

Pilates Alliance

— Australasia —

PRE-EXERCISE PHYSICAL SCREENING AND ASSESSMENT

The purpose of this 'Pre-exercise Physical Screening and Assessment' is to establish the physical fitness level and personal goals of new clients in relation to their Pilates training. It is a tool by which _____ (INSTRUCTOR'S OR BUSINESS NAME) can determine the new client's:

- Existing pathologies, conditions and injuries
- Physical limitations
- Muscular strengths and weaknesses
- Mobility
- Range of motion (ROM)
- Elasticity
- Postural alignment
- Movement patterns
- Personal outcomes they wish to achieve by engaging in a Pilates program or Pilates classes

As a member of the Pilate Australasia Alliance (PAA) and in accordance with the PAA's Pilates Instructor's Scope of Practice, _____ (INSTRUCTOR'S OR BUSINESS NAME) require new clients to complete both a 'Health Screening Questionnaire' and a 'Pre-exercise Physical Screening' assessment prior to commencing any Pilates training.

Full Name: _____ **Sex:** M / F / OTHER **DOB:** ___ / ___ / ___ **Age:** _____

Occupation (optional): _____ **Tel:** _____ **Email:** _____

Emergency Contact _____ **Tel:** _____

PHYSICAL OVERVIEW (Place an X in the box to indicate YES or NO)

1. Do you engage in regular (weekly) physical activity? YES NO

If **YES**, which activities do you engage in and how many times per week?

2. Have you engaged in **the same physical activity** for some time (e.g. playing a sport regularly at a recreational, semi-professional or professional level, extensive dance, gymnastics or martial arts training)? **YES** **NO**

3. Have you sustained any physical traumas or injuries or do you have any existing or past pathologies known to you that have been diagnosed by a medical or allied health professional or that cause you discomfort or pain? **YES** **NO**

If **YES**, please specify below:

Muscular tear or sprain	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Tendon or ligament tear or sprain?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Joint abnormality, degeneration, dislocation or inflammation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Bulging discs	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Arthritis, osteoarthritis, osteoporosis?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Broken or fractured bones?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Weakness, stiffness or muscle fatigue?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Nerve pain (tingling sensations, sharp or shooting pain)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Neck issues	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Back issues	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>
Leg, arm, feet, hand, stomach or rib issues	YES <input type="checkbox"/> NO <input type="checkbox"/>	DIAGNOSED <input type="checkbox"/>	RECEIVING TREATMENT <input type="checkbox"/>

If you have answered **YES** to any of the above, please provide full details below:

***If you have had any diagnostic images performed such as x-rays or scans, please provide a copy of the report only at your first session**

If you are receiving treatment, please provide the name and contact number of your practitioner:

4. Please describe any additional recurring physical aches, pains or discomfort you experience (your instructor may need to consider these during your Pilates training):

5. What are the three (3) most important personal goals you wish to achieve through Pilates training?

I _____ (NEW CLIENT'S NAME) agree that the information provided by me in this 'Pre-exercise Physical Screening and Assessment' is true and accurate and will be used as a guideline to the limitations of my ability to participate in a Pilates program and Pilates classes. I understand that it is for the purpose of assisting _____ (INSTRUCTOR'S OR BUSINESS NAME) with the provision of safe Pilates practice with the understanding that I consider myself both physically and mentally sound and able to participate in Pilates at my own risk. I agree to notify _____ (INSTRUCTOR'S OR BUSINESS NAME) immediately if during any exercise I experience pain or discomfort. I recognise that this 'Pre-exercise Physical Screening and Assessment' does not provide advice of any kind, nor does it substitute the advice of a qualified medical practitioner. No warranty of safety should result from its use nor does it in any way guarantee against injury or death. _____ (INSTRUCTOR'S OR BUSINESS NAME) will not accept responsibility or any liability whatsoever for any loss, damage, injury or death arising from any person acting on information provided in this Pre-exercise Physical Screening and Assessment'. The information I have provided is confidential and will not be shared with any third parties without my prior consent unless required by law.

Name: _____ Signature: _____ Date: ___/___/___

The PAA accepts no responsibility or liability whatsoever for any loss, damage, injury or claim that may arise from any person acting on any information provided in this 'Pre-exercise Physical Screening and Assessment'. No warranty of safety should result from its use nor is a guarantee against injury or death assumed by the PAA.

PHYSICAL SCREENING (for Pilates instructor use)

The PAA acknowledges that Pilates training programs provide students with differing physical screenings. For this reason, this template seeks to encompass a broad range of movements that will give an overall understanding of the client's physical ability and limitations.

The PAA recognizes that Pilates instructors have a duty of care to their clients and should not engage in any form of physical testing, examination or diagnosis beyond their scope of practice.

The PAA suggests Pilates instructors choose exercises that have formed part of their Pilates Instructor training or other specialized training programs they have completed and are authorized to incorporate into pre-exercise physical screenings relevant to Pilates.

GUIDELINES:

Name: The name of the exercise the client will perform

Strengths: Muscular strengths or the client's physical strengths when executing the movement(s)

Weaknesses: Muscular weaknesses or the client's physical weaknesses when executing the movement(s)

Mobility/ROM/Elasticity: Joint mobility, range of motion or elasticity of the muscles and fascia

Right/Left Discrepancies: Differences between the left and right sides of the body when executing the same exercise

Notes: Any notes about the client – this may include their habitual movement patterns or pathways, muscles that require strengthening or lengthening, hypomobility or hypermobility

Some exercises will contain multiple movement pathways and engage various muscle groups. For example, the 'Roll Up' involves spine articulation, spine flexion, core control, leg, shoulder girdle and pelvic stability and the elasticity of the hamstrings. Instructors may choose to perform one exercise to demonstrate multiple actions – just be sure to assess the client thoroughly and not rely on merely one or two exercises during the screening process.

EXERCISE	STRENGTHS	WEAKNESSES	MOBILITY/ROM/ELASTICITY	RIGHT/LEFT DISCREPANCIES
Name: Spine Articulation				
Name: Thoracic Spine Extension				
Name: Thoracic Spine Flexion				
Name: Lumbar Spine Extension				
Name: Lumbar Spine Flexion				
Name: Spinal Rotation/Lateral Flexion				
Name: Abdominals (RA and TA)				
Name: Abdominals (obliques)				

EXERCISE	STRENGTHS	WEAKNESSES	MOBILITY/ROM/ELASTICITY	RIGHT/LEFT DISCREPENCIES
Name: Pelvic Stability and Mobility				
Name: Hip Joint Extension				
Name: Hip Joint Flexion				
Name: Hip Joint Internal/ External Rotation				
Name: Leg Strength and Alignment				
Name: Gluteal Strength and Elasticity				
Name: Hip Adductor Elasticity				
Name: Hamstring and Calf Elasticity				

EXERCISE	STRENGTHS	WEAKNESSES	MOBILITY/ROM/ELASTICITY	RIGHT/LEFT DISCREPENCIES
Name: Knee Extension/Flexion				
Name: Shoulder Joint Extension				
Name: Shoulder Joint Flexion				
Name: Shoulder Joint Internal/ External Rotation				
Name: Shoulder Joint Strength and Alignment				
Name: Arm Strength and Alignment				
Name: Full-body Integration				

