

DANCE ASSESSMENT FORM

Given Name		Surname	
Street Address		Suburb	
Post Code		Date of Birth	
Email			
Would you like to be added to our email list to receive monthly newsletters? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Gender	M F	Age	Handed
Home Phone		Mobile Number	
Work Phone		Occupation	
Emergency contact name	Emergency contact no:	Relationship to individual	
Parent name (if under 18yrs)	Parent number (if under 18yrs)		
Referring Doctor (if applicable)	Referring Physio (if applicable)		
Are you claiming treatment through:	<input type="checkbox"/> WORK COVER <input type="checkbox"/> THIRD PARTY <input type="checkbox"/> VETERAN'S AFFAIRS (Please tick appropriate box if applicable)		
Current Exercise Level:			
Goals:			
Injury /pain that has led to you seeking treatment/Pilates?			
Do you have any health issues?	NO <input type="checkbox"/> YES <input type="checkbox"/> <i>If yes please specify:</i>		
Are you pregnant?	NO <input type="checkbox"/> YES <input type="checkbox"/> <i>If yes, do you have a Dr's Referral?</i>		
Surgery/ Operations you have had:			
Medications you are currently taking:			
Have you had any of these for your current problem?	<input type="checkbox"/> X-Ray <input type="checkbox"/> CAT Scan	<input type="checkbox"/> Blood test <input type="checkbox"/> MRI	<input type="checkbox"/> Ultra Sound <input type="checkbox"/> Bone Density Test

How did you hear about us?

- Word of mouth ADPI Medical Referral Internet Yellow Pages
 Coffee News Physiotherapy referral QDSE Brisbane News
 Dance student Dance School mail Client referral Outrigging
 Mail QAS referral Other _____

Thank you for your assistance with these details. Please turn over and complete the Privacy Consent Form.

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PRIVACY CONSENT FORM

This practice has always valued and protected our clients' privacy and confidentiality. Because of an amendment to the Privacy Act, effective December 2001, we now require your consent to collect personal information about you.

Please read this form carefully and sign where indicated below, so that we may continue to provide you care.

This practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs.

This means we will use the information you provide in the following ways:

- Administration purposes in running our practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Disclosure to others involved in your health care, including treating doctors and specialists outside this practice. This may occur through referral to other health providers, or in medical tests and in their reports or results to us following the referrals
- Disclosure to other health care professionals in the practice, locums and students attached to the practice for the purpose of patient care and teaching
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management
- Emergency situations when medical officers/ hospitals require access to patient information for treatment purposes.

I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a privacy policy on handling patients' information. I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I am aware of my rights to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand that I will be given explanation in these circumstances.

I understand that if my information is to be used for any other purpose than set out above, my further consent will be obtained.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Patient Name: _____
(Please Print)

Date of Birth: ___ / ___ / ___

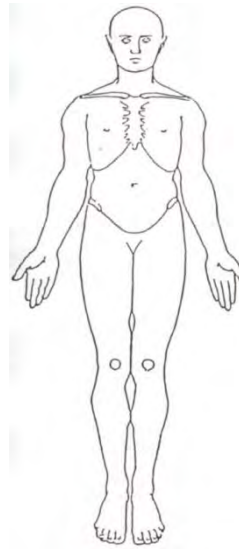
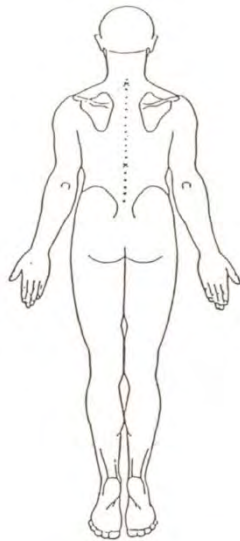
Signed: _____
(Guardians' signature if under 18yrs)

Date: ___ / ___ / ___

Dear client,

Our insurance underwriter has asked that we ask all our clients to consider their risk in participating in any form of exercise and that they complete the following form.

DANCE ASSESSMENT FORM



Posture

Head Shoulders Spine Pelvis Lower extremity

Forward lean: yes/no

Posture Type

Normal
 Military
 Kyphosis/Lordosis
 Scoliosis

Sway (post tilt)
 Lordosis Only
 Lateral rotn of pelvis
 non specific: _____

Standing Tests

Trunk curl flexion Distance fingers from floor _____ cm

Straight back waiters bow hip flex/n ROM _____

Side flex R Side flex L Lx Ext

Ext/side flex rotn L ext/side flex rotn R

First position with plie

Fifth position with plie

Balance tests

1 leg mini squats in ½ leg turnout (10 mini bend) L: R:

Single leg rise to demi pointe (ideal >25) L: R:

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Shoulders (comment on ROM and scap/thoracic rhythm)

Flexion	HBB
Extension	Horiz lfexion
Abduction	Int/ext rotation

Shoulder Isometrics

Nuetral Int/ext rotation
 Supraspinatus
 Biceps
 apprehension

Supine

	<u>Left</u>	<u>Right</u>
Single leg to chest (hip ROM)		
Piriformis		
Gluteals		
SLR		
Neural tension SLR- tibial		
Common peroneal		

Thomas Test	<u>Left</u>	<u>Right</u>
Iliopsoas		
Rectus femoris		
Iliotibial band		
Adductors		
Active hip ext rotaitn (supine with knees over edge of bed)		

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Abdominals

- Deep transverse- grading with Stabilizer or real time ultrasound



Bent knee fall out (obliques) with stabilizer

Comments: _____

Trunk curl (Straight legs)

Comments: _____

Rectus Test- knees bent

Gr I (flicker)

GrII (antigravity)

GrIII (hands up legs inferior angle of scapula off bed)

GrIV (arms crossed inferior angle of scapula off bed)

GrV (hands crossed behind head, elbows out to side)

Comments: _____

Leg Length Discrepancy

Left: _____ Right: _____

Knee

Patella: _____

Hoover's Sign (Knee Hyper Ext) (Distance Heel to Floor) L: _____ R: _____

Other: _____

Sidelying

<u>Test</u>	<u>Left</u>	<u>Right</u>
Clams x 6		
Hip Abduction MMT (straight leg)		
Hip Adduction		
Obliques (pull legs apart)		
Adductors		

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Prone

<u>Hip Rotation</u>	<u>Left</u>	<u>Right</u>
External – ROM		
Internal – ROM		

	<u>Left</u>	<u>Right</u>
Back Extension		
Lower Trap Function		
Quads – ROM		
Hamstring strength		
Gluteal – Strength	<u>Left</u>	<u>Right</u>
Lifting Bend Knee		
Lifting Straight Knee		

Palpation of Spine (stiffness, pain, dysfunction)

Cervical: _____.

Thoracic: _____.

Lumbar: _____.

Multifidus: _____.

Comments: _____.

Four Point Kneel

Diagonals: _____.

Rocking: _____.

Sitting	<u>Left</u>	<u>Right</u>
Slump test for neural tension		
Hip flexors in sitting (strength):		
Hip ext rotators- active ROM:		

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Feet	Left	Right
Pointe		
1 st MTP Joint		
Bunions		
Toes configuration (12345)		
Forefoot Varus / Valgus		
Strength (gd /5) dorsi flexion		
Inversion		
eversion		
Calf Flexibility (degrees)		
Tibialis Posterior/soleus (cm)		
Flexor Hallucis Longus (cm)		

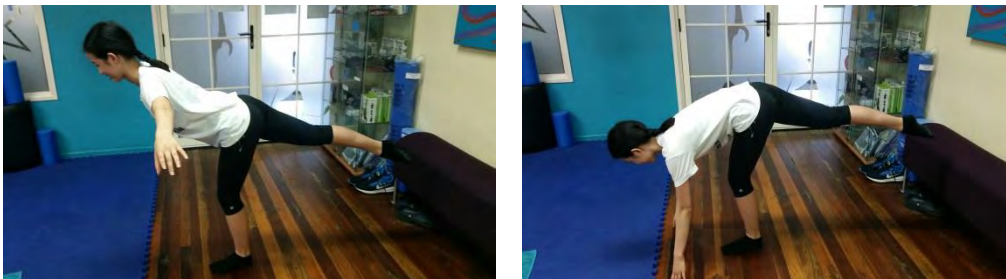
Functional:

1. Aeroplane test

Standing on 1 leg with arms and trunk outstretched forward and the opposite leg extended posteriorly to create an 80 degree line whilst balancing on the standing leg.

Perform 5 controlled plies while horizontally abducting the arms to touch the finger tips to the ground

At least 4/5 plies should be performed with neutral alignment and not overbalancing.



PS. unlike the picture, the body should remain parallel to the ground on plie.

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2. Saute test.

Perform a saute by stepping forward with a straight leg then jumping onto it whilst extending the opposite leg posteriorly to 90 degrees

Performs 16 jumps on each leg with correct alignment ie. neutral pelvis, upright trunk, fully extended knee and plantar flexed foot

8/16 should be performed correctly



3. Topple test

Pirouette in passe position from fourth position, on each leg

Should be able to perform the pirouette without faltering.



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Comments:

Exercises
