

OSTRC Overuse Injury Questionnaire

There are no right or wrong answers. Mark the response that best describes you over the period stated, and answer every item.

Name: _____ **Date completed:** _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy **Record / MRN number:** _____

Answer each of the 10 items below. Choose the response that best describes the last two weeks unless you are told otherwise.

1. I understand what ostrc overuse injury involves and why it has been recommended.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

2. I am confident managing baseline range of motion and strength day to day.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

3. Exercise prescription with sets and progressions has been discussed with me.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

4. I know who to contact if something changes between appointments.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

5. I am able to follow the advice I have been given about pain and function scores across sessions.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

6. I have enough information to make decisions about my care.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

7. The symptoms I came in with have affected my daily activities.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

8. I have found it difficult to keep up with return-to-activity criteria.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

9. I have had support from family, friends or carers with this.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

10. I am satisfied with the care I have received so far.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

Anything else you would like the team to know

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Total score: _____

Interpretation: _____

Completed by: _____

Reviewed by / date: _____