress Test (*wrist taps in push-up position for 15 sec.*) Reps: _____