

**FMS™**

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
HURDLE STEP	L		<input type="checkbox"/> Knees caved inward	<input type="checkbox"/> Limited ankle dorsiflexion
			<input type="checkbox"/> Smooth step-over, no contact with hurdle	<input type="checkbox"/> Lateral shift of hips
INLINE LUNGE	R		<input type="checkbox"/> Contact with hurdle	<input type="checkbox"/> Poor single-leg balance
			<input type="checkbox"/> Smooth step-over, no contact with hurdle	<input type="checkbox"/> Limited hip flexion
SHOULDER MOBILITY	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
ACTIVE STRAIGHT-LEG RAISE	R		<input type="checkbox"/> Balanced and aligned	<input type="checkbox"/> Poor hip-knee alignment
			<input type="checkbox"/> Trunk leaned forward	<input type="checkbox"/> Front knee caved inward
TRUNK STABILITY PUSH UP			<input type="checkbox"/> Within optimal range	<input type="checkbox"/> Loss of balance
			<input type="checkbox"/> Left better than right	<input type="checkbox"/> Right better than left
ROTARY STABILITY	L		<input type="checkbox"/> Within optimal range	<input type="checkbox"/> Discomfort noted
			<input type="checkbox"/> Left better than right	<input type="checkbox"/> Discomfort noted
TOTAL SCREEN SCORE			<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

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.

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BMI:

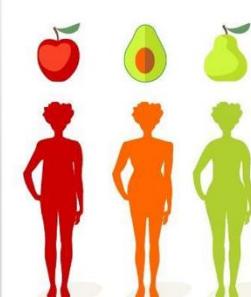
CLASSIFICATION:

WAIST/HIP RATIO:

RISK LEVEL:

BODY SHAPE:

WAIST TO HP RATIO



What your Waist-to-Hip Ratio Means

WOMEN	HEALTH RISK	BODY SHAPE
0.80 or below	Low	Pear
0.81 to 0.85	Moderate	Avocado
0.85+	High	Apple
MEN	HEALTH RISK	BODY SHAPE
0.95 or below	Low	Pear
0.96 to 1.0	Moderate	Avocado
1.0+	High	Apple

Body Mass Index Calculation

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

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