Schober Test Report

PATIENT DETAILS:

Name: _____ Date of Birth: _____ dd / mm / yyyy

Medical Record Number: _____ Date of Examination: _____ dd / mm / yyyy

Examiner: _____

PROCEDURE:

Initial Position: Patient standing upright with feet together and legs straight.

MARKING:

Initial mark at the level of the PSIS

◯ Yes ◯ No

Mark 10 cm above the initial mark

◯ Yes ◯ No

Mark 5 cm below the initial mark

◯ Yes ◯ No

Initial Distance Measurement (cm) (Expected: 15 cm):

FLEXION MEASUREMENT:

Patient instructed to bend forward

◯ Yes ◯ No

Measurement while bent forward (cm): _____

Increase in distance (cm) (Expected increase: ≥ 5 cm):

RESULTS:

Test Results

☐ Normal lumbar mobility

☐ Reduced lumbar mobility

Notes

Recommendations/Next Steps

Examiner's Signature

Date: _____ dd / mm / yyyy