

# Proprioception Test

## *Patient Information*

**Name:**

**Date of Birth:**

**Medical History:**

## *Test Procedures*

**1. Joint Position Sense Assessment**

**2. Limb Movement Extent Discrimination**

**3. Functional Movement Analysis**

**4. Balance and Stability Tests**

**5. Sensory Integration Examination**

## *Observations and Scoring*

*Interpretation and Recommendations*

*Follow-Up*