



Range of motion assessment

Reading the back

Clients name _____ client id _____ date _____

	Lumber	thoracic
Flexion	40 -60 _____	20- 45 _____
Extension	20-35 _____	25-45 _____
Lateral flexion	15- 20 _____	20- 40 _____
Rotation	3-18 _____	35-50 _____

Scoliosis

Functional _____ structural _____

Comments

By _____ trainer