## Adam's Forward Bend Test

## Patient's full name:

## Date accomplished:

## Conductor's full name:

## What you need:

- A space big enough to assess all sides of the patient
- A scoliometer to measure rib bumps or other deformities (optional)


## Preliminary Assessment Instructions:

First, have your patient take off their shirt. Women can wear a bathing suit or a halter top. You need to be able to see the front and back of the patient for this test.

## 1. Front

- First, take a look at the head and neck. They should be midline.
- Then, check if one shoulder is higher than the other.
- Look at the anterior rib cage. It should be symmetric.
- Look at the distance between the arms from their respective elbows and the torso. They should be equal in length.


## 2. Back

- Ensure their feet are parallel and their knees are straight.
- Check the waistline. The waistline should be the same on both sides.
- Check the pelvis. The pelvis should be level.
- Check the hips. They should be level and symmetrical. Check if one side is higher or more prominent.
- Look at the scapula area. Check if one side is higher or more prominent than the other.


## 3. Side

- Have your patient adjust their position so that you are facing their side.
- Check if they have accentuated roundness in the upper back.
- Check if they have an accentuated arch in the lower back.


## Adam's Forward Bend Test Instructions:

- Have your patient bend forward as far as they can. Make sure their knees are extended. Ensure the palms of their hands are together and their head is down.
- While they're bent, check if they have a rib hump.
- You can also check if they have an exaggerated midline hump.


## Results:

The test is positive if there is obvious asymmetry in their spine (one side of the spine is higher than the other). Please endorse for further examination to determine the specific spinal abnormality.

If there is no sign of asymmetry in the patient's body, then they are negative.

## Patient Results:

## Positive

Negative

## Additional Comments:

