

FUNCTIONAL ASSESSMENT



CANDIDATE NAME: q w

D.O.B: 08/09/1983

Section 1: Range of movement

Region	Movement	Measurement	Comments
Cervical (visual)	Movement: Flexion	<input checked="" type="checkbox"/>	1
	Movement: Extension	<input checked="" type="checkbox"/>	2
	Movement: Lateral Flexion	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	3
	Movement: Rotation	L: <input type="checkbox"/> R: <input checked="" type="checkbox"/>	4
Trunk (measured)	Movement: Extension	5	6
	Movement: Lateral flexion	L 7 R 8	9
Shoulder (visual)	Movement: Flexion	L: <input checked="" type="checkbox"/> R: <input type="checkbox"/>	11
	Movement: Abduction	L: <input type="checkbox"/> R: <input checked="" type="checkbox"/>	12
Elbow (visual)	Movement: Flexion/extension	L: <input checked="" type="checkbox"/> R: <input type="checkbox"/>	1
Wrist (measured)	Movement: Pronation	L: 2 R: 5	8
	Movement: Supination	L: 3 R: 6	9
	Movement: Flexion	L: 4 R: 7	11
	Movement: Extension	L: 1 R: 4	7
	Movement: Ulnar deviation	L: 2 R: 5	8
	Movement: Radial deviation	L: 3 R: 6	9
Hip (visual)	Movement: Flexion	L: <input checked="" type="checkbox"/> R: <input type="checkbox"/>	1
	Movement: External rotation	L: <input type="checkbox"/> R: <input checked="" type="checkbox"/>	2
	Movement: Internal rotation	L: <input checked="" type="checkbox"/> R: <input type="checkbox"/>	3
	Movement: Straight leg raise	L: <input type="checkbox"/> R: <input checked="" type="checkbox"/>	4
Knee (visual)	Movement: Flexion/extension	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	1
Ankle (visual)	Movement: Rotation	L: <input checked="" type="checkbox"/> R: <input type="checkbox"/>	2
	Movement: Plantar/dorsiflexion	L: <input type="checkbox"/> R: <input checked="" type="checkbox"/>	3

Section 2: General Physical Capacity Assessment

Flexibility: Sit and reach test:

TRIAL	MEASUREMENT	
Trial 1	4	
Trial 2	50	
Trial 3	45	
AVERAGE	33	
Rate/Range	Excellent	
Comments qw		