

# Postural Assessment

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| <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>                            |                         |

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| <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>                                    |  |

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