Gait Analysis Client Information

Background Information

Name: _____
Date of Birth: _____
Height: _____ cm
Weight: _____ kg

Foot Dominance (check one)
☐Right ☐Left

Gender (check one)
☐Male ☐Female

List current physical activity

What year did you start running? _____

Level (check one)
☐Competitive ☐Recreational

**If competitive, please complete the following questions. If recreational, move on to injury questions.*

What is your typical running distance?
☐ casual runner (no races)
☐ 5k
☐ 10k
☐ half marathon
☐ full marathon
☐ other distance

Personal best time (if you know)
HH: _____ MM: _____ SS: _____ What year? _____

How many races do you compete in per year? _____

Injury Profile
Injury definition (choose one)
☐no injury ☐training volume/intensity affected
☐2 workouts missed in a row ☐continuing to train in pain

Who diagnosed your injury?

☐doctor ☐ physiotherapist
☐ chiropractor ☐ athletic therapist
☐ massage therapist ☐ coach
☐ self ☐ not diagnosed

Primary injury
Location:

☐ lumbar spine ☐ sacroiliac joint
☐ hip/pelvis ☐ thigh
☐ knee ☐ lower leg
☐ ankle ☐ foot
☐ other (please specify) _____

Which leg are you experiencing the primary injury? (check one)

☐Right ☐Left ☐Bilateral

Duration of primary injury? _____

Other information about primary injury

_____
_____

Secondary injury
Location:

☐ lumbar spine ☐ sacroiliac joint
☐ hip/pelvis ☐ thigh
☐ knee ☐ lower leg
☐ ankle ☐ foot
☐ other (please specify) _____

Which leg are you experiencing the secondary injury? (check one)

☐Right ☐Left ☐Bilateral

Duration of secondary injury? _____

Other information about secondary injury