Deep squat

Corrective Strategies

Mobility

- Soft Tissue Work
- Dorsiflexion From Half Kneeling
- Wall Sit With Reach
- Standing Quad Stretch
- Hip Flexor Stretch From Half Kneeling
- Brettzel

NOTES:

Deep squat

Corrective Strategies

Static Motor Control

- Double leg Bridge
- Quadruped Rock With Core Activation
- Chop And Lift From Tall Kneeling
- Press From Tall Kneeling
- Row From Tall Kneeling

NOTES:

Deep squat

Corrective Strategies

- Dynamic Motor Control
  - Toe Touch
  - Toe Touch Squat
  - Deadlift Patterning
  - Deadlift With RNT
  - Deadlift
  - Squat Assisted
  - Squat With RNT

NOTES:

Deep squat

Corrective Strategies

Strength

- Deadlift
  Double Leg
  Double Arm
- Squat Double
  Leg Double
  Arm Down
- Squat Double
  Leg Double
  Arm Up
- Squat Double
  Leg Double
  Arm Overhead

NOTES:

APPENDIX 1

CASE STUDY 1

TEST		RAW SCORE	FINAL SCORE	COMMENTS
DEEP SQUAT		2	2	
HURDLE STEP	L	2	2	
	R	2		
INLINE LUNGE	L	2	2	
	R	3		
SHOULDER MOBILITY	L	1	1	
	R	2		
IMPINGEMENT CLEARING TEST	L	-	-	
	R	-		
ACTIVE STRAIGHT-LEG RAISE	L	2	2	
	R	3		
TRUNK STABILITY PUSHUP		2	2	
PRESS-UP CLEARING TEST		-		
ROTARY STABILITY	L	2	2	
	R	2		
POSTERIOR ROCKING CLEARING TEST		-	2	
TOTAL	13			

INTERPRETATION OF FMS SCORE

Based on the scores above, the weak link to be addressed would be the ASLR, but we can address the SM at the same time. Two patterns within the same category can be addressed, but we would still prioritize ASLR in order to balance the pelvis, core and hips, creating a better "base" for clearing the SM and ILL. Once the ASLR and SM are improved (symmetrical 2's or 3's) then retest the ILL to check for improvement in that pattern. There is a very good chance that that pattern will now be symmetrical or improved without direct work. But there is also a chance you will need to address an ankle mobility restriction or very quickly improve the motor control (dynamic stability) in the ILL pattern. This will be a much shorter corrective path since the mobility foundation of ASLR and SM has been cleared.

APPENDIX 1

CASE STUDY 2

TEST		RAW SCORE	FINAL SCORE	COMMENTS
DEEP SQUAT		2	2	
HURDLE STEP	L	2	2	
	R	3		
INLINE LUNGE	L	2	2	
	R	2		
SHOULDER MOBILITY	L	3	3	
	R	3		
IMPINGEMENT CLEARING TEST	L	-	-	
	R	-		
ACTIVE STRAIGHT-LEG RAISE	L	2	2	
	R	2		
TRUNK STABILITY PUSHUP		3	3	
PRESS-UP CLEARING TEST		-		
ROTARY STABILITY	L	2	1	
	R	1		
POSTERIOR ROCKING CLEARING TEST		-		
TOTAL	15			

INTERPRETATION OF FMS SCORE

This individual scores a 15, which is a fairly good score. However, there are still imbalances that may lead to future problems. RS would be the weak link to be addressed for this individual. The RS pattern combines dynamic mobility and reflexive stability during activities. An inability to perform this movement pattern may indicate a problem due to altered motor control and reflexive stability problems which may be influencing dynamic stability and proprioceptive ability in the trunk and/or poor dynamic motor control in the extremities (as shown by the HS asymmetry).

The corrective strategy should focus on this area, looking to magnify the imbalance found in the screen. Check the RS corrective flowchart. Please note that the fundamental mobility patterns are within acceptable ranges. Once RS has shown improvement, screen the HS again to see if this pattern has improved as well.

APPENDIX 1

CASE STUDY 3

TEST		RAW SCORE	FINAL SCORE	COMMENTS
DEEP SQUAT		2	2	
HURDLE STEP	L	2	2	
	R	2		
INLINE LUNGE	L	2	2	
	R	2		
SHOULDER MOBILITY	L	2	2	
	R	3		
IMPINGEMENT CLEARING TEST	L	-	-	
	R	-		
ACTIVE STRAIGHT-LEG RAISE	L	3	2	
	R	2		
TRUNK STABILITY PUSHUP		3	0	
PRESS-UP CLEARING TEST		+		
ROTARY STABILITY	L	2	2	
	R	3		
POSTERIOR ROCKING CLEARING TEST		-		
TOTAL	12			

INTERPRETATION OF FMS SCORE

The interpretation for athlete 3 is obvious. A thorough evaluation of the painful area must be determined. When a score of 0 is given on the Trunk Stability Push-Up due to a painful prone press-up, it is typical for the lumbar spine to be the area of pathology. However, pain can be noted in several other areas depending on the individual. The appropriate medical professional must rule out pathology in this region before proceeding with therapeutic activity. The other scores in the screen should not be overlooked; these scores may aid the medical professional in the evaluation.

APPENDIX 1

CASE STUDY 4

TEST		RAW SCORE	FINAL SCORE	COMMENTS
DEEP SQUAT		2	2	
HURDLE STEP	L	2	2	
	R	2		
INLINE LUNGE	L	2	2	
	R	2		
SHOULDER MOBILITY	L	2	2	
	R	2		
IMPINGEMENT CLEARING TEST	L	-	-	
	R	-		
ACTIVE STRAIGHT-LEG RAISE	L	2	2	
	R	2		
TRUNK STABILITY PUSHUP		2	2	
PRESS-UP CLEARING TEST		-		
ROTARY STABILITY	L	2	2	
	R	2		
POSTERIOR ROCKING CLEARING TEST		-		
TOTAL	14			

INTERPRETATION OF FMS SCORE

This individual has a score of 14, with scores of 2 on all tests and no imbalances. In this scenario, there is nothing obvious showing us where to begin.

However, the individual is close to falling below 14, which has been shown in the research to be the cut off for increased injury risk in certain populations.

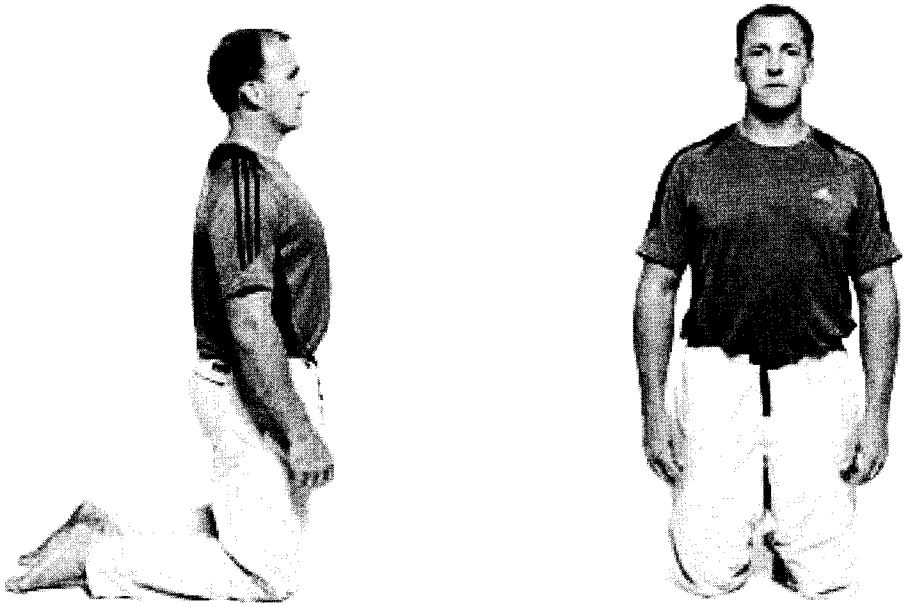
Even though adequate movement proficiency has been demonstrated, as the activity level increases and/or greater demands are placed on volume, intensity and skill then the minimum level of proficiency may not be sufficient to reduce injury risk.

In this case the corrective algorithm simply "reboots" and we begin by addressing the ASLR and SM patterns. Improvements in these fundamental mobility patterns should yield improved patterns elsewhere and "open the door" to improving the other patterns.

APPENDIX 2

POSTURES FOR CHOPPING, LIFTING, PRESSING

TALL KNEELING



Description: As shown in the photos, Tall Kneeling is simply kneeling on both knees. But don't be fooled by the "simple" aspect, because simple does not mean easy. There are several key points to look for in this posture.

1) **Knees straight under hips** – Do not have the knees too narrow or too wide but rather straight under the hips. Use padding to cushion the knees.
2) **Lower legs pointed straight back** – Your lower legs point straight back like they are on railroad tracks. Do not cross tracks!
3) **To point or not to point…The toes, that is** - The question will arise as to whether the toes should be tucked underneath (dorsiflexed ankle) or if the toes should be pointed straight back (plantar flexed ankle). The answer can take a couple of different directions. Initially, use whichever position is most comfortable for the knees. If pointing the toes makes your knees comfortable, then use that. If not, use the other position. As you progress, you will find that tucking the toes places more of a stretch on the anterior thigh, while the toes pointed places more of a stress on centering your weight on the knees and not pushing on the tops of the feet. Mix and match to suit you and your body, but under no circumstances should you use a posture if it causes pain.

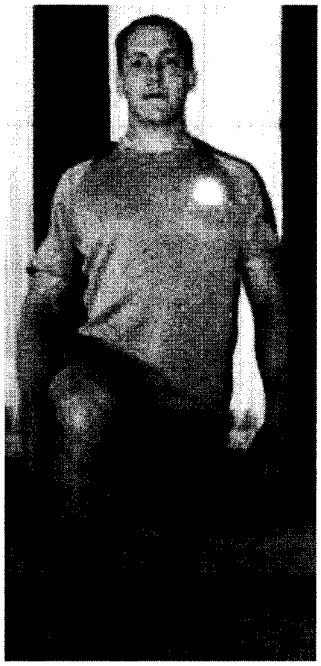
4) **Pelvis position** – Imagine your pelvis as a bowl. You will want to position your pelvis so it is flat across the top to having the front slightly tilted back or upward. Most of us have an anterior tilted pelvis due to quad dominance and tight hip flexors, so actually getting the "bowl" flat across the top or the front tilted slightly back/upward will be a challenge. This will be something you need to check repeatedly.
5) **Tall spine** – Even though you are on your knees, you still want to be as tall as possible. Imagine someone is picking you up by a string in the center of your head, making you as tall as you can be. This does not mean you are stretched "thin" or hollow. You are tall like a strong building.
6) **Still grounded!** – Even though you are as tall as possible, you will remain as grounded as possible. Your knees are connecting you to the ground, and it is a connection so solid that nothing could knock you over. Even the tallest building is strongly connected to the ground. Otherwise, a strong wind would blow it over.
7) **Squared off** – Shoulders and hips remain squared off. There is a tendency to supplement the movements by allowing the body to turn or twist. Do not let this happen. Stay tall, grounded and squared off at all times.
8) **Neck relaxed** – Look for a relaxed neck and face during all postures.
9) **Check and re-check** – Go through this list frequently during your practice and check and re-check your posture.

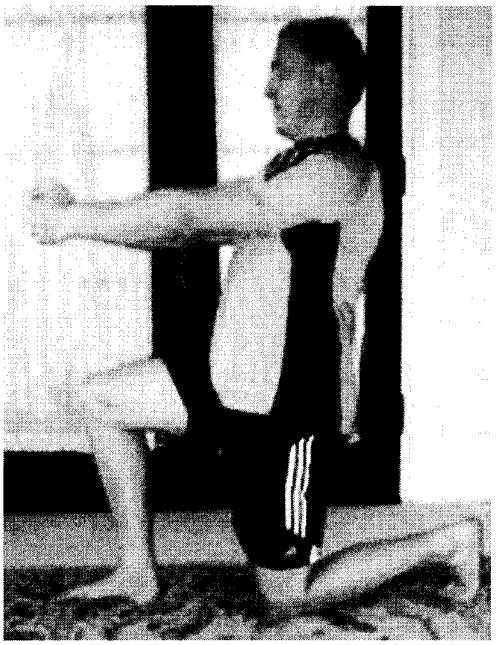
As previously stated, this is a simple but not easy posture, so take your time to perfect the positions within it.

Appendix 2

Postures for chopping, lifting, pressing

Half Kneeling





Description: As you can see in the pictures, one knee is down and one knee is up and pointed straight ahead when in Half Kneeling. The lower leg of the down knee is in the same position as in Tall Kneeling. There are very similar key points in this posture:

1) **Knee straight under hip** – Center the weight on the down knee, supported with the up leg, but keep the knee straight under the hip. Don't shift to the front, side or tilt.
2) **Lower leg** – of the down knee points straight back.
3) **To point or not to point** – The same advice given in the Tall Kneeling section applies here as well.
4) **Pelvis position** – The same pelvis position applies. The bowl should be neutral or slightly tilted back.
5) **Tall spine** – Lengthen up again like the string is lifting you from the center of your head.
6) **Still grounded** – Remember your connection to the ground. The down knee is your main support with the up leg forming a "kickstand" of sorts.
7) **Squared off** – You should still have the shoulders and pelvis squared off.
8) Keep your **neck and face** relaxed.

9) **Start wide** –meaning the up foot is in line with that hip and then work towards a progressively narrower stance until the foot of the up leg is in line with the down knee.
10) **Keep the front foot light** and watch for any drift forward, leaning with the body, or any change from the beginning posture.
11) **Check and re-check** – Again, you must check and re-check this list as you work from this posture.

These two postures can be critical pieces of the corrective process so spend your time here practicing some variations of the Chop, Lift or Press.

There are four articles available on the Chop and Lift on www.functionalmovement.com. Please download these articles for your reference.

APPENDIX 2

POSTURES FOR CHOPPING, LIFTING, PRESSING

TALL KNEELING AND HALF KNEELING

Isometric Half-Kneeling can be performed as an assessment or corrective drill. All tips and cues for getting into proper Tall Kneeling or Half-Kneeling posture apply here, and it is critical that the "stance" hip remains in neutral during assessment or correction.

The stick in the pictures above indicates the diagonal pattern that can be assessed and trained in the right and left side down half-kneeling postures.

Left knee down = Up and Out pressure toward the right shoulder along with Down and In pressure toward the down hip.

Right knee down = Down and in pressure toward the right hip along with Up and Out pressure toward the left shoulder.

As an assessment you will apply pressure in the appropriate diagonal pattern to see if the hip and core can create stability and resistance to the pressure. Remember that this is a "Quick Tap of the Brakes" – not an "arm wrestling match" but rather looks at a timing issue. Allow time for them to get in perfect position, cueing neutral pelvis and shoulders away from the ears with the arms extended, shoulders down and hands interlaced. The person being evaluated/trained can use their grip and the glutes but should not be "bracing". To "juice" the stabilizing pattern you can use an oscillation technique, quickly switching pressure along

the appropriate diagonal. This will force the individual to adapt the timing of their stabilizing patterning. Important to note is that in the Tall Kneeling posture you can also apply pressure Up and Down along a vertical line, stressing the anterior core and posterior core stabilization strategies, especially useful with a TSPU issue.

You can also use a Cook Band in these postures hooked around the shoulders. Oscillating waves of pulling on the band provide a unique challenge to the stabilizing patterns.

APPENDIX 3

STOPLIGHTS, MOVEMENT SCREENING AND EXERCISE

Brett Jones, CK-FMS, CSCS, Master RKC
FMS Advisory Board and International Presenter

The title of this article might have some of you wondering what it could be about. Are you supposed to perform movement screens at stoplights or exercise between stoplights??? What could it mean?

First off I do NOT recommend movement screening while driving or exercising while in the car! Seriously, how would you swing a kettlebell or do a get-up in the car??? And the overhead squat screen would need to be modified... (Besides the fact that it's not safe. But I have seen people shaving or applying makeup in the car....but I digress....)

"Stoplights, movement screening and exercise" is all about how FMS professionals approach the results of your FMS screen and make exercise recommendations based on those results. Stoplights help us to safely navigate our roads with a simple color-coded series of signals. Red means stop. Yellow means slow down and prepare to stop. Green means go.

The results of your FMS screen will direct us toward your weak links and asymmetries and can be "color-coded" for ease of understanding the implications of each screen. Exercise recommendations can be color-coded on this Stoplight analogy.

If you are an FMS practitioner, you should be familiar with the Corrective Strategy Algorithm used in evaluating the results of an FMS screen. These are covered in detail in the book *Movement* by Gray Cook and the subject of the DVD set *Functional Movement Systems - Applying the Model to Real Life Examples.* If you are an FMS professional these resources are highly recommended.

To provide you with a brief explanation of this algorithm, FMS scores are prioritized in this order: Mobility first, meaning ASLR and then SM get attention first if the score is anything other than 2/2 or 3/3. If the ASLR and SM are symmetrical 2's or 3's then the Stability Patterns are next , meaning RS and then TSPU are addressed if the score is anything other than 2/2 or 2 or 3/3 or 3. If the RS and TSPU are symmetrical 2's or 2 or symmetrical 3's or 3, then the screens are addressed by looking at ILL and if it is symmetrical 2's or 3's then HS and if that is symmetrical 2's or 3's then the DS is addressed if it is below a 2.

By reading *Movement* and understanding the corrective algorithm, you will be able to easily explain to your client why you are prioritizing a pattern like the ASLR over the DS. Put simply, it means the priority is on mobility first since adequate mobility is the foundation for stability, and the four more primitive patterns of the screen (ASLR, SM, RS, TSPU) form the building blocks for the three "functional" patterns (ILL, HS, DS).

Now we come to the "interesting" part of the Stoplight approach: how the FMS screen is used to provide exercise programming recommendations using the Red/Yellow/Green format. The basis of exercise recommendations using the FMS screen is rooted in two of the central FMS corrective philosophies. 1) Do not add fitness to dysfunction. 2) Remove the negative.

"Do not add fitness to dysfunction" simply means do not exercise a dysfunctional movement pattern. So scores of 1 or 0 should not be part of your exercise programming (you will see how this is implemented in the actual Red/Yellow/Green list for exercise recommendations based on the weakest link). "Remove the negative" means two things: First, it means addressing asymmetry and dysfunction found in the screen. Second, it means removing those exercises from the routine that will challenge the dysfunctional pattern.

Sometimes what we remove is as or more important than what we add. Once a dysfunctional movement pattern is found, removing the exercises that challenge that pattern can be an essential step in the corrective process.

Suggestions are based on the weakest link—if multiple weak links are found, follow the Red Lights for each one. For example, upper body work might be cleared for an ASLR weak link only if the SM is a pass. Simply put, if a particular movement pattern is a 1 or 0, you can look at the Red/Yellow/Green list to see which exercise patterns are in the warning zone.

Red Light

These exercises will directly challenge a movement pattern already established to be dysfunctional or asymmetrical. These should therefore be avoided until the movement pattern is symmetrical 2's or 3's—these results prove the individual cannot access that movement pattern, and loading or challenging that pattern will only cement the dysfunction.

Yellow Light

Yellow indicates exercise patterns that do not directly challenge the dysfunctional movement pattern, however these patterns should be used with caution, since they may or may not have a positive impact. Re-screening the dysfunctional pattern will tell you if the Yellow Light exercise is having a positive or negative impact.

Green Light

Green Lighted exercise patterns do not challenge the dysfunctional movement pattern. They might even be helpful in correcting the movement pattern and can be used in training.

Again, sometimes what we remove is as or more important than what we add. Once a dysfunctional movement pattern is found, removing the exercises that challenge that pattern can be an essential step in the corrective process.

Suggestions are based on the weakest link—if multiple weak links are found, follow the Red Lights for each one. For example, upper body work might be cleared for an ASLR weak link only if the SM is a pass.

Exercise Recommendations Based on Results of FMS Screen:

Active Straight-Leg Raise

Red Light - hip hinging (deadlift, KB swing)

Yellow Light - step-up, RFESS, squatting

Green Light - upper body training, core work, half kneeling chop/lift

Shoulder Mobility

Red Light - overhead work, pressing

Yellow Light - rowing, horizontal pressing, partial get-ups

Green Light - deadlift, swings, lower body work, core work

Rotary Stability

Red Light - asymmetrical exercises training one side (dumbbell snatch, kettlebell swing)

Yellow Light - tall kneeling pressing, chop/lift exercises, half kneeling pressing, chop/lift exercises, symmetrical deadlifting and symmetrically loaded squatting

Green Light - partial get-up, floor press, symmetrical rowing and open chain upper body training

Trunk Stability Push-Up

Red Light - pressing, symmetrically loaded closed chain exercises

Yellow Light - deadlift, swing, core work

Green Light - push-up progressions, single leg deadlift, half get-up

Inline Lunge

Red Light - lunges, full get-up, split stance exercises

Yellow Light - deadlift, swing, single leg deadlift, squats

Green Light - half get-up, suitcase deadlift, half kneeling chop/lift and exercises, upper body training

Hurdle Step

Red Light - single leg exercises, full get-up

Yellow Light - symmetrically loaded deadlift, squat and variations

Green Light - half get-up, half kneeling chop/lift and exercises, suitcase deadlift, upper body training

Deep Squat

Red Light - squat and variations

Yellow Light - single leg exercises, split stance and lunge exercises

Green Light - get-up, deadlift, single leg deadlift, half kneeling chop/lift and exercises, tall kneeling chop/lift and exercises, upper body training

This list of exercise recommendations is NOT exhaustive or "complete" but should provide adequate direction in which exercises to Red Light, which exercises to proceed with caution (Yellow Light) and which exercises receive a Green Light for exercises based on the weakest link of the FMS screen.

Remember that movement patterns that received a Green Light for the FMS results (scores of 2/2 or 3/3) are cleared to exercise, and you should see that there are many options for exercise recommendations even within movement patterns that received a Red Light. Also keep in mind that the expectation is that the Red Lighted patterns will efficiently become Green Lights with the application of the corrective strategies so no pattern (outside of certain medical or injury related situations) will be Red Lighted "forever" or for long.

Stoplights, movement screening and exercise: a simple way to use the Red, Yellow and Green Light concepts for understanding exercise recommendations based on those scores. Please visit us on the FMS forum if you have questions or comments.

exercise programming seminar.

APPENDIX 4

INTRO PRESENTATION

Advanced Corrective Exercise 2012

FMS Level 2 workshop

FunctionalMovement.com

Understanding and Implementing Corrective Strategies

Presented by:

FMS Advisory Board Member

Functional Movement Systems

FunctionalMovement.com

Corrective Exercise Essentials

Breathing

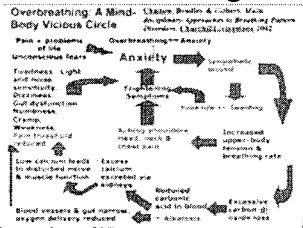
Chop and Lift

Deadlifting

Rolling

FunctionalMovement.com

Breathing



FunctionalMovement.com

NOTES:

These four are the bases fundamental exercises

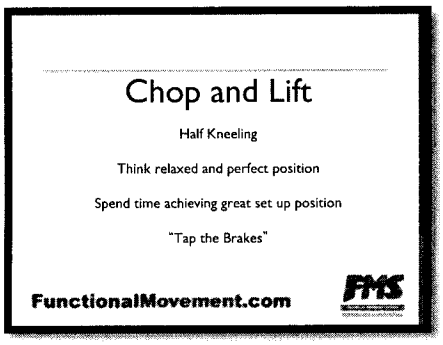
certain dysfunction → breath dysfunction
better breath mechanism → better movement efficiency
what is dysfunctional breath.

Assess breath, I can do it anytime, not practice more of a relaxation

core must be able to learn.
stabilize first

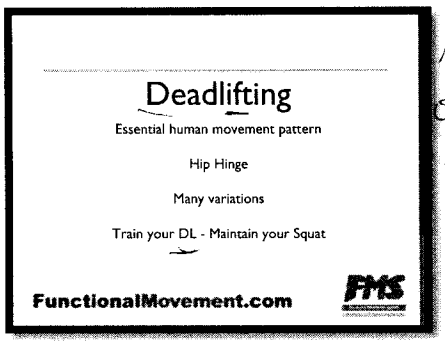
APPENDIX 4

INTRO PRESENTATION



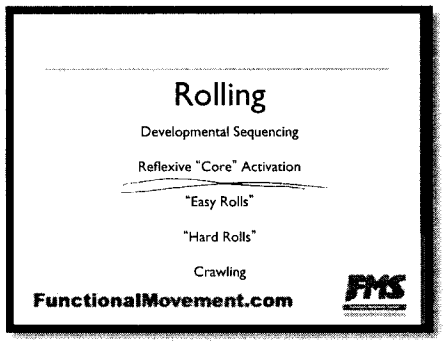
NOTES:

in between movements
lying down and stand
static posture.

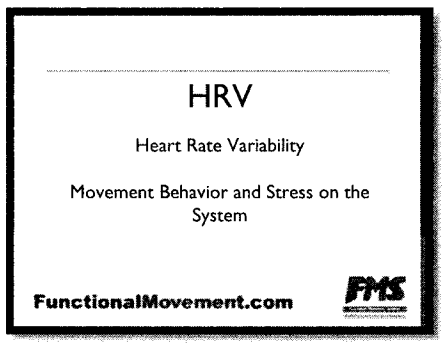


stress on hip, and low or extreme
on the back
* hinge the hip. is the key.
DL is approach for all ages.

squat as warm-up
→ train DL heavy.



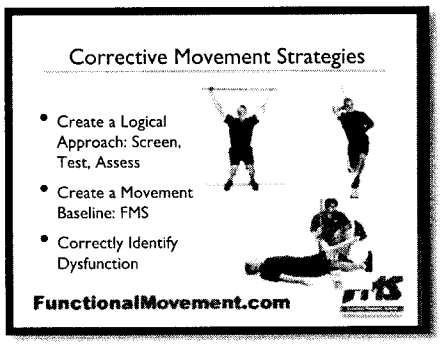
proper sequencing in the core.
- it is more reflexive and Active
Rolling can re-awaken the proprioceptive mechanism

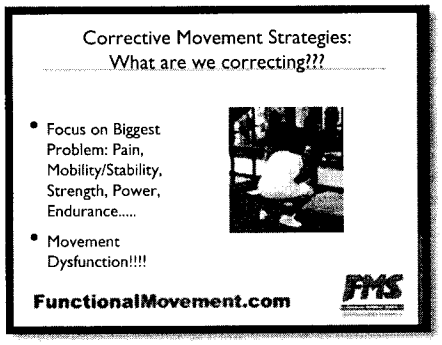


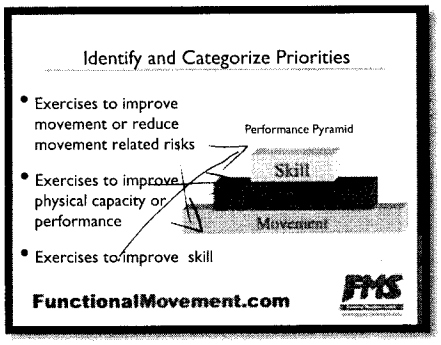
evaluate recovery
交感
副交感

APPENDIX 4

INTRO PRESENTATION







NOTES:

focus first on the biggest problem.

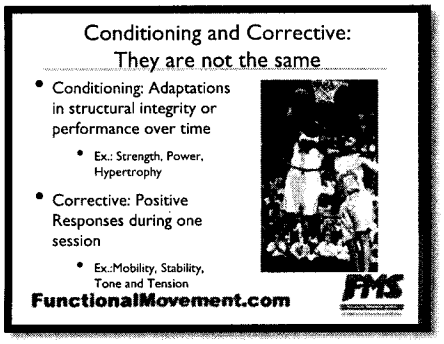
individual may train too hard, or poor posture

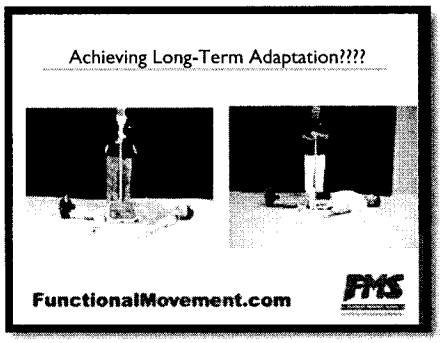
PT. wants to do what they are good at,
We need to work on what they are bad at.

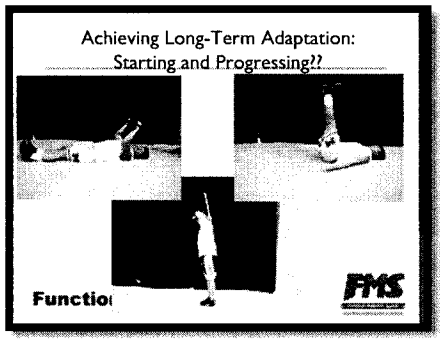
We should see improvement right away
the trick is to obtain long term adaptation
if it is not connecting w/ the brain
we will not get long term adaptation
don't get back to the old bad programs

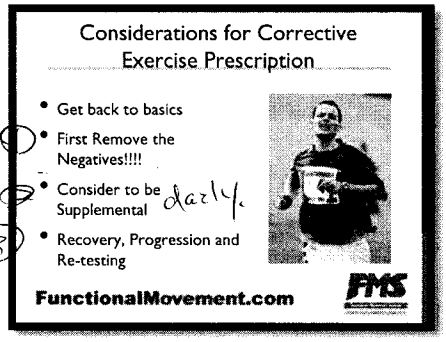
APPENDIX 4

INTRO PRESENTATION









NOTES:

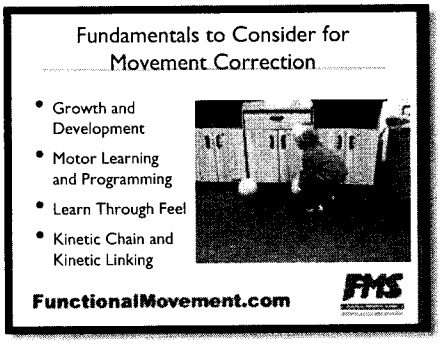
if prescribed & no correction, we should see improvement right away!

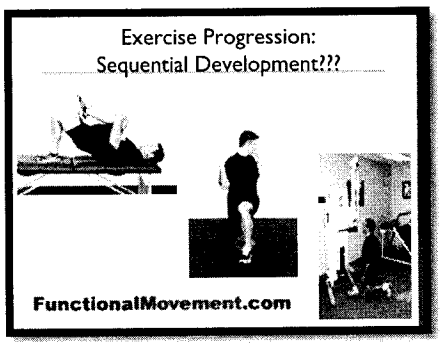
ity is good
& daily.
bad stance!

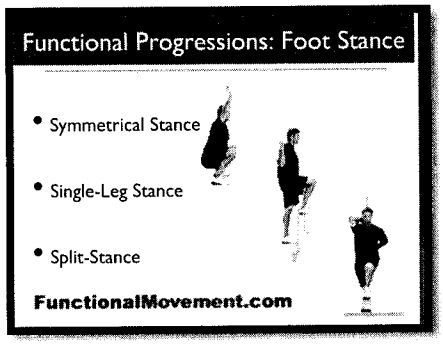
1. remove the negative.
do corrective ex daily
2. if no improvement, check screen again, overtaxed, poor posture.
what is causing the problem initially.

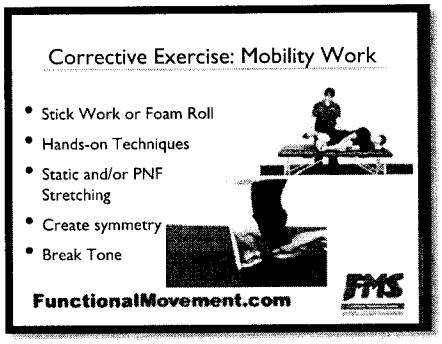
APPENDIX 4

INTRO PRESENTATION







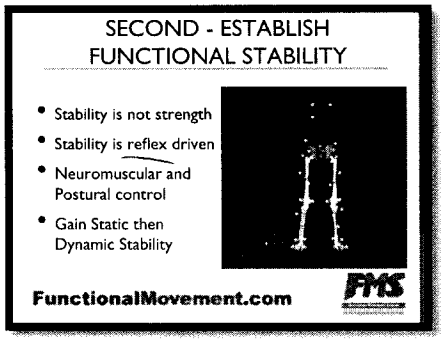


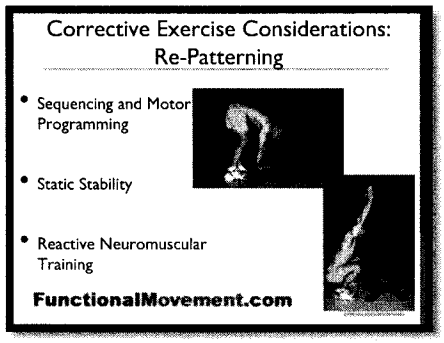
NOTES:

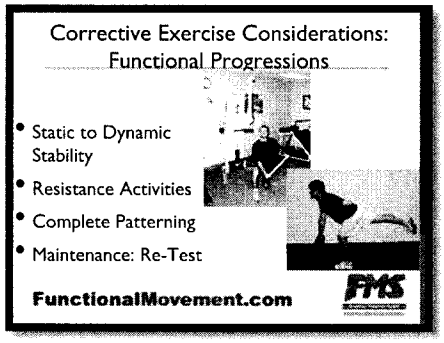
these three are the fundamental movements.

APPENDIX 4

INTRO PRESENTATION







NOTES:

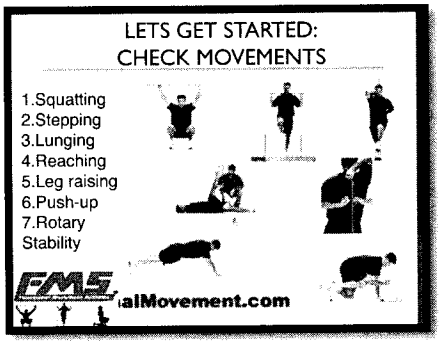
stability is reactive

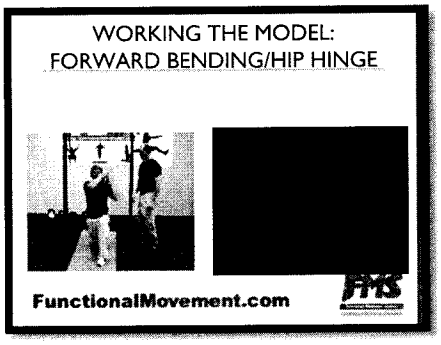
Proper form

accentuate mistake so they will self correct.

APPENDIX 4

INTRO PRESENTATION





NOTES:

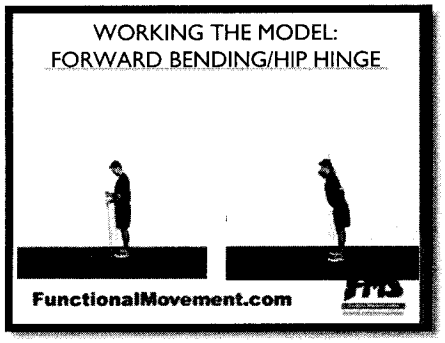
hip hinge.

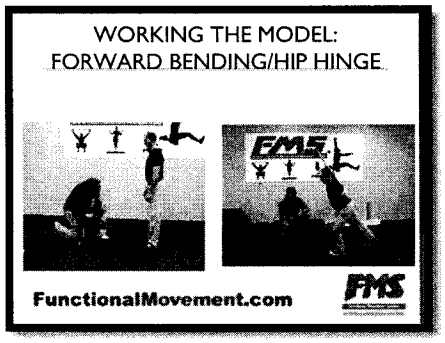
squeeze the ball

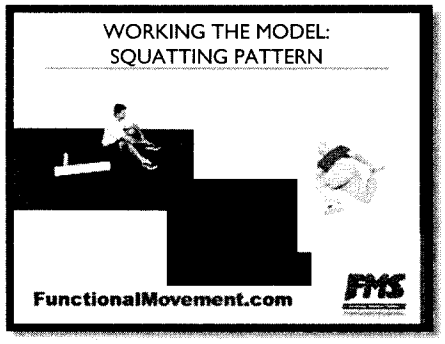
Chopping, lifting

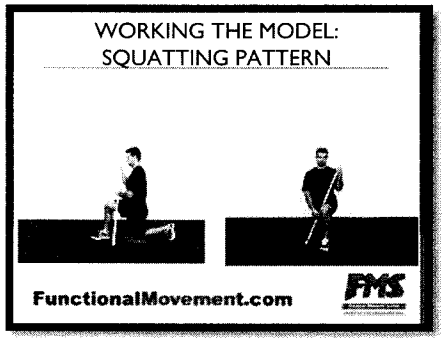
APPENDIX 4

INTRO PRESENTATION







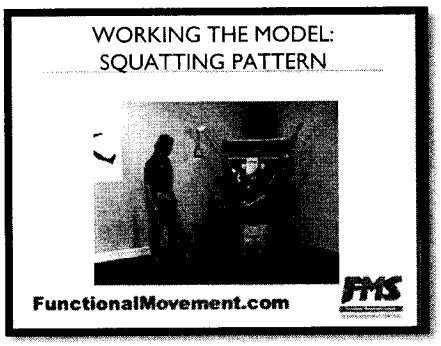


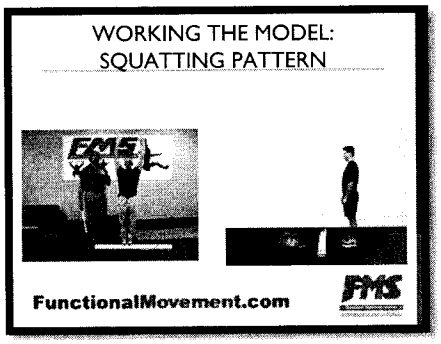
NOTES:

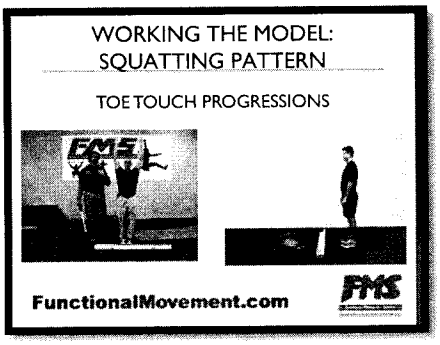
body wt hip hinge

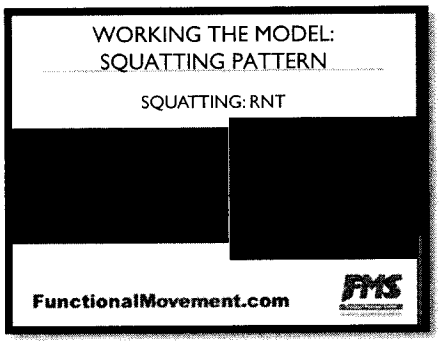
APPENDIX 4

INTRO PRESENTATION







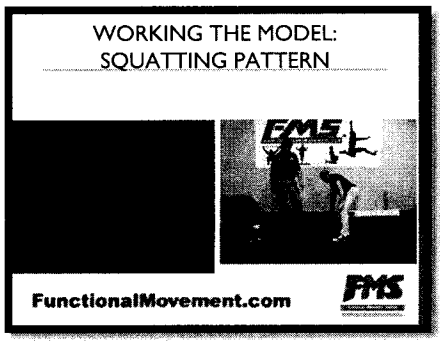


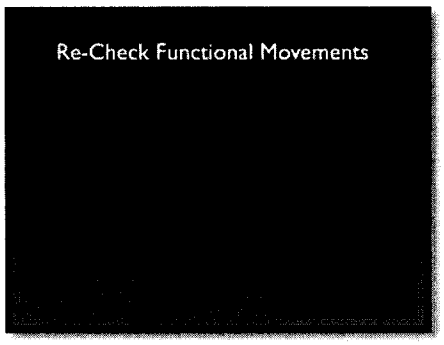
NOTES:

check the worst one.

APPENDIX 4

INTRO PRESENTATION





NOTES:

if all 2. strength & technique

NAME: Mike				
TEST	**RAW SCORE**		**FINAL SCORE**	**COMMENTS**
DEEP SQUAT	2		2	
HURDLE STEP	L	2	2	
	R	2		
INLINE LUNGE	L	3	3	
	R	3		
SHOULDER MOBILITY	L	1	1	
	R	2		
IMPINGEMENT CLEARING TEST	L +/-			
	R +/-			
ACTIVE STRAIGHT-LEG RAISE	L	3	2	
	R	2		
TRUNK STABILITY PUSH-UP	3		3	
PRESS-UP CLEARING TEST	+/-			
ROTARY STABILITY	L	1	1	
	R	1		
POSTERIOR ROCKING CLEARING TEST	+/-			
TOTAL			14	~~DT~~

NAME: a high level athlete				
TEST	**RAW SCORE**		**FINAL SCORE**	**COMMENTS**
DEEP SQUAT	1		1	
HURDLE STEP	L	1	1	
	R	1		
INLINE LUNGE	L	1	1	
	R	1		
SHOULDER MOBILITY	L	1	1	
	R	1		
IMPINGEMENT CLEARING TEST	L +/-			
	R +/-			
ACTIVE STRAIGHT-LEG RAISE	L	1	1	
	R	1		
TRUNK STABILITY PUSH-UP	3		3	
PRESS-UP CLEARING TEST	+/-			
ROTARY STABILITY	L	1	1	
	R	1		
POSTERIOR ROCKING CLEARING TEST	+/-			
TOTAL			9	

what do we do?

1. Rip shoulder mobility.
2. to bench, squat and leg activity
- self stretch routine would be good.

KISLR
4 @ bench Kaf kneeling
in warm-up
static stretch
avoid high impact due to load score

warm up to correct, super setting!

NAME:				
TEST	**RAW SCORE**		**FINAL SCORE**	**COMMENTS**
DEEP SQUAT			2	
HURDLE STEP	L	2	2	
	R	2		
INLINE LUNGE	L	2	2	
	R	2		
SHOULDER MOBILITY	L	3	2	
	R	2		
IMPINGEMENT CLEARING TEST	L +/-			
	R +/-			
ACTIVE STRAIGHT-LEG RAISE	L	2	2	
	R	2		
TRUNK STABILITY PUSH-UP		1	1	
PRESS-UP CLEARING TEST	+/-			
ROTARY STABILITY	L	1	1	
	R	2		
POSTERIOR ROCKING CLEARING TEST	+/-		1	
TOTAL			12	

Need to work on static stability, improve stability

NAME:				
TEST	**RAW SCORE**		**FINAL SCORE**	**COMMENTS**
DEEP SQUAT				
HURDLE STEP	L			
	R			
INLINE LUNGE	L			
	R			
SHOULDER MOBILITY	L			
	R			
IMPINGEMENT CLEARING TEST	L +/-			
	R +/-			
ACTIVE STRAIGHT-LEG RAISE	L			
	R			
TRUNK STABILITY PUSH-UP				
PRESS-UP CLEARING TEST	+/-			
ROTARY STABILITY	L			
	R			
POSTERIOR ROCKING CLEARING TEST	+/-			
TOTAL				

NAME:				
TEST	**RAW SCORE**		**FINAL SCORE**	**COMMENTS**
DEEP SQUAT				
HURDLE STEP	**L**			
	R			
INLINE LUNGE	**L**			
	R			
SHOULDER MOBILITY	**L**			
	R			
IMPINGEMENT CLEARING TEST	**L** +/-			
	R +/-			
ACTIVE STRAIGHT-LEG RAISE	**L**			
	R			
TRUNK STABILITY PUSH-UP				
PRESS-UP CLEARING TEST	+/-			
ROTARY STABILITY	**L**			
	R			
POSTERIOR ROCKING CLEARING TEST	+/-			
TOTAL				

NAME:				
TEST	**RAW SCORE**		**FINAL SCORE**	**COMMENTS**
DEEP SQUAT				
HURDLE STEP	**L**			
	R			
INLINE LUNGE	**L**			
	R			
SHOULDER MOBILITY	**L**			
	R			
IMPINGEMENT CLEARING TEST	**L** +/-			
	R +/-			
ACTIVE STRAIGHT-LEG RAISE	**L**			
	R			
TRUNK STABILITY PUSH-UP				
PRESS-UP CLEARING TEST	+/-			
ROTARY STABILITY	**L**			
	R			
POSTERIOR ROCKING CLEARING TEST	+/-			
TOTAL				

NAME:				
TEST	**RAW SCORE**		**FINAL SCORE**	**COMMENTS**
DEEP SQUAT				
HURDLE STEP	**L**			
	R			
INLINE LUNGE	**L**			
	R			
SHOULDER MOBILITY	**L**			
	R			
IMPINGEMENT CLEARING TEST	**L** +/-			
	R +/-			
ACTIVE STRAIGHT-LEG RAISE	**L**			
	R			
TRUNK STABILITY PUSH-UP				
PRESS-UP CLEARING TEST	+/-			
ROTARY STABILITY	**L**			
	R			
POSTERIOR ROCKING CLEARING TEST	+/-			
TOTAL				

NAME:				
TEST	**RAW SCORE**		**FINAL SCORE**	**COMMENTS**
DEEP SQUAT				
HURDLE STEP	**L**			
	R			
INLINE LUNGE	**L**			
	R			
SHOULDER MOBILITY	**L**			
	R			
IMPINGEMENT CLEARING TEST	**L** +/-			
	R +/-			
ACTIVE STRAIGHT-LEG RAISE	**L**			
	R			
TRUNK STABILITY PUSH-UP				
PRESS-UP CLEARING TEST	+/-			
ROTARY STABILITY	**L**			
	R			
POSTERIOR ROCKING CLEARING TEST	+/-			
TOTAL				