



Transitional Movement Assessments

Name _____ Date _____

OVERHEAD SQUAT OBSERVATIONAL FINDINGS

CHECKPOINT	VIEWPOINT	MOVEMENT IMPAIRMENT	RESULT
Foot and Ankle	Anterior	• Feet turn out	• Right • Left • Both
	Lateral	• Heel rise	• Right • Left • Both
	Posterior	• Excessive pronation	• Right • Left • Both
Knee	Anterior	• Valgus	• Right • Left • Both
		• Varus	• Right • Left • Both
	Lateral	• Knee dominance	• Right • Left • Both
LPHC	Anterior or Posterior	• Asymmetric weight shift	<i>Direction:</i> • Right • Left
	Lateral	• Excessive anterior pelvic tilt	• YES • NO
		• Excessive posterior pelvic tilt	• YES • NO
		• Excessive forward trunk lean	• YES • NO
Shoulders and Thoracic Spine	Anterior or Posterior	• Scapular elevation	• Right • Left • Both
	Lateral	• Arms fall forward	• Right • Left • Both
Head and Cervical Spine	Lateral	• Excessive cervical extension/forward head	• YES • NO

Mark **Right** or **Left** or **Both** based on which limb a movement impairment was observed at. For asymmetric weight shift, mark the direction in which the shift occurred.

MODIFICATIONS

Heels Elevated	Squat performance improves?	• YES • NO
Hands on Hips	Squat performance improves?	• YES • NO

Additional Notes



SINGLE-LEG and/or SPLIT SQUAT OBSERVATIONAL FINDINGS

CHECKPOINT	VIEWPOINT	MOVEMENT IMPAIRMENT	RESULT
Foot and Ankle	Lateral	• Heel Rise	• Right • Left • Both
	Posterior	• Excessive pronation	• Right • Left • Both
Knee	Anterior	• Valgus	• Right • Left • Both
		• Varus	• Right • Left • Both
	Lateral	• Knee dominance	• Right • Left • Both
LPHC	Anterior	• Asymmetric weight shift	<i>Direction:</i> • Right • Left
		• Inward trunk rotation	• Right • Left • Both
		• Outward trunk rotation	• Right • Left • Both
	Lateral	• Excessive anterior pelvic tilt	• YES • NO
		• Excessive posterior pelvic tilt	• YES • NO
		• Excessive forward trunk lean	• YES • NO

Right/Left/Both refers to the stance or forward leg when the impairment occurs. Mark **Right** or **Left** or **Both** based on which limb a movement impairment was observed at. For asymmetric weight shift, mark the direction to which the shift occurs.

Additional Notes



Loaded Movement Assessments

Name _____ Date _____

LOADED SQUAT OBSERVATIONAL FINDINGS

CHECKPOINT	VIEWPOINT	MOVEMENT IMPAIRMENT	RESULT
Foot and Ankle	Anterior	• Feet turn out	• Right • Left • Both
	Lateral	• Heel rise	• Right • Left • Both
	Posterior	• Excessive pronation	• Right • Left • Both
Knee	Anterior	• Valgus	• Right • Left • Both
		• Varus	• Right • Left • Both
	Lateral	• Knee dominance	• Right • Left • Both
LPHC	Anterior or Posterior	• Asymmetric weight shift	<i>Direction:</i> • Right • Left
	Lateral	• Excessive anterior pelvic tilt	• YES • NO
		• Excessive posterior pelvic tilt	• YES • NO
		• Excessive forward trunk lean	• YES • NO

Mark **Right** or **Left** or **Both** based on which limb a movement impairment was observed at. For asymmetric weight shift, mark the direction in which the shift occurred.

Additional Notes



LOADED PUSH and/or PULL OBSERVATIONAL FINDINGS

CHECKPOINT	VIEWPOINT	MOVEMENT IMPAIRMENT	RESULT
LPHC	Lateral	• Excessive anterior pelvic tilt	• YES • NO
		• Excessive posterior pelvic tilt	• YES • NO
		• Trunk rotation	• YES • NO
Shoulders and Thoracic Spine	Lateral	• Scapular elevation	• YES • NO
		• Scapular winging (push assessment only)	• YES • NO
Head and Cervical Spine	Lateral	• Excessive cervical extension/forward head	• YES • NO

To observe *scapular winging* during the push assessment, view the client from a slight angle.

STANDING OVERHEAD DUMBBELL PRESS OBSERVATIONAL FINDINGS

CHECKPOINT	VIEWPOINT	MOVEMENT IMPAIRMENT	RESULT
LPHC	Lateral	• Excessive anterior pelvic tilt	• YES • NO
		• Excessive posterior pelvic tilt	• YES • NO
Shoulders and Thoracic Spine	Lateral	• Scapular elevation	• Right • Left • Both
		• Arms fall forward	• Right • Left • Both
Head and Cervical Spine	Lateral	• Excessive cervical extension/forward head	• YES • NO

Additional Notes



Dynamic Movement Assessments

Name _____ Date _____

GAIT ASSESSMENT OBSERVATIONAL FINDINGS

CHECKPOINT	VIEWPOINT	MOVEMENT IMPAIRMENT	RESULT
Foot and Ankle	Anterior	• Feet turn out	• Right • Left • Both
	Posterior	• Excessive pronation	• Right • Left • Both
Knee	Anterior	• Valgus	• Right • Left • Both
		• Varus	• Right • Left • Both
LPHC	Anterior	• Asymmetric weight shift	<i>Direction:</i> • Right • Left
	Lateral	• Excessive anterior pelvic tilt	• YES • NO
		• Excessive posterior pelvic tilt	• YES • NO

Mark **Right** or **Left** or **Both** based on which limb a movement impairment was observed at. For asymmetric weight shift, mark the direction in which the shift occurred.

Additional Notes

DEPTH JUMP OBSERVATIONAL FINDINGS

CHECKPOINT	VIEWPOINT	MOVEMENT IMPAIRMENT	RESULT
Foot and Ankle	Anterior	• Excessive pronation	• Right • Left • Both
		• Feet turn out	• Right • Left • Both
		• Asymmetric contact/landing	• Rt. first • Lt. first • NO
Knee	Anterior	• Valgus	• Right • Left • Both
		• Varus	• Right • Left • Both
	Lateral	• Knee dominance	• Right • Left • Both
		• Stiff landing	• YES • NO
LPHC	Anterior	• Asymmetric weight shift	<i>Direction:</i> • Right • Left
	Lateral	• Excessive anterior pelvic tilt	• YES • NO
		• Excessive posterior pelvic tilt	• YES • NO
		• Excessive forward trunk lean	• YES • NO

Mark **Right** or **Left** or **Both** based on which limb a movement impairment was observed at. For asymmetric weight shift, mark the direction in which the shift occurred.

Additional Notes



DAVIES TEST OBSERVATIONAL FINDINGS

CHECKPOINT	MOVEMENT IMPAIRMENT	RESULT
LPHC	• Excessive anterior pelvic tilt	• YES • NO
	• Excessive posterior pelvic tilt	• YES • NO
	• Excessive trunk movement	• YES • NO
Shoulders and Thoracic Spine	• Scapular elevation	• YES • NO
	• Scapular winging	• YES • NO
Head and Cervical Spine	• Excessive cervical extension/forward head	• YES • NO

TRIAL NUMBER	TIME	REPETITIONS (TOUCHES)
1	15 seconds	
2	15 seconds	
3	15 seconds	

Additional Notes
