



## **ROAD BIKE FIT INTAKE FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for choosing Stride Physio for your bike fitting needs.** A bike fit helps you achieve optimal position, posture and biomechanics 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 and enjoyment.

- 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:
  - Bike Fits (all bike types except spin): \$350.00 (for initial visit and 1 follow up)
  - Indoor Spin Bike Fit House call: \$250.00 (within King county)
  - Indoor Spin Bike Fit 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 clean and in good working order.
- ☐ Wear the clothing and shoes you usually cycle in.
- ☐ Expect to spend 90 minutes to 2 hours during your first appointment
- ☐ 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 your bike? \_\_\_\_\_
3. Preferred appointment type: ☐ In-person ☐ TeleHealth (only for spin bikes)
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 online at [pay.instamed.com/strideseattle](https://pay.instamed.com/strideseattle) or on the phone at (206) 547-7445.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date