

PHYSICAL PERFORMANCE TEST - STRENGTH

Patient Name _____

Date _____

INSTRUCTIONS: TO BE COMPLETED BY HEALTH CARE PROVIDER

CERVICAL SPINE

- _____ Flexion
- _____ Extension
- _____ Right Lateral Flexion
- _____ Left Lateral Flexion
- _____ Right Rotation
- _____ Left Rotation

THORACOLUMBAR SPINE

- _____ Flexion
- _____ Extension
- _____ Right Lateral Flexion
- _____ Left Lateral Flexion
- _____ Right Rotation
- _____ Left Rotation

SHOULDER

- | | | |
|---------|-------------------|---------|
| _____ L | Flexion | R _____ |
| _____ L | Extension | R _____ |
| _____ L | ABduction | R _____ |
| _____ L | ADduction | R _____ |
| _____ L | Internal Rotation | R _____ |
| _____ L | External Rotation | R _____ |

ELBOW

- | | | |
|---------|------------|---------|
| _____ L | Flexion | R _____ |
| _____ L | Extension | R _____ |
| _____ L | Pronation | R _____ |
| _____ L | Supination | R _____ |

WRIST

- | | | |
|---------|------------|---------|
| _____ L | Flexion | R _____ |
| _____ L | Extension | R _____ |
| _____ L | ABduction | R _____ |
| _____ L | ADduction | R _____ |
| _____ L | Pronation | R _____ |
| _____ L | Supination | R _____ |

HIP

- | | | |
|---------|-------------------|---------|
| _____ L | Flexion | R _____ |
| _____ L | Extension | R _____ |
| _____ L | ABduction | R _____ |
| _____ L | ADduction | R _____ |
| _____ L | Internal Rotation | R _____ |
| _____ L | External Rotation | R _____ |

KNEE

- | | | |
|---------|-------------------|---------|
| _____ L | Flexion | R _____ |
| _____ L | Extension | R _____ |
| _____ L | Internal Rotation | R _____ |
| _____ L | External Rotation | R _____ |

ANKLE

- | | | |
|---------|-----------------|---------|
| _____ L | Dorsi-Flexion | R _____ |
| _____ L | Plantar-Flexion | R _____ |
| _____ L | Inversion | R _____ |
| _____ L | Eversion | R _____ |