



Supplementary file: Questionnaires

Sports Injury Survey Questionnaire

1. Do you have experience in participating in the marathon: ☐No; ☐Yes, ☐ <1 year ☐ 1-2 years ☐
2-3 years ☐ 3-4 years ☐ 4-5 years ☐ More than 5 years (marathon/half marathon also please note)
2. Number of times to participate in marathon: average _____ times/per week;
_____ per month; _____ per year.
3. Normal running times: approximately _____ times/week or month; each time approximately _____
kilometers or minutes.
4. Do you have experience in running a mountain road marathon: ☐No. ☐Yes, about times.
 - a. Have you received special training or planned training? ☐No; ☐Yes,
 - b. Training method: _____
Frequency: _____ times/week; about _____ kilometers or _____ hours each time.
5. Have you ever had sports injuries or pain (sore) problems:
☐No; ☐Yes, in ☐Ankle joint ☐Knee joint ☐Hip joint ☐Low back
☐Shoulder and neck joint ☐Upper limbs (elbows, wrists) ☐feet or toes ☐Calf muscles (tendons) ☐
Thigh muscles (tendons) ☐Back muscles ☐Shoulder and neck muscles ☐Others: (multiple
selection possible)
6. Is there any pain (sore) after this run:
☐No; ☐ Yes, in ☐Ankle joint ☐Knee joint ☐Hip joint ☐Low back ☐Shoulder and neck joint ☐
Upper limbs (elbows, wrists) ☐feet or toes ☐Calf muscles (tendons) ☐Thigh muscles
(tendons) ☐Back muscles ☐Shoulder and neck muscles ☐Others: _____ (multiple choice)
7. Before this run, you spend about minutes warming up.
warm up method: ☐Massage ☐stretch ☐Tapping ☐Other _____ (multiple choice),

*site: ☐ankle joint ☐knee joint ☐hip joint ☐lower back ☐shoulder and neck joint ☐upper limb

(hand, Elbows, wrists) ☐Feet or toes Calf muscles /tendons ☐Thigh muscles/tendons/ ☐

Lower back muscles☐Shoulder and Neck muscles ☐Others:_____(multiple choice)

8. In your usual experience of running a marathon (including half marathons), the Taroko

(Mountain Road) Marathon and the Flatland Marathon will affect you: ☐No effect, ☐

Influence:

a. Location: ☐ankle joint ☐knee joint ☐hip joint ☐lower back ☐shoulder and neck joint ☐upper

limb (elbow, wrist) ☐feet or toe ☐calf muscle (tendon) ☐thigh muscle (tendon) ☐lower back

muscle ☐shoulder and neck muscles ☐other: (multiple choice)

b. ☐ It takes more time to warm up than usual, about _____minutes.

9. Do you know that the conference provides sports injury physical therapy services: ☐Yes; ☐No

10. You feel about the sports injury physiotherapy services provided by the conference: ☐not

satisfied ☐not satisfied ☐good (normal) ☐somewhat satisfied ☐very satisfied.

20** Taroko Gorge Marathon

Sports injury and physical therapy record sheet

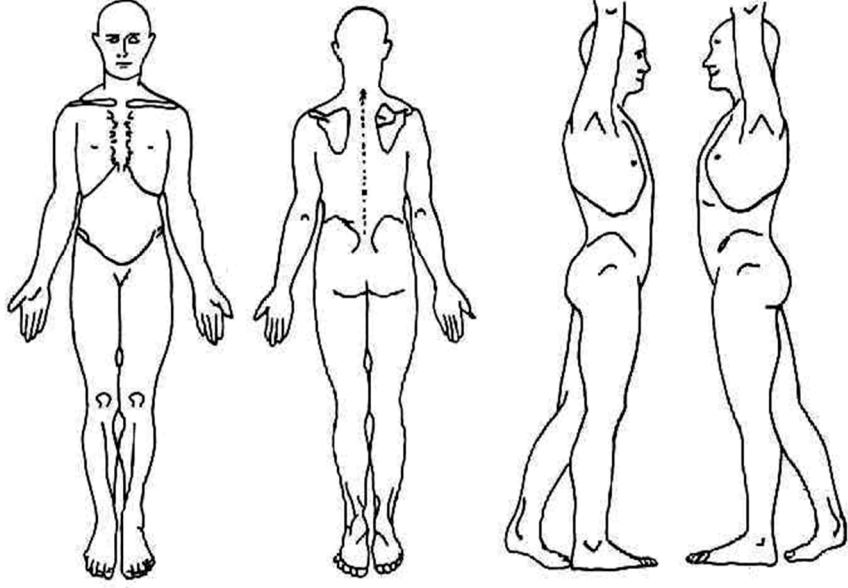
Participant Number:_____ Gender: Male Female Age:_____ Height:_____ Weight:_____ Participating Mileage: Half Full

Education level: ☐ Elementary ☐ Junior High ☐ High School ☐ Junior College or Above ☐ Graduate School

Sports injury history: ☐ None ☐ Yes, site (indicated in the table below), first occurrence to date: _____years/_____month/_____week,

experienced process: continuous intermittent,

Have you received diagnosis and treatment: No Yes. Diagnosis: _____ Treatment: _____

Sports injury Hx.site ,pain site and treatment site	protection and treatment items
<p>black: Sports injury Hx.red: Pain blue: Treatment site</p> <div style="text-align: center; margin-top: 20px;">  </div>	<p>Ice pack: <input type="checkbox"/> Ice bag x_____ <input type="checkbox"/> Ointment <input type="checkbox"/> Cold spray x_____</p> <p>Massage: <input type="checkbox"/> soft tissue massage and DFM <input type="checkbox"/> nerve point massage<input type="checkbox"/> lymphatic massage</p> <p>Stretch: <input type="checkbox"/> manual stretch <input type="checkbox"/> education stretch</p> <p>Site: <input type="checkbox"/> Quadriceps <input type="checkbox"/> Posterior thigh muscles<input type="checkbox"/> ITB <input type="checkbox"/> Adductors femoris<input type="checkbox"/> Gluteal muscles <input type="checkbox"/> Iliopsoas <input type="checkbox"/> Piriformis<input type="checkbox"/> Back muscles</p> <p><input type="checkbox"/> Anterior Calf muscles<input type="checkbox"/> Posterior calf muscles<input type="checkbox"/> Anterior neck muscles <input type="checkbox"/> Posterior neck muscles<input type="checkbox"/> pectoralis muscles<input type="checkbox"/> Rotator cuff</p>

Joint mobilization: ☐Lumbar and sacral spine☐Hip joint☐Knee joint
☐Ankle joint☐cervical-thoracic spine☐Shoulder joint ☐Elbow joint
☐Wrist joint

Tapping: ☐Athletic tape ☐Bandage ☐Leuko tap ☐Kinesio tap

Site: ☐feet ☐ankle ☐calf ☐knee ☐thigh ☐other_____

other: ☐ running shoe testing ☐ exercise guidance and pain

treatment consultation ☐_____

VAS scale: (pre-) /10, (post-) /10

GROC: -7, -6, -5, -4, -3, -2, -1, 0, +1, +2, +3, +4, +5, +6, +7

(-7: A very great deal worse, 0: About the same, +7: A very great deal better)

Signature of name:_____