



Knee Training Zone

ACL Injury Risk and Prevention Program
Participant Intake Form

Name: _____ DOB: _____ Gender: M / F

Test Date: _____ Current Sport: _____ Team: _____

Other Sports: _____

Previous Injury: Y or N (If yes, please provide comments):

Office use only:

Login Code: _____ DACL: _____

Outcomes:

Two-Legged Landing:	First Landing	Initial	R	Y	G
		Max	R	Y	G
	Second Landing	Initial	R	Y	G
		Max	R	Y	G
Thumb Laxity Test:	Y	N			
Hamstring Max Pull:	Ft/lbs	R_____	L_____		
Nordic Sit-ups:	Best Angle	_____			
Double Leg Broad Jump:	Ave distance	_____cm			
T Jump 15 sec:	Total Reps	R_____	L_____		
	Right Max	R	Y	G	
	Left Max	R	Y	G	