

# Functional Movement Screen

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**\*Please fill up the following if used to screen athletes:**

**School/Team:** \_\_\_\_\_

**Primary Sport:** \_\_\_\_\_

**Primary Position:** \_\_\_\_\_

**Previous Test Score (if applicable):** \_\_\_\_\_

**Tester's Name:** \_\_\_\_\_ **Tester's Signature:** \_\_\_\_\_

**Hand Dominance:**  L  R

**Leg Dominance:**  L  R

**Swing Dominance:**  L  R

**Throw Dominance:**  L  R

## SCORING GUIDE

3	Able to perform the movement correctly without compensation.
2	Must compensate in some way to perform the movement.
1	Unable to complete or assume the position to perform the movement.

Test		Raw Score	Final Score	Comments
<b>Deep Squat</b>				
Hurdle Step	L			
	R			
In-Line Lunge	L			
	R			
Shoulder Mobility	L			
	R			
Active Straight-Leg Raise	L			
	R			
<b>Trunk Stability Pushup</b>				
Rotary Stability	L			
	R			
<b>Total Score:</b>			( ___/21)	

**Raw Score:** Score for the left and right individually.

**Final Score:** Score per test category. The lowest score per category will be the one carried over to the final score. For example, if the left gets 3 and the right gets 2, the final score will be 2.

**Total Score:** Summary of All Final Scores