

*SURF STRONG*

**PILOT RISK OF INJURY SCREENING TOOL**

Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of surfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_/\_\_/\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_

Height (cm): \_\_\_\_\_\_\_\_\_\_ Weight (kg): \_\_\_\_\_\_\_\_\_\_

Physiotherapist conducting screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list previous injuries:

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| --- | --- | --- | --- | --- |
| **Date of incident** | **Diagnosis/description** | **Mechanism** | **Treatment** | **Current status** |
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Please list current injuries:

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| --- | --- | --- | --- | --- |
| **Date of incident** | **Diagnosis/description** | **Mechanism** | **Treatment** | **Current status** |
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*Surfing specific questions:*

Surfing stance: Natural  Goofy 

Surfing frequency (days per week): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. hours surfing per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time in sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level: Beginner  Intermediate  Advanced  Expert 

Competitive status: Recreational  Competitive 

Level of competition (if applicable): Club  State  National  International 

Aerial manoeuvres: Never  Sometimes  Regularly 

Strength training history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current training: Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intensity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surfboard length (feet): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum wave height surfed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Predominant wave direction surfed: Right  Left  Both 

Dominant arm: Right  Left 

Informed consent for objective assessment: Yes  No 

MUSCULOSKELETAL ASSESSMENT:

**Upper limb:**

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| Test | Outcome (degrees) | Findings |
| Shoulder AROM  | Flexion  | R:L: |
| Extension | R:L: |
| Abduction | R:L: |
| Internal rotation | R:L: |
| External rotation | R:L: |

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| Test | Outcome (0-5) | Findings |
| Shoulder MMT | Flexion | R:L: |
| Extension | R:L: |
| Abduction | R:L: |
| Internal rotation | R:L: |
| External rotation | R:L: |

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| Test | Outcome (degrees) | Findings |
| Elbow AROM  | Flexion | R:L: |
| Extension | R:L: |

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| Test | Outcome (0-5) | Findings |
| Elbow MMT | Flexion | R:L: |
| Extension | R:L: |

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| Test | Outcome (degrees) | Findings |
| Thoracic AROM | ExtensionFlexionRotation | R: L: |

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| Test | Outcome (N) | Findings |
| Prone shoulder ER/IR ratio  | ERIRER/IR ratio | R: L: R: L:R: L: |

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| Test | Outcome | Findings |
| Posterior shoulder endurance test | Seconds | R:L: |

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| Test | Outcome  | Findings |
| Biering-Sorensentest | Seconds |  |

**Lower limb:**

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| Test | Outcome (degrees) | Findings |
| Hip AROM  | Flexion | R:L: |
| Extension | R:L: |
| Abduction | R:L: |
| Adduction | R:L: |
| Internal rotation | R:L: |
| External rotation | R:L: |

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| Test | Outcome (0-5) | Findings |
| Hip MMT | Flexion | R:L: |
| Extension | R:L: |
| Abduction | R:L: |
| Adduction | R:L: |
| Internal rotation | R:L: |
| External rotation | R:L: |

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| Test | Outcome (degrees) | Findings |
| Knee AROM  | Flexion | R:L: |
| Extension | R:L: |

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| Test | Outcome (0-5) | Findings |
| Knee MMT | Flexion | R:L: |
| Extension | R:L: |

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| Test | Outcome (degrees) | Findings |
| Ankle AROM  | Dorsiflexion | R:L: |
| Plantarflexion | R:L: |
| Inversion | R:L: |
| Eversion | R:L: |

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| --- | --- | --- |
| Test | Outcome (0-5) | Findings |
| Ankle MMT | Dorsiflexion | R:L: |
| Plantarflexion | R:L: |
| Inversion | R:L: |
| Eversion | R:L: |

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| Test | Outcome (cm) | Findings |
| Knee to wall test | Distance | R:L: |

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| Test | Outcome  | Findings |
| Y Balance test | Anterior (cm)Posteromedial (cm)Posterolateral (cm)Leg length (cm)Composite score (%)Observation/comments | R: L: R: L:R: L:R: L: R: L: |

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| Test | Outcome | Findings |
| Single Leg Squat test | Flailing armsTrendelenburg signKnee valgusObservation/comments(Hip/Knee/Ankle) | R: L: R: L:R: L:R: L: |

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| Test | Outcome (N) | Findings |
| Hamstrings/Quadriceps (H/Q) ratio | HamstringQuadricepsH/Q ratio  | R: L: R: L:R: L: |

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| Test | Outcome | Findings |
| The Drop Jump Test (bilateral) | Knee valgusIpsilateral trunk motionObservation (knee/ankle ROM) | R: L: R: L:R: L: |

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| Test | Outcome | Findings |
| The Drop Jump Test (unilateral) | Knee valgusIpsilateral trunk motionObservation (knee/ankle ROM) | R: L: R: L:R: L: |