

# Postural Assessment

<b>Patient Information</b>	
<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Contact Information:</b>	
<b>Referring Physician (if any):</b>	
<b>Date of Assessment:</b>	

<b>Section</b>	<b>Details/Findings</b>
<b>Medical History</b>	
<b>Previous Injuries (related to posture):</b>	
<b>Surgical Interventions (related to posture):</b>	
<b>Current Medications:</b>	
<b>Known Musculoskeletal Disorders:</b>	
<b>Questions</b>	
<b>Do you often experience back or neck pain?</b>	
<b>Do you have any known postural habits (e.g., slouching, crossing legs)?</b>	
<b>How many hours per day do you spend sitting?</b>	

<b>Do you perform regular exercises aimed at posture correction?</b>	
<b>Tests</b>	
<b>Forward Head Posture Test:</b>	
<b>Shoulder Alignment Test:</b>	
<b>Pelvic Tilt Assessment:</b>	
<b>Leg Length Discrepancy:</b>	
<b>Findings</b>	
<b>Head Position:</b>	
<b>Shoulder Position:</b>	
<b>Spine Curvature:</b>	
<b>Hip Alignment:</b>	
<b>Foot Arch:</b>	
<b>Interpretation</b>	
<b>Identified Postural Deviations:</b>	
<b>Potential Causes:</b>	
<b>Recommended Interventions:</b>	

<b>Overall Interpretation</b>	
<b>General Posture Type:</b>	
<b>Primary Areas of Concern:</b>	
<b>Recommendations for Daily Activities:</b>	