

# TEENAGERS AT RISK

## Fitness and Health Assessment



Less than 50% of US teens meet health fitness standards for strength, flexibility and muscular endurance

only  
**24%**

Only 24% of high school students report getting the recommended 60 minutes or MORE of physical activity daily



Low Activity Increases Musculoskeletal Risk:  
22% of US adolescents ages 12-19 met OBESITY criteria



High Body Mass is associated with greater spinal load and back pain risk



5-20% of children and adolescents experience low back problems; 6.6% of teens experience CHRONIC backpain

SCAN QR CODE



For their best health, teens need to receive a preventative assessment for risk factors that contribute to back problems, poor posture and musculoskeletal issues.

# Teen Back Pain Risk Assessment Form

## Teen Information:

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

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Presenting History / Risk Indicators:

- Current low-back pain
  - Acute (<6wk)
  - Subacute (6–12wk)
  - Chronic (>12wk)
- Prior back injury
- Disc Problem
- Surgery
- Leg Pain
- Sciatica Symptoms
- High body weight / BMI percentile: \_\_\_\_\_
- Low physical activity (<60 min/day)
- Heavy backpack use (>15% body weight)
- Participation in sport (specify): \_\_\_\_\_

Notes: \_\_\_\_\_

## Screening Tests & Results:

Lumb Flexion: _____	Lumb Extension: _____
Lat Flexion L: _____	Lat Flexion R: _____
Rotation L: _____	Rotation R: _____
Plank Hold: _____	Curl/Sit Ups: _____
Sorenson Test: _____	Sit and Reach: _____
Thomas Test: L / R - N / M / Md / S	Quad Flexibility: _____

Functional Tasks Observation: \_\_\_\_\_

## Risk Flags:

- Pain during ROM
- Plank < benchmark
- Asymmetry L vs R
- Sit & Reach below benchmark
- High BMI percentile
- Functional difficulty at school/sport

## Risk Classification

- Low  Moderate  High

## Action Plan / Recommendations

- Education on backpack ergonomics
- Core strengthening & stretching program
- Reassessment in 4–8 weeks
- Refer to pediatrician/sports medicine if high risk or neurological signs

## Signatures:

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_