



Orthopedic Questionnaire – Specialist Section

To the Health Care Professional:

Outward Bound is reviewing this applicant for participation on one of our courses. This student has indicated that you are the health care provider for their orthopedic issues. We request your input to determine if an Outward Bound experience is appropriate for your patient at this time.

The classroom is a wilderness setting and may include a variety of activities such as river rafting, kayaking, backpacking, mountain climbing, rock climbing, community service, and a solo experience. The typical group consists of two instructors and 6 to 12 students from diverse backgrounds. Skills are taught from a beginner level, and expeditions are conducted in all weather conditions in varying environments. Solo is a 3 to 72 hour experience that offers time for introspection, quiet, rest, and journal writing. Students are given specific boundaries, a shelter, sleeping bag, water supply, and a small amount of food. They are checked daily by instructors and have a means of communicating distress if the need arises.

Your assistance in helping us determine if this applicant is likely to have successful and productive Outward Bound experience is invaluable. The final acceptance of this applicant to the program is made by Outward Bound and is contingent upon receiving this information. Thank You.

Student's Name: _____ **Course #** _____

Specialist's Name (please print):	
Specialist's Phone Number:	Best times to reach you?

***Please also review the Participant Orthopedic Questionnaire that your patient filled out for accuracy.**

1. How long have you treated the patient?
2. What was the date of the patient's first symptoms?
3. What was the date of the patient's most recent symptoms?
4. Please describe the nature of the patient's issue(s) and all symptoms:
5. Does the patient have any current pain? No Yes
 - a. How long does the pain last?
 - b. Is the pain debilitating? No Yes (if Yes, please describe below.)

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6. What methods does the patient use to alleviate or manage their symptoms/pain? (For example, rest, medication, orthopedic equipment, etc.)

7. The patient will not likely have access to ice, resting for long periods of time, or prescription pain medication - how can the patient manage their symptoms on the course if needed?

8. Does the patient have any restrictions on their level of activity? No Yes
If yes, what restrictions do they have on their activity? (Please be specific when describing this.)

9. What is the patient's range of motion? Full Partial Limited None

10. Has your patient had surgery? No Yes

When was it performed?

What surgery was performed?

11. Has the patient undergone any treatments other than the care you provide, such as physical therapy, chiropractic care, acupuncture, etc.? No Yes

If yes, what other treatments and for how long?

12. Would engaging in activities involving sustained repetitive motion, (i.e. paddling, rowing), lifting heavy objects (i.e. backpacks, canoes, kayaks), and/or prolonged hiking up/downhill on uneven terrain cause the patient's previous or current injuries to become painful or exacerbate their issues? No Yes

If yes, in what way?

13. Do you feel this is an appropriate candidate for a wilderness expedition at this time? No Yes

If no, please explain.

Specialist's Signature

Date