



STATIONARY BIKE FIT INTAKE FORM

Name: _____

Date: _____

Thank you for choosing Stride Physio for your spin bike fitting needs. A spin bike fit helps you achieve an optimal position on the bike while reducing inefficiency stresses and strains on your body. Bike fitting is a unique process with a physical therapist (PT), designed to achieve your desired cycling goals. With the use of appropriate exercise prescription and movement repatterning, we train your body and adjust your bike to improve overall performance.

- You have the choice to meet with your physical therapist either online or in person at your home.
 - Your PT can meet you inside or outside, taking care to observe all COVID-19 precautions: face masks, sanitizing surfaces/equipment, and hand-washing.
 - Virtual, telehealth meetings with your PT occur over the Zoom platform.
- Stationary bike fits are the financial responsibility of the client, and payment is due at the time of service. Sessions are billed at the following rates:
 - House call: \$250.00 (within King county)
 - Virtual Fit: \$150.00

WHAT TO EXPECT DURING YOUR FIT

Your therapist will:

- Perform a brief musculoskeletal exam targeting trouble regions with cycling.
- Assess your existing on-bike ergonomics to identify pain sources.
- Assess your postural and pedaling techniques in 3 planes - front, back and sides

And implement the following as needed:

- Adjustments to cleats, saddle, handlebars, stem for optimal positioning.
- Prescription of exercises and stretches to perform off the bike.
- Discuss scheduling a shorter follow-up visit to make minor adjustments and advance your technique.

We strive for an optimal fit to not only meet your goals, improve your comfort, and reduce your risk of overuse injuries, but to exceed your performance expectations!

CLIENT CHECKLIST

- Fill out the questionnaire.
- Make sure your bike is in good working order.
- Wear the clothing and shoes you usually cycle in.
- Have any tools on hand that you would use to make adjustments, if needed.

BIKE FIT QUESTIONNAIRE

1. Please list the primary goal(s) for your bike fit: _____
2. What is the brand of spin bike? _____
3. Preferred appointment type: In-person TeleHealth

4. Have you had a fit on this bike in the past? Yes No

If yes, briefly describe: _____

5. Average mileage or time spent per week cycling: _____

6. Please check any of the symptoms you are experiencing associated with cycling:

- | | |
|---|---|
| <input type="checkbox"/> Hip pain | <input type="checkbox"/> Lower back pain |
| <input type="checkbox"/> Knee pain | <input type="checkbox"/> Mid-back pain |
| <input type="checkbox"/> Ankle pain | <input type="checkbox"/> Shoulder pain |
| <input type="checkbox"/> Foot pain/ numbness | <input type="checkbox"/> Elbow pain |
| <input type="checkbox"/> Numbness or pain in saddle region | <input type="checkbox"/> Hand/wrist pain |
| <input type="checkbox"/> Difficulty with urination holding or voiding | <input type="checkbox"/> Symptoms radiating into legs or arms |
| <input type="checkbox"/> Sexual dysfunction | <input type="checkbox"/> Numbness in arms or fingers |
| | <input type="checkbox"/> Other: _____ |

7. When did these symptoms start? _____
8. How long do these symptoms persist after a ride? < 3 hrs 1 or more days more than 3 days. If more than 3 days, list what daily activities are affected _____
9. List any recent part or equipment changes, e.g. new shoes, saddle, changes in handlebar height:

10. Additional questions/comments:

Payments can be made by calling our office at (206) 547-7445.

By signing this form you are agreeing to pay the balance in full.

Signature

Date