

YOUNG ATHLETES RISK STRATIFICATION PROTOCOL

(Lower limb; hip, thigh, foot)

This self-evaluation screening tool does not substitute for advice from an appropriately qualified medical or allied health professional (Eg. GP, Physiotherapist, Chiropractor, or Exercise Physiologist). It is designed to raise awareness of common lower limb risk factors that may attribute or lead to sports related injuries.

The screening system in no way guarantees against injury. No responsibility or liability can be accepted by Fitness Embassy® for any injury that may arise from participating in the baseline assessments contained in this tool.

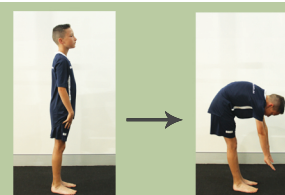
Name: _____

Date of Birth: _____ Male: ☐ Female: ☐ Date: _____

STAGE 1 - KNEE PRE-SCREEN: Stage 1A Knee Joint Mobility Questionnaire

Please circle response

1. Can you place both hands flat on the floor without bending your knees in the standing position? Yes No



2. Can you lock out your knees in the standing position? Yes No



3. Have you ever dislocated your knee on more than one occasion? Yes No

4. Has your brother, sister or parent had a knee operation before? Yes No

5. Do you consider yourself clumsy and/or fall often? Yes No

6. Do you currently have knee pain that wakes you up at night? Yes No

IF YOU ANSWERED 'YES' to question 6 and you are woken up at night due to knee pain you may be considered a high risk of experiencing further knee pain and/or injury by participating in this practical self-evaluation tool. You are recommended to contact an appropriately qualified allied health professional is recommended (Eg. GP, Physiotherapist, Chiropractor, or Exercise Physiologist).

Signature: _____

Date: _____

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