ORTHOPEDIC QUESTIONNAIRE

Αŗ	oplicant Name: Course Number:
1.	Describe the nature of the applicant's orthopedic condition.
2.	Describe the symptom(s) the applicant is experiencing or may experience while on course. What activities trigger these symptoms?
3.	What was the date of the first symptom(s)?
4.	What was the date of the most recent symptom(s)?
5.	How long do the symptom(s) last?
6.	What methods (rest, medication, orthopedic equipment, etc.) are used to alleviate or manage symptom(s)
7.	What impact do the symptom(s) have on the applicant's activity level? Be specific.
8.	What is the applicant's range of motion? (full, partial, limited, etc.)
9.	Describe the applicant's ability to engage in repetitive motion.

10.	10. What is the applicant's ability to lift and bear weight?								
11	Are there any restrictions on activities?								
12.	12. Describe the level of activity as it pertains to any orthopedic issues.								
13.	l3. If the applicant has had surgery, when was it performed?								
14.	What type of surgery was performed?								
15.	Did the applicant undergo physical therapy?	☐ Yes	□ No						
16.	Are there plans for future surgery?	☐ Yes	□ No						