

SCHEDULE B

Date:	Leg Dominance: L/R
Name:	Gender: M/F
Age:	Sport / Activity:
Height:	Hand Dominance: L/R
Weight:	
Resting Blood Pressure:	
L: / R: /	
L: / R: /	

Functional Movement Screen

Functional Movement Screen	Raw Score	Comments	
Active Straight Leg Raise <u>L</u>			
Active Straight Leg Raise <u>R</u>			
Thomas Test <u>L</u>			
Thomas Test <u>R</u>			
Shoulder Mobility <u>L</u>			
Shoulder Mobility <u>R</u>			
Active Impingement Shoulder Test <u>L</u>			
Active Impingement Shoulder Test <u>R</u>			
Thoracic Spine Mobility <u>L</u>			
Thoracic Spine Mobility <u>R</u>			
Cervical Extension			
Cervical Flexion			
Cervical Rotation <u>L</u>			
Cervical Rotation <u>R</u>			
Split-Stance Ankle Mobility <u>L</u>			
Split-Stance Ankle Mobility <u>R</u>			
Lower Body Motor Control Screen <u>L</u>			
Lower Body Motor Control Screen <u>R</u>			
Rotary Stability <u>L</u>			
Rotary Stability <u>R</u>			
Flexion Pain Test			
Trunk Stability Push-Up			
Extension Pain Test			
In Line Lunge <u>L</u>			
In Line Lunge <u>R</u>			
Hurdle Step <u>L</u>			
Hurdle Step <u>R</u>			
Deep Squat			
Regions of Muscle Tenderness			