



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/ Female \_\_\_\_\_ Height \_\_\_\_\_

Weight: \_\_\_\_\_ Parents Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Sport: \_\_\_\_\_ Date \_\_\_\_\_

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

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_