

HERTFORDSHIRE 31-39 MANUAL MUSCLE TESTING

Name _____ Serial No /

Able to perform test Yes ☐ No ☐

If NO, reason _____ Specify _____

LEVER LENGTH

RIGHT LEG • cm's

LEFT LEG • cm's

Peak force (kg) / peak time (seconds)

RIGHT LEG

• Kg

• seconds

• Kg

• seconds

LEFT LEG

• Kg

• seconds

• Kg

• seconds

Comments _____

Observer