

## Winter Sports Checklist

### GEAR CHECK

- SKI AND/OR SNOWBOARD
- CLOTHING (SNOW PANTS, JACKET, ETC.)
- SAFETY (HELMET, GOGGLES)

### STRENGTH, ENDURANCE, RECOVERY

- ESTABLISHED SLEEP SCHEDULE
- ESTABLISHED WORKOUT SCHEDULE
- WINTER SPORT CROSS-TRAINING
- RECOVERY ROUTINE
- NUTRITION AND HYDRATION HABITS
- MENTAL WELLNESS CHECK

### MOVEMENT HEALTH

- TIMED SINGLE LEG BALANCE
- LOWER EXTREMITY FUNCTIONAL SCALE
- UNILATERAL SINGLE LEG HIP BRIDGE
- LOWER TRUNK ROTATIONS
- THOMAS TEST
- KNEE TO WALL TEST

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## Single Leg Stance

<b>REPS: 1</b>	<b>SETS: 3</b>	<b>HOLD: 60SECONDS</b>	<b>DAILY: 1</b>
<b>WEEKLY: 7</b>			



### Setup

Begin in a standing upright position with your feet together and arms resting at your sides.

### Movement

Lift one foot off the floor, balancing on your other leg. Maintain your balance in this position.

### Tip

Try not to move your arms away from your body or let your weight shift from side to side.

## Single Leg Stance Normative Values

Age (Years)	Time (Seconds)
18-39	43
40-49	40
50-59	37
60-69	27
70-79	18
80-99	6

# Supine Lower Trunk Rotation

REPS: 20

SETS: 3

DAILY: 1

WEEKLY: 7



## Setup

Begin lying on your back with your knees bent and feet resting on the floor.

## Movement

Keeping your back flat, slowly rotate your knees down towards the floor until you feel a stretch in your trunk and hold.

## Tip

Make sure that your back and shoulders stay in contact with the floor.

## Key Observations

- Inability to fully rotate hips until they touch the mat
- Upper back lifting off the mat, in order to fully rotate
- Pain in low back or hip
- Big stretch along lateral hip

# Thomas Stretch on Table

REPS: 10

SETS: 3

DAILY: 1

WEEKLY: 7



## Setup

Sit at the edge of a bed or table with both legs hanging off the edge.

## Movement

Lift one leg toward your chest, and lean backward onto the table at the same time. You should feel a stretch in the front of the hip of your leg that is hanging toward the floor.

## Tip

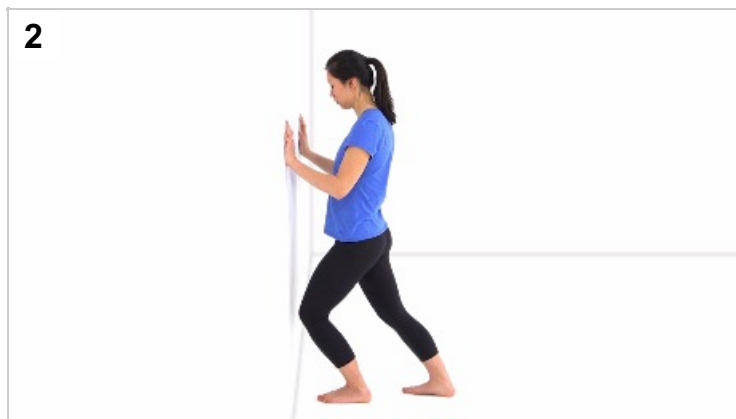
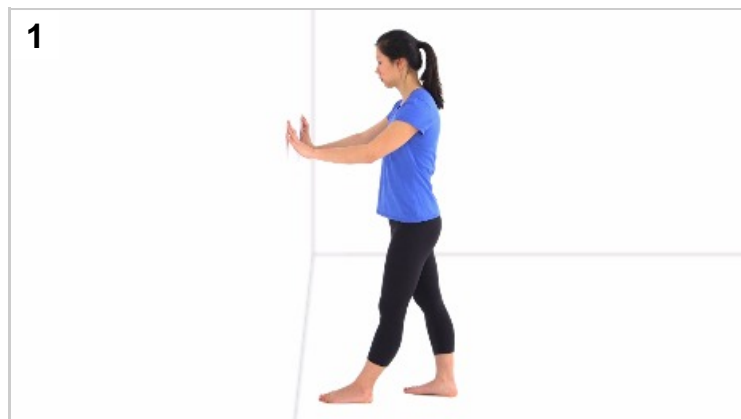
Make sure not to let your low back arch during the stretch.

## Key Observations

- Lower thigh does not touch the bed
- Lower knee is straight
- Lower leg falls off to the side and points outward
- Lower leg falls off to the side and points inward

# Standing Ankle Dorsiflexion Stretch

<b>REPS: 3</b>	<b>SETS: 1</b>	<b>HOLD: 30 SECONDS</b>	<b>DAILY: 1</b>
<b>WEEKLY: 7</b>			



## Setup

Begin in a staggered stance position with your front foot close to a wall in front of you.

## Movement

Slowly shift your weight forward, pushing your knee toward the wall, until you feel a stretch in your ankle. Hold, then relax and repeat.

## Tip

Make sure to keep your front heel flat on the ground and do not bend your knee inward or outward during the stretch.

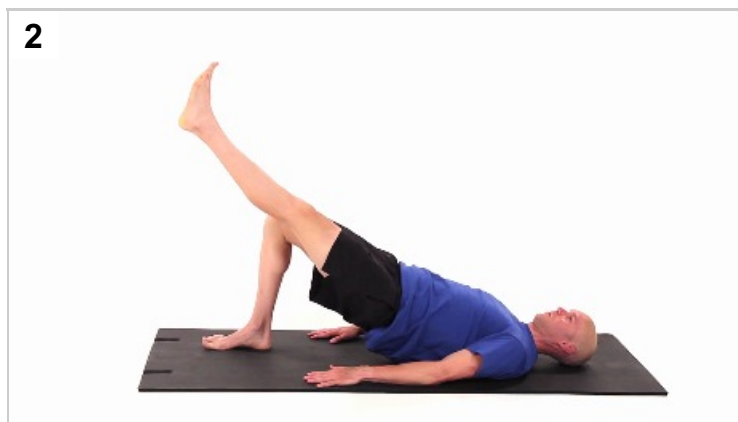
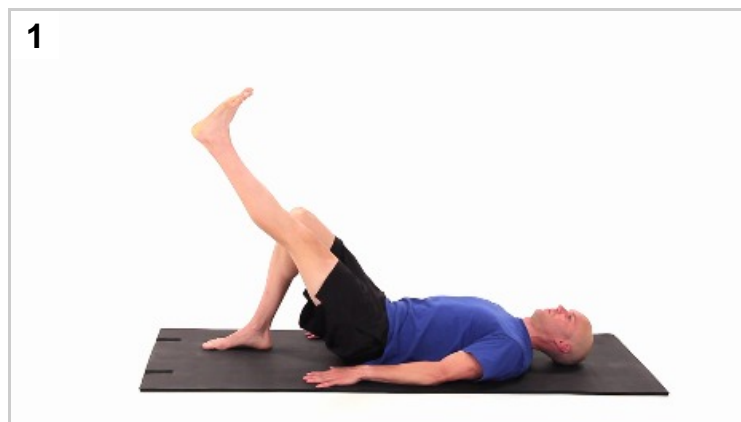
## Normative Distance

<b>Women</b>	<b>13cm</b>
<b>Men</b>	<b>14cm</b>

**\*Approximately one hand width away from the wall**

# Single Leg Bridge

<b>REPS: 5</b>	<b>SETS: 1</b>	<b>HOLD: 30</b>	<b>DAILY: 1</b>
<b>WEEKLY: 7</b>			



## Setup

Begin lying on your back with both knees bent and your feet resting on the floor.

## Movement

Straighten one leg, keeping it in line with your other leg, then tighten your abdominals and lift your hips off the floor into a bridge position. Then lower yourself back down, and repeat.

## Tip

Make sure to keep your abdominals tight and do not let your hips rotate during the exercise.

## Normative Hold Time

**Men & Women = 23 seconds**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

### LOWER EXTREMITY FUNCTIONAL SCALE (LEFS)

**Instructions**

We are interested in knowing whether you are having any difficulty at all with the activities listed below **because of your lower limb problem** for which you are currently seeking attention. Please provide an answer for **each** activity. **Today, do you or would you have any difficulty at all with:**

Activities	Extreme difficulty or unable to perform activity	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
1. Any of your usual work, housework or school activities.	0	1	2	3	4
2. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3. Getting into or out of the bath.	0	1	2	3	4
4. Walking between rooms.	0	1	2	3	4
5. Putting on your shoes or socks.	0	1	2	3	4
6. Squatting.	0	1	2	3	4
7. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8. Performing light activities around your home.	0	1	2	3	4
9. Performing heavy activities around your home.	0	1	2	3	4
10. Getting into or out of the car.	0	1	2	3	4
11. Walking 2 blocks.	0	1	2	3	4
12. Walking a mile.	0	1	2	3	4
13. Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14. Standing for 1 hour.	0	1	2	3	4
15. Sitting for 1 hour.	0	1	2	3	4
16. Running on even ground.	0	1	2	3	4
17. Running on uneven ground.	0	1	2	3	4
18. Making sharp turns while running fast.	0	1	2	3	4
19. Hopping.	0	1	2	3	4
20. Rolling over in bed.	0	1	2	3	4

**Column Totals:**

Age (Years)	Normative Values
18-39	80
40-64	77
>65	66
History of fracture or surgery < 1 year	64

Percentile Score	5th	10th	25th	50th	75th	90th	95th	Mean
	32	43	63	77	80	80	80	69