



# SPORTS MEDICINE ASSOCIATES

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CERTIFIED ATHELETIC TRAINER

## Runner / Athletic History Form

Please complete by circling or filling in the blanks.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height (inches):** \_\_\_\_\_

**Weight (pounds):** \_\_\_\_\_ **Sex:** M F **Shoe Size:** \_\_\_\_\_ **Shoe Width:** \_\_\_\_\_

**Shoe Style:** Walking Aerobic Cleated Distance Running Sprinting Court Shoes

Other (specify): \_\_\_\_\_

**Shoe Brand:** Adidas Brooks Reebok Nike New Balance Asics Mizuno Saucony

Other (specify): \_\_\_\_\_

**Socks:** Y N **If yes, how many pairs?** 1 2

**Dominant Hand:** R L **Dominate Foot:** R L

**Body Type:** Thin Muscular Overweight **Body Frame:** S M L

**Sport(s):** \_\_\_\_\_

**Intensity:** \_\_\_\_\_

**Terrain:** Level Hill Track Treadmill Court

**Surface:** Paved Road Sidewalk Dirt Grass Soft Sand Packed Sand Artificial Track Gravel

**Time of day that you run/walk:** Morning Afternoon Evening

**Runners:** Miles per week: \_\_\_\_\_ How many days a week to do you run? \_\_\_\_\_

**How long have you been running (years)?** \_\_\_\_\_

**Do you race?** Y N **Distance:** \_\_\_\_\_ **Track workouts:** \_\_\_\_\_

**What is the most miles ever run at one time?** \_\_\_\_\_

**Have you ever run a marathon?** Y N **If yes, how many?** \_\_\_\_\_

**What training program do you follow?** \_\_\_\_\_

**Do you use orthotics?** Y N **If yes:** Plastic Graphite Cork/Leather Over the Counter

**How would you classify your foot structures?** Flatfoot High Arch Normal

**Lower extremity CURRENT injury:**

Forefoot Midfoot Rearfoot Ankle Fibula Tibia Femur Knee Hip Back

- Severity:**
- Pain upon rising from bed/chair
  - Pain only after running/working out
  - Pain before, during and after running, but able to perform workout
  - Work out compromised by pain
  - Unable to work out – self-imposed rest

**Please write in your own words, the type of pain and where it hurts:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Symptomatic Side:** Right Left Both

**Have you had this injury before?** Y N **When?** \_\_\_\_\_

**Do you strength train?** Y N **Free Weights** **Machines**

**How often?** \_\_\_\_\_ **Upper Body** **Lower Body** **Both**

**Do you stretch? Before:** Y N **After:** Y N

**If yes, how long?** 5 Minutes 10 Minutes 15 Minutes Upper/Lower Body?

If you follow a different warm-up/cool-down routine for running explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past treatment, CURRENT injury:** Y N

**Describe:** \_\_\_\_\_  
\_\_\_\_\_

**Previous lower extremity/back injuries or surgeries:** Y N

**Describe:** \_\_\_\_\_  
\_\_\_\_\_

**What type of clinician did/are your seeing?** \_\_\_\_\_  
\_\_\_\_\_

**Type of treatment:** Crosstrain Rest Pills Injections Tape Foot Padding Orthotics  
Physical Therapy Massage Chiropractic

**Did treatment help?** Y N **How much?** \_\_\_\_\_ %

**Additional comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_