

Assessment Summary

Participant Name.....

Date of Birth

Instructor Name.....

Date of Assessment.....

Participant's reasons for joining the program and any goals
Is there anything they are struggling with that they would like to address?

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Current social activities.....

Current physical activities.....

How do you rate your current levels of

- | | |
|-------------------|-----------------------------------|
| • Strength | Poor/ Moderate / Good / Excellent |
| • Balance | Poor/ Moderate / Good / Excellent |
| • Wellbeing | Poor/ Moderate / Good / Excellent |
| • Daily Endurance | Poor/ Moderate / Good / Excellent |

Medical considerations

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Medications / Side-effects

Any joint replacement or surgery.....

Any restriction to movement.....

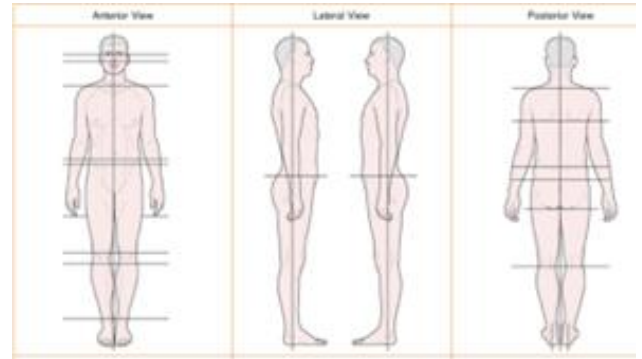
Other.....

Fitness Testing

Fitness tests are selected based on the Participant's abilities and goals. However, a postural assessment should always be conducted.

Postural Assessment

- Head position.....
- Shoulders.....
- Back (kyphosis/lordosis/scoliosis).....
- Hand position.....
- Hips.....
- Knees.....
- Ankles
- Feet.....



Fitness tests may include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Balance • Gait • Daily movement patterns • Sit to Stand | <ul style="list-style-type: none"> • Back Scratch • Seated sit and reach • Bicep Curl • Timed up and go. |
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