

GOLF EVALUATION

Date: _____ **Name:** _____ **Acct. #** _____

Email Address: _____ **Phone:** _____

- Golfer – Patient in late stage recovery from an upper extremity medical condition, injury or surgery transitioning back to golf [therapy re-assessment & home program]
- Golfer – Injury prevention program

MEDICAL HISTORY & GOLF HISTORY

Medical History: [specific to orthopedic, neurologic, soft tissue related – muscle/tendon/ligament]

Check all which apply (injuries or medical conditions that have been treated at some point in the past) Identify the year or approximate year, the location (including left &/or right) and if there are any residual problems (i.e. pain, limited motion, numbness/tingling, functional limitations). In addition, identify any current areas of pain that has not been treated by a physician or therapist.

- Head _____
- Neck _____
- Spine _____
- Trunk (Back/Abs/Chest) _____
- Shoulder _____
- Elbow _____
- Forearm _____
- Wrist _____
- Hand _____
- Fingers or Thumb _____

Systemic History: (Check all that apply) Identify any physician-directed restrictions for activity

- Heart Condition _____
- High Blood Pressure _____
- Diabetes (type II) _____
- Respiratory Issues _____
- Dizziness (balance issues) _____
- Arthritis (identify location(s)) _____
- Osteoporosis/Osteopenia _____
- Malignant Cancer _____
- Other: _____

GOLF EVALUATION: MEDICAL HISTORY & GOLF HISTORY [continued]

Overall Health Questions:

- Do you view yourself as healthy? _____
- How often do you exercise? Daily _____ Weekly _____ Monthly _____ Rarely _____
- Do you focus on a healthy diet (e.g. protein, fruits, dark veggies and drink plenty of water daily)? _____
- Do you tire easily or find yourself short of breath when golfing? _____

Golf History:

- How often do you play golf, when the weather is acceptable? _____
- How long have you played golf? _____
- Is golf your favorite past-time? _____
- Do you wear straps, tape, splints or braces while you play golf? If yes, what is it that you wear?

- Do you take lessons from a golf pro? _____
- Do you warm up with stretching exercises prior to playing and practicing? [Note: 35.2% never warm up prior to playing and 62.5% never warm up prior to practicing. It has been well-documented a warm-up session reduces injuries and has favorable physiological effects.]
- What is your handicap? _____

Your Current Personal Golf Goals

- _____
- _____
- No specific goals at this time.

Your Current Golf Goals with Therapy

- _____
- _____
- No specific goals with therapy at this time.

Therapist Goals for the Golfer

- _____
- _____

Additional Comments (including therapist goals for the golfer)

GOLF EVALUATION: FLEXIBILITY

Information assists in determining the key exercises to maximize flexibility for the optimal golf swing

Date: _____ Name: _____ Acct. #: _____

Hamstrings

Supine, with the knee straight, actively flex the hip. Measure the hip flexion once the knee begins to flex.

Left: _____ Right: _____ Left: passively _____ Right: passively _____

Quadriceps

Lying prone, measure active and passive knee flexion

Left: _____ Right: _____ Left: passively _____ Right: passively _____

Lumbar Flexion of the Spine – Forward Flexion [Fingertip to the floor method]

While standing, bend at the waist while attempting to touch the ground. [Measure from the middle finger fingertip to the floor] [Refer to picture A]

Lateral Flexion [Fingertip to floor method]

Lean sideways at the waist. Actively reach toward the floor. [Measure from the middle finger fingertip to the floor with a measuring tape] [Refer to picture B]

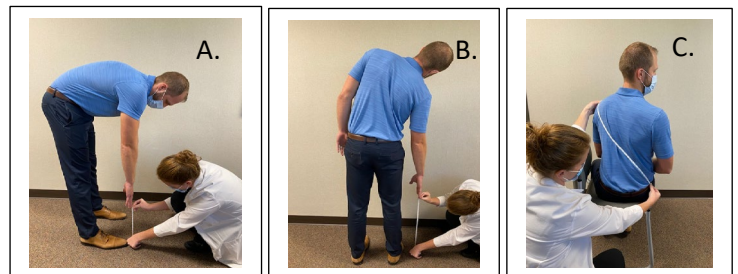
Thoracolumbar Rotation (Rotation of the shoulders and spine at the waist level)

While sitting and with an upright posture, actively rotate/turn the trunk; measure from the right hip to the left side acromion [Picture C] Repeat from the left hip to right acromion.

Left acromion _____

Right acromion _____

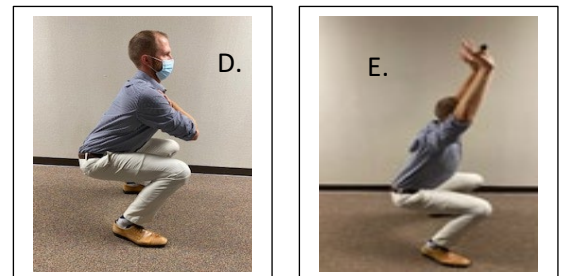
Latissimus Dorsi Deep Squat – arms across body, with deep squat (able-unable to do) [Refer to picture D]



Latissimus Dorsi Deep Squat – arms directly overhead holding dowel rod or golf club with full squat [Note: should shoulders fall forward, likely to have tight latissimus dorsi; will affect golf swing] Indicate degree of shoulder forward flexion with achievable squat to floor.] [Refer to picture E]

ROM (Measure joints with limitation only – actively)

- Shoulder Forward Flexion/Extension _____
- Shoulder Abduction 90° with IR _____
- Shoulder Abduction 90° with ER _____
- Shoulder Internal Rotation (waist to spine) _____
- Elbow Extension, Forearm Pronated; Measure Active Wrist Flexion _____
- Triceps Stretch (measure shoulder forward flexion with elbow flexed) _____
- Wrist Flexion/Extension & Ulnar-Radial Deviation _____
- Forearm Supination & Pronation _____



GOLF EVALUATION: ENDURANCE – STRENGTH

Date: _____ Name: _____ Acct. #: _____

Endurance/Strength Assessment:

This area of assessment is to evaluate the key muscles involved in the golf swing and common sites of golf injuries. [Note: The primary muscles involved in the back-swing, down-swing and follow-through include: the abs, external/internal obliques, gluteus maximus & medius, erector spinae muscles, quadriceps, hamstrings, gastrocnemius, latissimus dorsi, rotator cuff, pectoralis major, rhomboids, middle & lower trapezius. The top four medical conditions elite and amateur golfers experience include low back pain (#1), followed by shoulder, elbow and wrist pain. Thus, this golf assessment includes an assessment of muscle groups involved in the golf swing and those which risk a golf injury.

Muscle Assessment

(Key muscle groups essential for the proper backswing, downswing and follow through)

- Back:** Number of reps prior to fatigue with prone extension exercise [4 dates to evaluate progress]

- Chest:** Number of reps prior to fatigue with countertop push-ups OR floor push-ups (circle one)

- Abs:** Number of reps prior to the onset of fatigue with sitting on floor, knees flexed, perform sit-ups for 30 seconds. [Normal range for 18-45 year olds: men = 14-18 sit-ups; women = 10-15 sit-ups]
 [Note: avoid in the presence of back conditions/pain]

- Latissimus Dorsi:** Number of reps prior to onset of fatigue with tubing [identify color or resistance] lat pull downs

- Hips:** Number of reps prior to onset of fatigue while side-lying on floor, abduct/adduct hip [left hip]
 [Note: indicate if add light ankle weights are added & the weight]

- Quads & Hamstrings:** Number of reps prior to the onset of fatigue while performing wall squats

- Rotator Cuff:** Number of reps prior to the onset of fatigue holding tubing [identify color or resistance grade] perform repetitive resistance for internal rotation (IR) & separately for external rotation (ER)
 IR: _____
 ER: _____
 Scaption: _____
- Sit Up and Throw Test** (tests abs and latissimus dorsi muscle power): The knees are bent while lying down. A medicine ball ____lbs/kgs is handed to the golfer. The golfer throws it like a soccer throw in movement. The measurement is the distance from the chest (in the sitting position) to where the ball lands. _____ft./inches _____
- Balance Test** (tests duration of time patient able to stand on one foot)

Left Right Left Right Left Right Left Right

GOLF EVALUATION: ENDURANCE – STRENGTH [continued]

Date: _____ Name: _____ Acct. #: _____

Power Grip – Standardized Method & Stress Testing Position

- Dynamometer power grip (average of 3)(compare measurements monthly)

Average:

- Dynamometer stress testing position for lateral epicondylitis (average of 3 grips) (compare left & right monthly) [Shoulder adducted to side of body; elbow extended, forearm pronated. An alternative is to measure in the same positions, except the shoulder flexed 75°-90° (Perform this test in the presence of lateral epicondylitis) Shoulder adducted Shoulder flexed

Average:

Additional Testing: [may include MMT of key muscles related to the golf swing, assessing balance, etc.]

- Gluteus maximus
- Gluteus medius
- External obliques
- Internal obliques
- Rectus & transverse abdominis
- Hip abductors
- Hip adductors
- Latissimus dorsi
- Rhomboids
- Lower trapezius
- Pectoralis Major
- Erector spinae muscles
- Quadriceps
- Hamstrings
- Gastrocnemius
- Rotator cuff

Additional Comments & Observations

GOLF EVALUATION: EQUIPMENT

Date: _____ Name: _____ Acct. #: _____

Share the following information with your golf pro, should you be interested in any new golf equipment.

Golf Clubs

Overall, how old is your current set of clubs: _____

Are you comfortable with & like your clubs? Yes ___ No ___ Comments: _____

Specific Clubs

[Note: The golfer should bring the golf clubs they play with to their appointment.]

Identify any comments or recommendations to share with the golf pro.

- Wedges: Sand wedge Gap/lob wedge Pitching wedge: _____
- 5 6 7 8 9 iron: _____
- 5 6 7 9 hybrid: _____
- 3 5 7 wood: _____
- Driver: _____
- Putter: _____
- Other comments : _____

Grips

- Fresh, relatively new
- Recommend replacing grips (Brand recommended: _____)
- Proper size
- Too small of a grip
- Too large of a grip

Shafts

- Steel shafts
- Graphite shafts
- Firm, limited flex

Club Length

- Reasonable
- Too long overall
- Too short overall
- Golfer – height: _____

Golf Balls

- Type: _____
- No preference
- Recommendation: _____

Golf Glove

- Type: _____
- No preference
- Recommendation: _____

Golf Course

- Prefer walking & carrying the golf bag or using a push cart
- Prefer electric golf cart

GOLF EVALUATION: SWING

Date: _____ **Name:** _____ **Acct. #:** _____

Primary mechanical faults are identified below. Your golf pro serves as the expert in the complete analysis of your golf swing. Please share the following information with your golf pro, should you be interested in golf lessons.

- Set up
 - Golf grip _____
 - Stance _____
 - Placement of club in stance _____
- Take away _____
- Backswing _____
- Downswing _____
- Impact _____
- Follow through _____
- Overall swing speed – take away to follow through
 - Smooth and deliberate
 - Fast and hurried
 - _____

Additional Comments:

Therapist Signature: _____ Date: _____

Therapist contact Information [phone/email address]: _____
