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All Sports Physical Therapy Athletic Screening

All Sports Physical therapy is offering an athletic movement screening to any athlete interested. This includes: postural assessment, manual muscle testing, flexibility testing, functional testing, movement analysis to assess strengths and weaknesses in each athlete. By identifying each weakness, specific exercises will be prescribed to each athlete individually based on the Physical Therapist's findings. A handout of exercised with pictures and descriptions will be given to each athlete to complete on their own. Completing these exercises will improve strength and reduce risk of future injury (ACL prevention).

The goal of this athletic movement screen is to identify weaknesses and impairments that could lead to future injury and prevent them by completing the prescribed strengthening exercises.

Parent/Guardian's Signature: _____

Parent/Guardian's Name: _____

Athlete's Name: _____ (Date) _____

By signing the above form, I authorize All Sports Physical Therapy and the Physical Therapist to conduct an injury prevention assessment of the athlete. I will allow PT to administer orthopedic screening tests which may include: Postural assessment, manual muscle testing, flexibility testing, functional testing, movement analysis and possible recommendations for stretches and/or exercises or other follow-up referrals for the prevention of injuries and the general wellness of athletes.