



# ACL Prevention and Return to Sport Class Athlete Profile

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Reason for Class (Surgery, Injury, Prevention): \_\_\_\_\_

If Surgery or Injury, what specifically: \_\_\_\_\_

Sport(s) Participating In (Include Positions Played): \_\_\_\_\_

Which School/Club Do You Play For? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Prior Treatment

Physical Rehabilitation (Include Location): \_\_\_\_\_

Sports Performance Enhancement (Include Location): \_\_\_\_\_

### Current Exercise Program

Dynamic Warm-up/Stretching      Yes      No

Strengthening                              Yes      No

Aerobic Conditioning

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**To Be Completed by OPT Sports Medicine Therapist**

Evaluation Date: \_\_\_\_\_

Start Date: \_\_\_\_\_



## Psychological Readiness to Return to Sport

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Surgery type: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Please rate your confidence to return to your sport on a scale from 0-100.

Example: 0 = No confidence at all, 50 = Moderate confidence, 100 = Complete confidence

1. My overall confidence to play is \_\_\_\_\_
2. My confidence to play without pain is \_\_\_\_\_
3. My confidence to give 100% effort is \_\_\_\_\_
4. My confidence to not concentrate on the injury is \_\_\_\_\_
5. My confidence in the injured body part to handle demands of the situation is \_\_\_\_\_
6. My confidence in my skill level/ability is \_\_\_\_\_

Total: \_\_\_\_\_ /6 Score: \_\_\_\_\_

Score: \_\_\_\_\_

Examiner



## ACL Class Consent Form

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

List any special needs or medical conditions this participant has \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand the inherent risk of injury in participation in class activities program and verify that the person listed above is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case the participant listed above is in need of emergency medical attention. I also release Optimal Physical Therapy and their agents from any and all claims arising from this participant's participation in this activity.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature  
*(If the participant is under 18 years of age).*

\_\_\_\_\_  
Date

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? YES NO

Do you frequently have pains in your chest when you perform physical activity? YES NO

Have you had chest pain when you were not doing physical activity? YES NO

Do you lose your balance due to dizziness or do you ever lose consciousness? YES NO

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? YES NO

Are you pregnant now or have given birth within the last 6 months? YES NO

Today, do you have any health conditions or injuries that would affect or limit your training? YES NO

Have you had a recent surgery? YES NO

If yes what is the Date of Surgery \_\_\_\_\_

Physicians Name \_\_\_\_\_ Office Location \_\_\_\_\_

If you answered "NO" honestly to ALL PAR-Q questions you can be reasonably sure that you can become more physically active and take part in physical activity. If you are or may be pregnant--talk with your doctor before you start becoming more active.

If you answered YES to ANY of the above questions, you must tell our Optimal Physical Therapy, LLC. If you have marked YES to any of the above, please elaborate below:

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Do you take any medications, either prescription or non-prescription, on a regular basis? YES NO

What is the medication and it's use ? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

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Please check any of the following injuries you have had and specify which bone, muscle, joint, etc., and the year the injury occurred:

- Broken bones \_\_\_\_\_ Year \_\_\_\_\_
- Muscles strain sprain \_\_\_\_\_ Year \_\_\_\_\_
- Ligament, tendon, cartilage injury \_\_\_\_\_ Year \_\_\_\_\_
- Joint injury or chronic pain \_\_\_\_\_ Year \_\_\_\_\_
- Back injury or chronic pain \_\_\_\_\_ Year \_\_\_\_\_
- Other \_\_\_\_\_ Year \_\_\_\_\_

Are you currently being treated for any of the above injuries? Please specify the type of treatment.

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Optimal Physical Therapy, LLC RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT I understand the nature of the Optimal Physical Therapy, LLC activities and am qualified to participate in such activities. If at any time I believe conditions to be unsafe, I will immediately discontinue further participation and notify the Optimal Physical Therapy, LLC staff member. I hereby represent and warrant that I am at least 18 years of age. I fully understand that: (a) Optimal Physical Therapy, LLC activities involve risks and dangers including SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks may be caused by my own action or inaction, the action or inaction of others (including other activity participants), the condition of in which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the activity. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS (a) Optimal Physical Therapy, LLC and its managers, members, administrators, agents, volunteers, and employees, (b) other participants, (c) any sponsors or advertisers, and (d) the owners of premises in which the activities take place (each considered one of the "Releasees" herein) from and against all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of one or more of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, if I, or anyone on my behalf, make a claim against any of the Releasees named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or costs that may occur as the result of any such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT DESCRIPTION OF THE EXERCISE PROGRAM AND POTENTIAL RISKS: I understand and do hereby consent to participate in class activities that will include stretching, cardiovascular and/or aquatic therapy. I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to occasional minor injuries (e.g. pulled muscles, muscle soreness, muscle-skeletal strains and sprains, bruises) to infrequent serious injury (e.g. heart attack, stroke or other cardiovascular accidents, muscle tears) to the very rare catastrophic incident (e.g. death, paralysis). I acknowledge that regardless of the care taken Optimal Physical Therapy, LLC cannot guarantee my personal safety. PARTICIPANT RESPONSIBILITIES: I understand it is my responsibility to 1) fully disclose any health issues (including diabetes, heart problems, seizures, or asthma) or medications that are relevant to participation in a strenuous exercise program; 2) inform the instructor if there are any changes to my health, including injuries and sickness; 3) inform the instructor if there are activities with which I do not feel comfortable; 4) cease the exercise and report promptly any unusual feelings (e.g., chest or other discomforts, nausea, difficulty breathing, injury) during the exercise program; and 5) clear my participation with my physician. PARTICIPANT ACKNOWLEDGEMENTS: In agreeing to this exercise program, I, the participant 1) acknowledge that my self-participation is completely voluntary; 2) understand the potential physical risks involved in the exercise program, and believe that the potential benefits outweigh those risks; 3) give consent to certain physical touching that may be necessary to ensure proper technique and body alignment; 4) understand that the achievement of health or fitness goals cannot be guaranteed; 5) have been able to ask questions regarding any concerns I might have, and have had all questions answered to my satisfaction; 6) am in good physical condition, have no impairment which might prevent my participation in such activities, and have been advised to consult a physician prior to beginning this program; 7) have been advised to cease exercise immediately if I experience unusual discomfort and feel the need to stop. I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT. I HAVE BEEN MADE FULLY AWARE OF AND UNDERSTAND THE POTENTIAL RISKS INVOLVED WITH THE PHYSICAL FITNESS AND OTHER ACTIVITIES OFFERED BY Optimal Physical Therapy, LLC. I HEREBY CONSENT TO THOSE RISKS AND AM FREELY AND VOLUNTARILY SIGNING THIS AGREEMENT AND PARTICIPATING IN THESE ACTIVITIES. ACKNOWLEDGED AND AGREED:

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**PRINT NAME**

*I the participant is under 18 years of age*

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**SIGNATURE**

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**DATE**

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**Guardian Signature**

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**DATE**

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