



FMSTM

FUNCTIONAL MOVEMENT
SCREEN SCORE SHEET

NAME: _____ DATE: _____ DOB: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

SCHOOL/AFFILIATION: LYCEUM OF THE PHILIPPINES UNIVERSITY-CAVITE

HEIGHT: _____ WEIGHT: _____ AGE: _____ GENDER: _____

TEST		RAW SCORE	FINAL	COMMENT/S
DEEP SQUAT				<input type="checkbox"/> Full depth, heels down, proper alignment <input type="checkbox"/> Heels lifted during descent <input type="checkbox"/> Knees caved inward <input type="checkbox"/> Limited ankle dorsiflexion <input type="checkbox"/> Loss of balance
HURDLE STEP	L			<input type="checkbox"/> Smooth step-over, no contact with hurdle <input type="checkbox"/> Lateral shift of hips <input type="checkbox"/> Contact with hurdle <input type="checkbox"/> Poor single-leg balance <input type="checkbox"/> Limited hip flexion
	R			<input type="checkbox"/> Smooth step-over, no contact with hurdle <input type="checkbox"/> Lateral shift of hips <input type="checkbox"/> Contact with hurdle <input type="checkbox"/> Poor single-leg balance <input type="checkbox"/> Limited hip flexion
INLINE LUNGE	L			<input type="checkbox"/> Balanced and aligned <input type="checkbox"/> Front knee caved inward <input type="checkbox"/> Trunk leaned forward <input type="checkbox"/> Loss of balance <input type="checkbox"/> Poor hip-knee alignment
	R			<input type="checkbox"/> Balanced and aligned <input type="checkbox"/> Front knee caved inward <input type="checkbox"/> Trunk leaned forward <input type="checkbox"/> Loss of balance <input type="checkbox"/> Poor hip-knee alignment
SHOULDER MOBILITY	L			<input type="checkbox"/> Within optimal range <input type="checkbox"/> Limited mobility <input type="checkbox"/> Right better than left <input type="checkbox"/> Left better than right <input type="checkbox"/> Discomfort noted
	R			<input type="checkbox"/> Within optimal range <input type="checkbox"/> Limited mobility <input type="checkbox"/> Right better than left <input type="checkbox"/> Left better than right <input type="checkbox"/> Discomfort noted
ACTIVE STRAIGHT-LEG RAISE	L			<input type="checkbox"/> Symmetrical mobility <input type="checkbox"/> Limited hamstring flexibility <input type="checkbox"/> Pelvic rotation noted <input type="checkbox"/> Core instability observed
	R			<input type="checkbox"/> Symmetrical mobility <input type="checkbox"/> Limited hamstring flexibility <input type="checkbox"/> Pelvic rotation noted <input type="checkbox"/> Core instability observed
TRUNK STABILITY PUSH UP				<input type="checkbox"/> Strong core engagement <input type="checkbox"/> Sagging hips <input type="checkbox"/> Head forward <input type="checkbox"/> Asymmetrical push strength <input type="checkbox"/> Loss of spinal alignment
ROTARY STABILITY	L			<input type="checkbox"/> Strong core engagement <input type="checkbox"/> Sagging hips <input type="checkbox"/> Head forward <input type="checkbox"/> Asymmetrical push strength <input type="checkbox"/> Loss of spinal alignment
	R			<input type="checkbox"/> Stable spine throughout <input type="checkbox"/> Loss of balance <input type="checkbox"/> Hip shift <input type="checkbox"/> Compensatory movement <input type="checkbox"/> Core instability
TOTAL SCREEN SCORE				

Raw Score: This score is used to denote right and left side scoring. The right and left sides are scored in five of the seven tests and both are documented in this space.

Final Score: This score is used to denote the overall score for the test. The lowest score for the raw score (each side) is carried over to give a final score for the test. A person who scores a three on the right and a two on the left would receive a final score of two. The final score is then summarized and used as a total score.

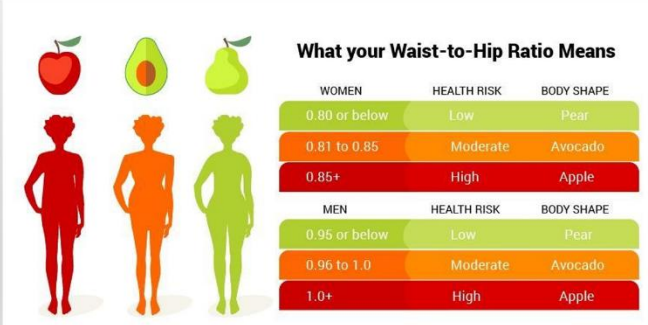
Clearing Test: A positive indicates pain. A negative indicates no pain. If pain is present (+), the score for that test would result in a 0.



BMI: _____ CLASSIFICATION: _____

WAIST/HIP RATIO: _____ RISK LEVEL: _____ BODY SHAPE: _____

WAIST TO HP RATIO



Body Mass Index
Calculation

BMI = $\frac{\text{weight (kg)}}{\text{height (m)}^2}$

Underweight	BMI less than 18.5
Normal Weight	BMI 18.5 to 24.9
Overweight	BMI 25 to 29.9
Obese	BMI 30 or greater
Morbidly Obese	BMI 40 or greater