



# Rowing History Form

Date: \_\_\_\_\_ Patient #: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

1. When did you first notice symptoms? \_\_\_\_\_  
Re-injury: \_\_\_Y / \_\_\_ N

2. Describe symptoms (area/right side/left side): \_\_\_\_\_  
\_\_\_\_\_

4. Type of pain: \_\_\_Dull \_\_\_Throbbing \_\_\_Intermittent \_\_\_Sore \_\_\_Sharp \_\_\_Constant \_\_\_Burning \_\_\_Bruised

5. Onset: \_\_\_ Gradual \_\_\_ Sudden

6. When do your symptoms occur:

\_\_\_ As soon as you start rowing      \_\_\_ While rowing for \_\_\_\_\_ minutes  
\_\_\_ After rowing      \_\_\_ During normal activity (such as walking)      \_\_\_ Always

7. How long do your symptoms last: \_\_\_\_\_

8. What helps relieve your symptoms: \_\_\_\_\_

9. What increases your symptoms: \_\_\_\_\_

10. Have you been treated for this condition previously \_\_\_Y / \_\_\_ N When: \_\_\_\_\_  
By whom: \_\_\_\_\_ What was the treatment: \_\_\_\_\_

11. Have you had any other rowing related problems: \_\_\_Y / \_\_\_ N What: \_\_\_\_\_  
When: \_\_\_\_\_ Treatment: \_\_\_\_\_  
By whom: \_\_\_\_\_

12. What effects do your symptoms have on your rowing: \_\_\_\_\_  
\_\_\_ Pain during workout but able to row      \_\_\_ Unable to row      \_\_\_ Rowing compromised by pain  
\_\_\_ Other \_\_\_\_\_

13. Rowing Affiliation Club/School: \_\_\_\_\_  
Coach's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

14. Check all that apply: \_\_\_ Port \_\_\_ Starboard \_\_\_ Scull \_\_\_ Coxswain

15. Best 1minute watts test (Stork rate cap of 40) \_\_\_\_\_ (avg watts generated)

16. Did you use "Slides" for your erg testing? \_\_\_Y / \_\_\_ N

17. Please check all that apply:

- Shoulder: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Elbow: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Hand: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Wrist: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Fingers: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Knee: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Ankle: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Back: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_

18. Have you had any surgery within the last two years: \_\_\_\_\_ Y / \_\_\_\_\_ N

If yes, what type of surgery and when: \_\_\_\_\_

19. Type of Rower: \_\_\_\_\_ Fitness \_\_\_\_\_ High School \_\_\_\_\_ Recreation  
\_\_\_\_\_ Club \_\_\_\_\_ Professional \_\_\_\_\_ College

20. Frequency of rowing: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly

21. How long have you been rowing: \_\_\_\_\_

22. Do you wear orthotics or other corrective devices: \_\_\_\_\_

How long have you worn them: \_\_\_\_\_ What effect do they have: \_\_\_\_\_

Who prescribed them: \_\_\_\_\_

23. Have you required Athletic taping/wrapping: \_\_\_\_\_ Y / \_\_\_\_\_ N

If so, where: \_\_\_\_\_

24. Do you stretch regularly: \_\_\_\_\_ Y / \_\_\_\_\_ N \_\_\_\_\_ Before rowing \_\_\_\_\_ After rowing \_\_\_\_\_ How long

25. Female rower – Normal menstrual cycles: \_\_\_\_\_ Y / \_\_\_\_\_ N

26. What other sports or cross training do you participate in on a regular basis: \_\_\_\_\_