

Cervical Rotation Lateral Flexion Test

Patient name: _____ Age: _____

Examiner: _____ Date: _____

Test procedure

1. Seat the patient comfortably.
2. Rotate the patient's head away from the affected side.
3. Add lateral flexion in the opposite direction of the rotation.
4. Move the patient's ear towards their chest.

Interpretation

Positive test:

The test is positive if there is no movement of lateral flexion along the axis of the costotransverse joint or if a bony restriction blocks the movement.

Negative test:

The test is negative if there is movement of lateral flexion along the axis of the costotransverse joint.

Additional notes

Healthcare professional's information

Name:

License number:

Contact number:

Signature: