



Static Postural Assessment

Name _____ Date _____

OBSERVATIONAL FINDINGS

CHECKPOINT	STATIC POSITION	POTENTIAL OVERACTIVE/ SHORTENED MUSCLES	POTENTIAL UNDERACTIVE/ LENGTHENED MUSCLES
Foot and Ankle	<input type="checkbox"/> Feet: straight/parallel <input type="checkbox"/> Feet: externally rotated <input type="checkbox"/> Arch: neutral <input type="checkbox"/> Arch: flattened (pes planus) <input type="checkbox"/> Arch: raised (pes cavus) <input type="checkbox"/> Lower leg is vertical <input type="checkbox"/> Lower leg posteriorly displaced (plantar flexed)		
Knee	<input type="checkbox"/> In line w/ 2 nd & 3 rd toes <input type="checkbox"/> Valgus (knock-kneed) <input type="checkbox"/> Varus (bowlegged) <input type="checkbox"/> Neutral (straight) <input type="checkbox"/> Flexed <input type="checkbox"/> Hyperextended		
LPHC	<div><input type="checkbox"/> Pelvis: level <input type="checkbox"/> Pelvis: anterior tilt <input type="checkbox"/> Pelvis: posterior tilt <input type="checkbox"/> Hips: neutral <input type="checkbox"/> Hips: extended <input type="checkbox"/> Hips: flexed</div> <div><input type="checkbox"/> L-spine: normal curve <input type="checkbox"/> L-spine: exc. lordosis <input type="checkbox"/> L-spine: red. lordosis <input type="checkbox"/> L-spine: lateral shift</div>		
Shoulders and Thoracic Spine	<input type="checkbox"/> Shoulders: level <input type="checkbox"/> Shoulders: elevated <input type="checkbox"/> Shoulders: in line w/ hips & ears <input type="checkbox"/> Shoulders: rounded forward <input type="checkbox"/> T-spine: normal curve <input type="checkbox"/> T-spine: exc. kyphosis		
Head and Cervical Spine	<input type="checkbox"/> Head: neutral (not tilted or rotated) <input type="checkbox"/> Head: forward in cervical extension <input type="checkbox"/> C-spine: normal curve		
Pes Planus Distortion	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Notes
