



TACTICAL STRENGTH AND CONDITIONING PROGRAM

Physical Therapy Connections, P.C.



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Name: (First) _____ (Last) _____ Email: _____

Hand L / R Height: _____ Weight: _____ Tactical Position: _____

Medical Screen

		/	/	/			/	/	

FN: Functional No Pain FP: Functional Pain DP: Dysfunctional Pain DN: Dysfunctional No Pain

Movement Screen

(If you had pain on the medical screen you may opt-out of this test until you get better results.)

				Clear			Clear		Clear	Score
	/	/	/	+ -	/		+ -	/	+ -	/21

Performance Screen

(I will NOT perform this test with you unless you pass movement screen) Pass: 14/21 or higher.

Ankle D-Flexion L _____ R _____ Reach LE Anterior: L _____ R _____ UE Superolateral L _____ R _____

Broad Jump _____ Hands on Hips BJ _____ BJ 1>2 L _____ R _____ Triple BJ _____ BJ 2-1-2: L _____ R _____

Carry (75%BW /2) | 90 sec. | 250 ft. (20 ft. fig.-8) __lbs. each hand __Seconds __Feet __Laps

Recommendations: Medical / Pain/Symmetry/Mobility/Stability/Balance/Strength/Power/Endurance

Notes: _____

Tibia __, Hand __ Femur __ Foot: _____ Ankle __/ __

"I, _____, have enrolled in the Tactical Strength and Conditioning program offered by Physical Therapy Connections, P.C. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by Physical Therapy Connections, P.C."

"In consideration of my participation in this program, I, _____, hereby release Physical Therapy Connections, P.C. and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

"I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release Physical Therapy Connections, P.C. and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Participant Signature)

_____ (Date)

Note:

I will devote (1 hour) after we meet to prepare your grade report and develop a plan of action to help you improve your chances of avoiding injury, specifically for your back, shoulders, and hips and knees. Since this is a custom plan of action for each person there may be other specifics that will be taken into account. You will not receive the exact same program as somebody else, each person is different and should have different needs.

I will email this report to you, so make sure you leave an email address with me that you frequently use.

All of the information collected in this program is confidential and will not be shared with anyone else except you. The data collected will be interpreted by our company for research but will not be shared with anyone else without your permission.

Thank you for participating in the Tactical Strength and Conditioning program with Physical Therapy Connections, P.C.

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