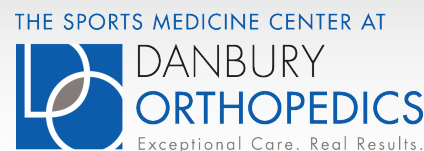




RIDGEFIELD PHYSICAL THERAPY
66 GROVE STREET
SUITE A
RIDGEFIELD, CT 06877
(203) 438-1898



INFORMATION & CONSENT

(signature form attached)

CONTACT: Kate Campbell, DPT, Cert. MDT, CSCS katelynncampbell@gmail.com
Ridgefield Physical Therapy, 66 Grove Street, Suite A, Ridgefield, CT 06877 (203) 438-1898

Please Note: If you are reading this form to decide whether your child should participate in Sportsmetrics™ Training at Ridgefield High School/Ridgefield Physical Therapy, the term “you” refers to your child. **Please read entire document as it includes details pertaining to cost, scheduling, homework, testing, etc.**

INTRODUCTION

Before agreeing to participate in testing and training, it is important that you read and understand the following. Prior to your first visit you will be asked to read and sign this consent form if you wish to participate and you must be under the care of a physician, or have had a physical examination by your primary care physician within the past year. In order to undergo the testing and to begin training, you must have full, pain-free range of knee motion, no ankle or knee instability and no joint swelling.

Sportsmetrics™ Training: Tuesday, June 25th – Thursday, August 1st, at RHS Tiger Hollow Field (Tuesday/Thursday 4:30- 6:00PM)

The Training Program will be conducted 2 days per week. The training time will be between 60 and 90 minutes per session. The length tends to increase as the weeks progress.

THE TRAINING PROGRAM INCLUDES THE FOLLOWING COMPONENTS:

- The Dynamic Warm-Up will include various exercises to physically prepare your body for training. This warm-up will prepare you for training by raising your body temperature, increasing blood flow to your muscles and improving your flexibility, balance and coordination.
- Plyometric Training focuses on correct jumping techniques and is divided into three, two-week phases. Each two-week phase has a different training focus and the exercises change. The goal of jump training is to develop muscle control and strength for reducing the risk of knee injury and to increase jump height by performing various jumps and hops which will increase in complexity with each two-week phase.
- Strength Training will include upper and lower body strength exercises on the field.
- Speed and Agility Training will include drills to work on proper running and sprinting for acceleration and deceleration technique and cutting/pivoting safely as performed in sport.
- Flexibility Training will require stretching through a complete range of motion to decrease injury and post-training soreness.

The trainers will discuss and demonstrate each exercise or drill to be performed during the Dynamic Warm-Up, Jump Training, Strength Training and Flexibility Training. **For optimal strength and technique gains, the program must be performed once a week independently, preferably on Saturdays.** The weekly “homework” will be provided in a handout or via drop box if requested via email.

FIRST SPORTS INJURY TESTING – Tuesday, June 25th, 2013 immediately preceding the training session at Tiger Hollow. Make-up testing will be held on Tuesday, July 2nd, 2012 immediately following the training session at Tiger Hollow. Athletes being tested will be ready for pick up at 6pm.





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The Sports Injury Test will be performed before Sportsmetrics™ Training begins and then again after completion of the training program. The first Sports Injury Test will be performed to determine if you qualify to participate in training and to establish a baseline by evaluating your general medical history and by assessing your strength and flexibility, general coordination skills and jumping and landing technique. These assessments will be made by using various physical exercise techniques that the testing personnel will discuss and demonstrate for you. **Dark colored shorts, tight fitting clothing and sneakers are required for best measurements in this test.** A foot analysis will also be conducted for research purposes. The information collected at both the first test and post test will be saved and sent as anonymous data to Cincinnati Sports Medicine Sportsmetrics™ for the purpose of analyzing data across the country to prevent future ACL tears in the female athlete.

SECOND SPORTS INJURY TEST – Thursday August 1st, 2013 immediately preceding the training session at Tiger Hollow. Make-up testing will be held on Thursday July 25th, 2013 immediately following the training session at Tiger Hollow. Athletes being tested that day will be ready for pick up at 6pm.

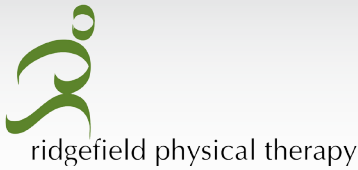
After completion of the Sportsmetrics™ Training Program, a second Sports Injury Test will be performed. The second Sports Injury Test will be conducted to determine the effect of the Training Program on your strength and flexibility, general coordination skills and jumping and landing techniques. A detailed report of the results of the two Sports Injury Tests will be given to you following the session only if specifically requested. These assessments will be made by using various physical exercise techniques that the testing personnel will discuss and demonstrate for you. Dark colored shorts, tight fitting clothing and sneakers are required for best measurements in this test. The information collected at both the first test and post test will be saved and sent as anonymous data to Cincinnati Sports Medicine Sportsmetrics™ for the purpose of analyzing data across the country to prevent future ACL tears in the female athlete.

COMPLIANCE

The Sportsmetrics™ program is proven to be effective for athletes that perform 12 sessions with 6 independent homework sessions. We encourage you to attend every session for maximal benefit and to prevent injury as the skills continue to advance with the program. If you are unable to attend a session, it is your responsibility to contact Kate Campbell or the head trainer to find out what you will miss. It is your responsibility to perform the skills independently. Missed program day information will be available via Dropbox. Dropbox will also house videos of each skill with proper technique to allow the athlete to perform the skill at home properly. It is recommended that a mirror, another peer, or adult are utilized to cue the athlete for technique errors and correction.

As the quality of the skills is the most important part of the program, it is imperative that attention is paid to the head trainer and group trainers and to your own technique. If a trainer sees that an athlete is not cooperating or paying attention to their technique or being disruptive to other athletes, she will be asked no more than 3 times to redirect attention to the task at hand. After 3 times, she will be asked to leave. If an athlete is asked to leave a session more than 2 times, she will not be allowed to continue with the program. This is only to reduce the injury risk to the athlete and other athletes.





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RISKS, EXPERIENCE, BENEFITS AND PRECAUTIONS

The Sports Injury Test and Sportsmetrics™ Training Program may involve the following risks and/or discomforts:

INJURY TO THE LOWER EXTREMITY - The training program is rigorous and includes double and single-leg jumping exercises and strength training activities. Potential injuries include, but are not limited to, muscle strains and ligament sprains. These injuries are the same as those that can happen during any sports activity that involves jumping, running, pivoting, cutting and lifting. The training program is done under the supervision of certified personnel who will conduct all of the training sessions. If you experience any unusual pain, you should notify the certified personnel immediately. You will receive a medical evaluation by Dr. Michael Brand or one of his staff at Danbury Orthopedics as soon as possible if you sustain an injury during testing or training.

GENERALIZED MUSCLE PAIN - You may have generalized muscle soreness or stiffness as a result of the testing and training. You should notify the certified personnel if you experience significant muscle pain or stiffness.

UNFORESEEN RISKS

There may be risks from participating in this training that are unknown by either you or the certified personnel. These could include any preexisting conditions or undiagnosed defects that are aggravated by rigorous athletic activity.

BENEFITS

The benefits of the Sports Injury Test include an assessment of your knee and leg muscular strength, power, flexibility, coordination and jumping/landing technique. This test may allow for the identification of any deficiencies that could place you at an increased risk for a knee injury. There is no guarantee of benefit from participating in Sportsmetrics™ Training, but it is likely given athletes' adherence to program attendance and for those who participate fully and attentively. Benefits of Sportsmetrics™ may include increased athletic performance by increasing speed, power, agility, strength, flexibility and decreasing the risk of serious knee injuries.

CONFIDENTIALITY

Records involving your participation in testing and training will be held confidential to the extent allowed by law and will not be released to the general public. Aggregate results may be published, but your name will not appear in any report or publication.

INJURY PROCEDURE





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As the program includes strenuous physical activity, you may be injured as a result of your participation in the Sports Injury Test and Sportsmetrics™ Training. Ridgefield Physical Therapy staff and Dr. Michael Brand and his staff at Danbury Orthopedics will evaluate and immediately treat any unusual conditions that may occur during testing or training. If you are injured during testing or training, an orthopedic doctor will examine you as soon as possible.

LIABILITY RELEASE:

By signing this document, you 1) expressly represent that you are in good health and are capable of full participation in rigorous physical activity; 2) agree to assume all risk of personal injury while attending and participating in this program; and 3) are acting for yourself, your heirs, personal representatives and assigns, you release Ridgefield Physical Therapy and any of its staff from any loss or liability whatsoever for any accident or injury, fatal or otherwise, which may result directly or indirectly from your involvement with this program.

PHOTOGRAPH RELEASE:

Your photographs may be published or utilized by Ridgefield Physical Therapy and/or Danbury Orthopedics for educational, promotional, or informational purposes. Your photographs may also be used by other news media with the knowledge and permission of Ridgefield Physical Therapy. Your identification will not be released with the photographs unless you previously approve it.



JOIN US ON FACEBOOK @
Ridgefield Physical Therapy-Sports Metrics™





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CONSENT FORM

I have read and understand the preceding information. I have had an opportunity to ask questions and all my questions have been answered to my satisfaction. I am signing this form voluntarily, indicating my agreement to participate in the Sports Injury Test and/or Sportsmetrics™ Training. I do not give up any of my legal rights by signing this consent form.

PRINTED NAME OF PARTICIPANT	PRINTED NAME OF PARENT OR LEGAL GUARDIAN
SIGNATURE OF PARTICIPANT DATE	SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

*By signing this consent form, I verify that I have the legal authority (legal custody) to give permission for this child to participate in the Sports Injury Test and Sportsmetrics™ Training at Ridgefield High School/Ridgefield Physical Therapy.

Please return this signed last page to Dr. Kate Campbell at Ridgefield Physical Therapy to hold your spot for Sportsmetrics™ training. For non-Ridgefield High School students, please make the check out to Ridgefield Physical Therapy for \$100 and attach to this form. Submit form (and check) by June 11th to reserve your spot.

Please use the back of the form as needed

DATE OF BIRTH	AGE	HEIGHT	WEIGHT	GRADE '13 - '14
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ADDRESS	BEST EMAIL (Regarding schedules, etc. Please be neat)
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HOME PHONE	PARENT CELL PHONE / EMERGENCY CONTACT
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PRIOR INJURIES? WHICH SIDE?	DO YOU WEAR FOOT ORTHOTICS (Yes/No) (custom made foot inserts)
-----------------------------	---

DID YOU TEAR YOUR ACL? WHEN? SURGERY? DATE? WHO WAS THE DOCTOR? (Please write on back if needed)

SPRAINED YOUR ANKLES? WHICH SIDE? HOW MANY TIMES?	DOMINANT LEG: LEFT OR RIGHT?
---	------------------------------

SPORT(S) PLAYED	LEVEL (VARSITY, JV or FRESHMAN)
-----------------	---------------------------------

HOW MANY COMBINED GAMES & PRACTICES DO YOU PLAY EACH YEAR? REQUIRED

Please check each season of play. If frequency varies from what's listed, please note in the available space or on back of the page.

- | | |
|--|--|
| <input type="checkbox"/> Fall sports activity #___ days x #___ weeks | <input type="checkbox"/> Summer sports activity #___ days x #___ weeks
(include summer camps, pre-season practices, tryouts, etc) |
| <input type="checkbox"/> Winter sports activity #___ days x #___ weeks | <input type="checkbox"/> Other activity #___ days x #___ weeks |
| <input type="checkbox"/> Spring sports activity #___ days x #___ weeks | |

NOTES: _____

