



Just Kettlebells
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WAIVER AND AGREEMENT FOR Functional Movement Screens (FMS)

Testing Objectives: I understand that the tests that are about to be administered to me are for the purpose of determining my underlying movement compensation patterns, muscular or joint weaknesses, or pain. From these compensation patterns, it can be identified where motor control can be improved in order to optimize function.

Explanation of Procedures: The FMS is composed of seven fundamental movement tests: deep squat, inline lunge, shoulder mobility, hurdle step, active straight leg raise, trunk stability pushup and rotary stability.

Description of Potential Risks: I understand that there exists the small possibility of injury during these movements. Professional care throughout the entire testing process should provide appropriate precaution against such problems.

Benefits to Be Expected: I understand that the results of these tests will be shared with me as well as:

_____ (names of other parties with whom you wish the results shared).

Based on the results of the tests, a suggested list of corrective or conditioning exercises that can be done as a warmup, cool down, and/or in conjunction with my personal training or regular exercise regimen will be provided.

I give my permission for my FMS session to be video recorded. ___ YES ___ NO. (Initial)

The cost of the initial FMS is a fee of _____. Follow -up screens after two to four week period of corrective or conditioning exercises are recommended and will be administered for per screen charge of _____.

I have read the foregoing information and understand it. Questions concerning these procedures have been answered to my satisfaction. I also understand that I am free to deny answering any questions during the evaluation process, or to withdraw consent and discontinue participating in any procedures. I have also been informed that the information derived from these tests is confidential and will not be disclosed to anyone (other than parties named above) without my permission.

Participant's Signature _____ Date _____
PRINT NAME: _____ DOB: _____ PHONE: _____