

Dear Student Athletes and Guardians,

You are invited to participate in the Functional Movement Screening (FMS™) that will be taking place in addition to the KHSAA pre-participation examination provided by Assumption High School's Athletic Department on June 18 and July 9 from 8-12 am. These screenings are being conducted by graduate students in the Doctor of Physical Therapy Program of Bellarmine University under the supervision of Dr. Catherine Crandell. The FMS™ is a screening tool that allows individuals to be examined for functional asymmetries in positions that mimic athletic stances during sporting activities. The FMS™ consists of seven movements that are intended to quickly and easily identify restrictions and/or abnormalities in functional stances. All participants will be screened using the FMS™ during one session and will not be allowed a warm-up period for the FMS™. All participants will be allowed up to three trials for each of the seven FMS™ movements. Movements include: Deep Squat, Hurdle Step, Inline Lunge, Shoulder Mobility, Active Straight-Leg Raise, Trunk Stability Pushup, and Rotary Stability. Each participant's FMS Test will be scored by Bellarmine University Doctor of Physical Therapy students under the supervision of Dr. Brandon Fowler, DPT. Based on the score attained by each athlete, recommendations will be provided to determine appropriate path of care for athletes. Corrective exercises will be given to athletes who have scored a total of 14 or below or a zero in any of the categories of the FMS™. Corrective exercises have been given to Assumption High School's athletic department and will be given to the athletes the day of the KHSAA screening. Athletes will follow up with corrective exercises with Assumption High School Athletic Trainer Shannen Brown as needed.

Consent/Assent to participate in the Functional Movement Screenings as a supplemental to the Assumption High School Pre-participation physicals.

You have agreed to participate in the FMS. You have been given a signed copy of this consent/assent form.

Signature of Minor

Date Signed

Signature of Parent or Legal Guardian

Date Signed

Signature of Investigator

Date Signed

Signature of Person Explaining Consent if other than Investigator

Date Signed