



Orthopedic Questionnaire

You may complete your responses electronically. Type into the fields then digitally sign and email back.

Student Name: _____

Course #: _____

1 Please describe the nature of your orthopedic problem and <u>all</u> symptoms: (fractures, sprains, ligament ruptures of the neck, back, arm, shoulder, knee, ankle, leg, foot)
2 When did you first experience these symptoms? (Date and events)
3 When did you most recently experience these symptoms (Date and events)
4 Do you currently experience pain at times?
Is the pain debilitating?
What actions or events provoke the pain, and how long does the pain last?
What methods do you use to alleviate or manage your symptoms? (Rest, medication, orthopedic equipment, etc.)
5 How can you manage your symptoms on the course (without access to ice or long periods of rest)?
Do you plan to bring a brace, trekking poles or other device to stabilize or prevent aggravating your condition?
6 Would running, carrying a backpack over uneven terrain, paddling or lifting a canoe and carrying it on your shoulders, rock climbing, or rowing a boat cause pain or discomfort?
If yes, for how long?
Do you have any restrictions on your level of activity? (Specify actions you avoid, or limitations to range of motion.)



How likely is it that your injury would cause you to require evacuation from the course?	<input type="checkbox"/> Not a concern	<input type="checkbox"/> Would hurt but not affect participation
	<input type="checkbox"/> Rest needed; might require evacuation	<input type="checkbox"/> Very likely
7 Have you had surgery?		
If no, was it advised? Do you plan to have surgery?		
If yes, did you have physical therapy? Please describe		
8 Who filled out this questionnaire?	<input type="checkbox"/> The applicant	<input type="checkbox"/> Parent/guardian
	<input type="checkbox"/> Other:	
Participant signature		Date:
Parent/guardian signature (if applicant is 21 years old or younger)		Date: