Selective Functional Movement Assessment

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Date of assessment: _____ dd / mm / yyyy

Chief complaint:

Active cervical flexion:

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Active cervical extension:

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Cervical rotation-lateral bend (Left):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Cervical rotation-lateral bend (Right):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Upper extremity pattern 1 (MRE) (Left):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Upper extremity pattern 1 (MRE) (Right):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Upper extremity pattern 2 (LRF) (Left):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Upper extremity pattern 2 (LRF) (Right):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Multi-segmental flexion:

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Multi-segmental extension:

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Multi-segmental rotation (Left):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Multi-segmental rotation (Right):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Single-leg stance (Left):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Single-leg stance (Right):

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

Overhead deep squat:

◯ Functional and non-painful (FN) ◯ Functional painful (FP) ◯ Dysfunctional non-painful (DP)
◯ Dysfunctional painful (DN)

CERVICAL FLEXION

Cervical flexion

◯ Primary ◯ Secondary ◯ Can't touch sternum

Is it greater than 10 degrees of parallel: [YesOrNo]:

Specify below:

Right - can't touch chin to mid-clavicle: [YesOrNo]:

Specify below:

Left - can't touch chin to mid-clavicle: [YesOrNo]:

Specify below:

UPPER EXTREMITY

Upper extremity

◯ Primary ◯ Secondary ◯ Right ◯ Left

Can't touch inferior angle of the contralateral scapula:

☐ Right
☐ Left

Can't touch spine of the contralateral scapula:

- [ ] Right
- [ ] Left

MULTI-SEGMENTAL FLEXION

Multi-segmental flexion

◯ Primary ◯ Secondary

Can't touch toes and return to standing position: [YesOrNo]:

Specify below:

Specify below:

No posterior weight shift (T-L junction over foot): [YesOrNo]:

Specify below:

Non-uniform spinal curves: [YesOrNo]:

Specify below:

MULTI-SEGMENTAL EXTENSION

Multi-segmental extension

◯ Primary ◯ Secondary

ASIS doesn't clear the toes: [YesOrNo]:

Specify below:

Can't maintain normal (≥170 degrees) shoulder flexion: [YesOrNo]:

Specify below:

Spine of scapula doesn't clear the heels: [YesOrNo]:

Specify below:

Non-uniform spinal curves: [YesOrNo]:

Specify below:

MULTI-SEGMENTAL ROTATION

Multi-segmental rotation

◯ Primary ◯ Secondary ◯ Right ◯ Left

Pelvis rotation:

Pelvis rotation

☐ Right

☐ Left

Specify below:

Trunk/shoulder

☐ Right

☐ Left

Specify below:

Spinal/pelvic deviation:

☐ Right

☐ Left

Specify below:

Excessive knee flexion:

- [ ] Right
- [ ] Left

Specify below:

SINGLE LEG STANCE

Single leg stance

- ◯ Primary
- ◯ Secondary
- ◯ Right
- ◯ Left

Eyes open standing < 10 seconds:

- [ ] Right
- [ ] Left

Specify below:

Eyes closed standing < 10 seconds:

- [ ] Right
- [ ] Left

Specify below:

Loss of height:

- [ ] Right
- [ ] Left

Specify below:

OVERHEAD SQUATTING

Overhead squatting

- ◯ Primary
- ◯ Secondary

Loss of shoulder flexion: [YesOrNo]: _____

Specify below:

Thoracic flexes: [YesOrNo]: _____

Specify below:

Hips don't break parallel: [YesOrNo]: _____

Specify below:

Sagittal plane deviation of lower extremity: [YesOrNo]:

RT: _____ LT: _____

SCORING AND INTERPRETATION

Each of the seven top tier tests is graded as functional non-painful (FN), functional painful (FP), dysfunctional non-painful (DN), or dysfunctional painful (DP).If a test does not score FN, the clinician performs a breakout pattern to identify whether the root issue is due to a mobility restriction, such as tissue extensibility or joint dysfunction, or a stability/motor control deficit.

ADDITIONAL NOTES

Additional notes

Name: _____ License ID: _____

Signature:
Date of assessment: _____ dd / mm / yyyy