Cervical Rotation Lateral Flexion Test

CERVICAL ROTATION LATERAL FLEXION TEST

Patient name: _____ **Age:** _____

Examiner: _____ **Date:** _____ dd / mm / yyyy

Test procedure Seat the patient comfortably. Rotate the patient's head away from the affected side. Add lateral flexion in the opposite direction of the rotation. Move the patient's ear towards their chest.

Test result:

- ◯ Positive test: The test is positive if there is no movement of lateral flexion along the axis of the costotransverse joint or if a bony restriction blocks the movement.
- ◯ Negative test: The test is negative if there is movement of lateral flexion along the axis of the costotransverse joint.

Additional notes - Specify below:

Healthcare professional's Name: _____ **License number:** _____

Contact number: _____

Signature: