**WALK/RUN CLINIC QUESTIONNAIRE**

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

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Medical History:**

Please circle any of the following if they have affected your running or walking activities within the last year. If yes, please list date(s) and give a short description.

Surgery

Fractures

Muscle strain

Tendonitis

Ligament sprain

Cartilage injury

Arthritis

Low back pain

Hip pain

Knee pain

Plantar fasciitis

Ankle sprain

Shin splints

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exercise History:**

Are you currently running/walking: Yes No

If yes, when did your current routine begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe typical exercise week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recent changes to training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Footwear currently using: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orthotics/Inserts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Walk/Run Clinic Physical Examination**

**Postural assessment:**

**Standing: Right Left**

Navicular drop test:

Knee to wall:

L/S AROM:

T/S AROM:

SL Balance:

SL squat x10 reps:

Split squat x10 reps:

**Supine:**

Thomas test:

Hamstring length:

Leg length:

Hip ROM

Flex

IR

ER

**Side-lying:**

Obers test:

Glute med strength:

**Prone:**

Quadriceps length:

DF ROM: Straight:

 Bent:

STJ ROM:

STJ neutral:

1st Ray mobility:

Plank endurance test:

**Gait Analysis**

**Walking:**

Stance = 60-62%, swing = 38-40% gait cycle

Period of DLS at IC and PSw

Phases: IC/LR 🡪 Mst 🡪 Tst 🡪 Psw 🡪 Isw 🡪 Msw 🡪 Tsw

**Running:**

Stance = 30-40%, swing = 60-70%

Phases: IC 🡪 Mid support 🡪Take off 🡪 follow through 🡪 forward swing 🡪 double float 🡪 foot descent

**Posterior View:**

Pronation/supination:

Pelvic tilt:

Pelvic rotation:

Trunk rotation:

Knee varus/valgus:

Foot placement:

Out toeing:

**Lateral View:**

Head position:

UE position:

Trunk flexion:

Hip flexion:

Knee flexion:

Initial contact:

Stride length: