Functional Movement Screen

FUNCTIONAL MOVEMENT SCREEN

Name: _____ Date: _____ dd / mm / yyyy

Date of Birth: _____ dd / mm / yyyy Contact #: _____

Address: _____ Age: _____

Gender: _____ Sex: _____

Height: _____ Weight: _____

School/Team: _____ Primary Sport: _____

Primary Position: _____ Previous Test Score (if applicable): _____

Tester's Name: _____

Tester's Signature:

Hand Dominance:

◯ L ◯ R

Swing Dominance:

◯ L ◯ R

Leg Dominance:

◯ L ◯ R

Throw Dominance:

◯ L ◯ R

SCORING GUIDE: 3 - Able to perform the movement correctly without compensation. 2 - Must compensate in some way to perform the movement. 1 - Unable to complete or assume the position to perform the movement.

Deep Squat - Raw Score: _____ Deep Squat - Final Score: _____

Deep Squat - Comments:

Hurdle Step Left - Raw Score: _____ Hurdle Step Right - Raw Score: _____

Hurdle Step - Final Score: _____

Hurdle Step - Comments:

In-Line Lunge Left - Raw Score: _____ In-Line Lunge Right - Raw Score: _____

In-Line Lunge - Final Score: _____

In-Line Lunge - Comments:

Shoulder Mobility Left - Raw Score: _____ Shoulder Mobility Right - Raw Score: _____

Shoulder Mobility - Final Score: _____

Shoulder Mobility - Comments:

Active Straight-Leg Raise Left - Raw Score:

Active Straight-Leg Raise Right - Raw Score:

Active Straight-Leg Raise - Final Score:

Active Straight-Leg Raise - Comments:

Trunk Stability Pushup - Raw Score: _____ Trunk Stability Pushup - Final Score: _____

Trunk Stability Pushup - Comments:

Rotary Stability Left - Raw Score: _____ Rotary Stability Right - Raw Score: _____

Rotary Stability - Final Score: _____

Rotary Stability - Comments:

Total Score: (/21): _____