

## RUNNING ASSESSMENTS

Do You Love To Run? We Offer Several Programs for Runners.

*Fowler Kennedy Sport Medicine Clinic* is pleased to offer programs focused on the diagnosis, treatment and prevention of running injuries. Our performance running specialists will analyze your biomechanics, shoes and comprehensive physical exam, and design an individualized program specific to your goals

This program includes:

### **Initial Visit:**

- Detailed history (running and injury)
- Detailed physical examination assessing mobility, strength, and flexibility
- Functional scan analyzing muscle imbalances, patterning, neuromuscular control
- Shoe examination to assess wear pattern
- Running assessment with 2D video recording

Following the assessment, based on personal goals and level of training, we offer:

- Personalized home exercise program based on assessment findings
- Performance enhancement recommendations for your specific goals
- Gait retraining strategies based on your analysis
- Injury identification and prevention tips
- Training advice

### **Second Visit:**

- Review initial assessment findings
- Review and adjust initial home program
- Further education

### **Future Visits:**

- As needed

### **Fees:**

- \$160 for Initial Assessment
- \$ 60 for Follow Up Visits

### **Schedule an Appointment:**

- Running Assessments are done by Martin Chisholm at the Fowler Kennedy Sport Medicine Clinic at Citi Plaza. Call 519-850-5335 to schedule an appointment
- **Please Note.** The following *Running Questionnaire* must be completed and emailed to [fowlerkennedyrunningclinic@gmail.com](mailto:fowlerkennedyrunningclinic@gmail.com) prior to your first appointment

## RUNNING QUESTIONNAIRE

1. How long have you been running?
2. What is your preferred event/distance?
3. Are you currently training for a particular race?      Yes      No
4. Do you run for:      Fitness      Recreation      Competition
5. Describe a typical week including :
  - a. How many days a week do you run?
  - b. The type of training runs you do?  

Tempo Runs	Interval Training	Hills	Long Runs
------------	-------------------	-------	-----------

  

Other (Describe)
------------------
  - c. How long is each run (kilometers, miles, or time)?
6. What surfaces do you generally run on?  

Sidewalk	Asphalt	Grass	Track
----------	---------	-------	-------

  

Trails	Gravel	Treadmill
--------	--------	-----------

  

Other
-------
7. What shoes are you currently running in?
8. What features do you look for in a shoe? (cushioning, stability, minimalism?)
9. How often do you change your shoes?

10. Do you wear custom or off-the-shelf orthotics? If so, for what reason?

11. Do you focus on running form as you run?      Yes      No

If yes, how?

12. Have you made any **changes** to your running technique or training regime (intervals, hills, speed, surface, shoes, cross training activities, running form, or others)?      Yes      No

If yes, describe?

13. Do you participate in any other activities or exercise (gym, yoga, stretching)?      Yes      No

If yes, describe?

#### **MEDICAL HISTORY**

1. Do you currently have any pain, soreness or injuries?      Yes      No

If yes, describe?

2. Have you sustained any previous injuries including upper body injuries?      Yes      No

If so, describe and indicate how these have been managed?

3. Do you have any general health issues we should know about:

Diabetes

Cardiac Conditions

Breathing Disorders

Dietary Issues

Others that you feel may be relevant

4. What do you hope to get out of this assessment?

Improved Running Efficiency/Performance

Injury Rehabilitation

Injury Prevention

Identification/Correction of Muscle Imbalances

Training advice

Name:

Preferred Phone Number:

Email Address:

Are you currently a patient at Fowler Kennedy Sport Medicine Clinic?    Yes    No

How did you hear about this program?

**PLEASE EMAIL COMPLETED QUESTIONNAIRE TO: [fowlerkennedyrunningclinic@gmail.com](mailto:fowlerkennedyrunningclinic@gmail.com)**