

Office use only: Audition Number

Physiotherapy Screening Form for Audition Registrants

Queensland Ballet Academy requires all audition registrants to complete a screening with a registered physiotherapist prior to auditioning.

Instructions:

1. Book an appointment with a registered physiotherapist of your choice, on a date no more than 21 days prior to your audition date.
2. Have this form completed by the registered physiotherapist, no more than 21 days prior to your audition date.
3. Bring the completed form to your audition. You will not be permitted to audition without providing this form.

Confidentiality and consent:

- *I consent to the information provided within this form, being used and shared with relevant Queensland Ballet Academy staff and medical and health practitioners, as part of my application for Queensland Ballet Academy.*
- *Should I be accepted and enrol with Queensland Ballet Academy, I consent to the information provided within this form, being stored and shared with relevant Queensland Ballet Academy staff and where necessary, external medical and health practitioners, for the purposes of my ongoing care and development.*

Registrant's full name: _____

D.O.B: ____ / ____ / ____ Registrant's signature: _____

Parent/carer name: _____

Parent/carer signature: _____ (required for all registrants under 18yrs)

Date of assessment: ____ / ____ / 2021

Physiotherapist's name: _____

Physiotherapist's signature: _____

Practice name/address: _____

Phone number: _____

Email address: _____

1. Please indicate registrant's past and current injury history:

If you require more space, please attach a separate page.

Injury description	Date (MM/YY)	Is this injury resolved?	What type of treatment was sought? (e.g., Physio, Chiro, Massage, None)	Did this injury require imaging and/or surgery? Y / N – If yes, please explain.
	/	Y / N		Y / N
	/	Y / N		Y / N
	/	Y / N		Y / N

2. Has the registrant ever sustained a fracture, stress fracture or stress reaction? YES / NO (circle)

If yes, please provide further information below.

Injury Location	Date (MM/YY)	Rehabilitation timeframe	Were there any recurrences? Y / N – If yes, please explain.
	/		Y / N
	/		Y / N

3. Please indicate the number of hours the registrant undertakes dance training/activities in a normal week:

Dance genre/activity	Hours Per Week

4. Does the registrant undertake sport or other physical activities in a normal week?

Sport/physical activity	Hours Per Week

5. Physical Examination

Examination of:	Right	Left
Shoulder sulcus sign	+ve -ve	+ve -ve
Combined Spinal extension and LF (Comment on any pain or movement restriction in lumbar spine)		
FADIR	+ve -ve	+ve -ve
FABER	+ve -ve	+ve -ve
SLR (Goniometer)		
SLR +DF (Goniometer)		
Knee hyperextension (Heel cm off plinth)		
Palpate anterior border of tibia (Comment on pain)		
Palpate medial border of tibia (Comment on pain)		
Plantar flexion range (Ideal range 180 degrees. Axis through fibula and third metatarsal with knee fully extended)		

Examination of:	Right	Left
1st MTP extension ROM (Goniometer)		
Palpate metatarsals 1-5 and tarsals (Report any pain)		
PROM hip External rotation prone (Goniometer. Ideal minimum 45 degrees)		
Posterior ankle impingement test	+ve -ve	+ve -ve
Patella tendon palpation		
Patella compression test (Report any pain)		
Patellofemoral joint mobility	Normal Hypo Hyper	Normal Hypo Hyper
Seated resisted knee extension (Report any pain)		
Duck walks (Report any pain or movement restriction)		
KTW (cm)		

Beighton's Score: _____ / 9

Adam's test for scoliosis (circle): Normal Potential Scoliosis/spinal asymmetry

Additional Comments/Observations: