

# Flexibility Assessment

Your name \_\_\_\_\_ Today's date \_\_\_\_\_

## History

1. **Your Past** - list any injuries or physical problems you have experienced and indicate the month/year.

\_\_\_\_\_

\_\_\_\_\_

2. **Your Present** - list any injuries or physical problems you have now and how this affects you.

\_\_\_\_\_

\_\_\_\_\_

3. **Your Posture** – have you had a postural analysis done recently?  Yes  No

4. **Your Patterns** – what is your occupation? \_\_\_\_\_

What sport or activities do you do on a regular basis? \_\_\_\_\_

Tests	Result	Rating (please circle)			Comments
Trunk flexion		Limited	Normal	Excessive	
Trunk extension		Limited	Normal	Excessive	
Lying hamstring (R)		Limited	Normal	Excessive	
Lying hamstring (L)		Limited	Normal	Excessive	
Hip flexor (R)		Limited	Normal	Excessive	
Hip flexor (L)		Limited	Normal	Excessive	
Pectoralis minor (R)		Limited	Normal	Excessive	
Pectoralis minor (L)		Limited	Normal	Excessive	
Shoulder flexion (R)		Limited	Normal	Excessive	
Shoulder flexion (L)		Limited	Normal	Excessive	
Soleus (R)		Limited	Normal	Excessive	
Soleus (L)		Limited	Normal	Excessive	

**Your Plan of Action** – list the key areas that need to be addressed and suitable exercises .

\_\_\_\_\_

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