

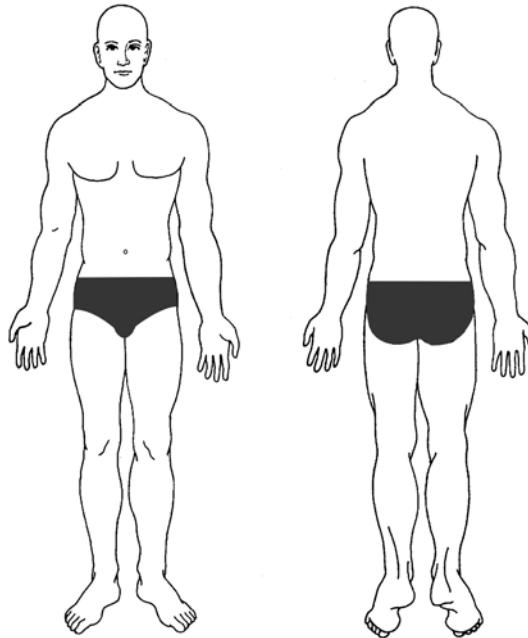
Swimmer's Injury History

Name _____ School/Team _____

Coach's Name _____ Coach's Phone # _____

Are you Right- or Left-handed? _____

What is the primary location of your pain? (Fill-in painful areas on Body Chart)



If you have pain on both left and right, which is greater? _____

Describe your pain _____

What are your primary swimming strokes (specialty?) _____

What are your primary competitive events? _____

What is your daily training distance (yds)? _____

How many training sessions per day? _____

What is the training breakdown by stroke? _____

What is your breathing preference (left, right, or bilateral)? _____

Do you have equal body roll or relatively flat form? _____

Any known stroke problems (coach)? _____

When did your symptoms begin? _____

Was onset gradual or sudden? _____

Have you improved, or gotten worse since onset? _____

What strokes are painful? _____

What part of the stroke is painful? _____

How far into swim do symptoms appear? _____

Is pain worse or better with time during the swim? _____

Do you have pain after swims? If so, how long does it last? _____

What current/past treatment have you had (meds, ice, physical therapy, rest, self care)?

Do you have any specific personal goals upcoming? Training? Competition?
