

Orthopedic Questionnaire - Participant

You may complete your responses electronically. Type into the fields then digitally sign and email back.

Student Name: _____

_ Course #: _____

- 1. Please describe the nature of your orthopedic problem and <u>all</u> symptoms: (broken bones, neck, back, arm, shoulder, knee, ankle, leg, foot)
- 2. What was the date of your first symptoms?
- 3. Date of most recent symptoms?
- 4. Do you have any current pain? Yes No How long does the pain last?
- 5. What methods do you use to alleviate or manage your symptoms? (Rest, medication, orthopedic equipment, etc.) Realize that you will not likely have access to ice, resting for long periods of time, or prescription pain medication- how can you manage your symptoms on the course?
- 6. Is your pain debilitating? Yes No If yes, what do you need to feel better?
- 7. Would activities like carrying a heavy backpack, climbing, paddling, etc. cause old injuries to become painful? Yes No If yes, how? For how long?
- 8. How likely is it that your injury would cause you to leave the course? Check only one of the answers below.
 - 25% -Would hurt but could finish
 - 75% -Rest needed & might leave
 - 100% Very Likely
- Do you have any restrictions on your level of activity? Yes No
 What impact do your symptoms have on your level of activity? Please be specific.

Orthopedic Questionnaire (continued)

10.What is y Full	your range of motion?	Limited	None
	escribe your concerns towards eng g, rowing, prolonged hiking up/d		
12. Describ	e any limitations to bear and lift v	veight?	
13. If you <u>h</u>	ave had surgery: When was it per	rformed?	
14. What su	rgery was performed?		
	undergo physical therapy? [or how long?	Yes No	
16. If you <u>h</u>	ave not had surgery? Was surger	ry advised? 🗌 Yes 🔲 I	No
17. Do you	have plans for future surgery?	Yes No	
If so ple	 18. Do you have a brace that you can bring with you? Yes No If so please plan to bring one. If not, consider getting a brace. For land courses, also consider bringing trekking poles which can greatly aid in reducing knee and ankle (re)injuries. 		
	e your plan to adequately prepare e any prescribed physical therapy	-	
Who filled out t	this questionnaire? 🗌 The applic	cant 🗌 Parent/Guardian	Other:
Particip	oant Signature		Date
Parent/	Guardian Signature (I	f 21 years old or under)	Date