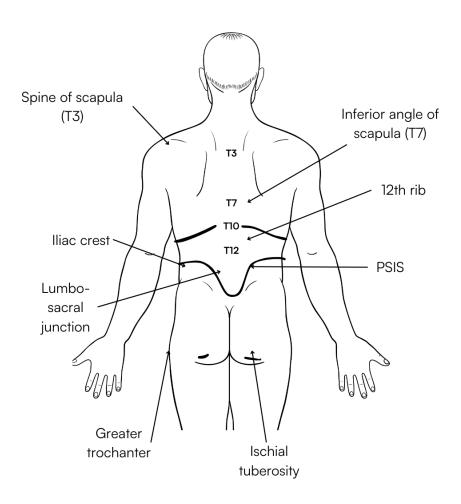
Schober Test Report

Patient Details:

Name:	Date of Birth:
Medical Record Number:	Date of Examination:
Examiner:	



Procedure:

1. Initial Position: Patient standing upright with feet together and legs straight.

2. Marking:

Initial mark at the level of the PSIS: _____(Yes/No)

Mark 10 cm above the initial mark: _____(Yes/No)

Mark 5 cm below the initial mark: _____(Yes/No)

Initial Distance Measurement: _____ cm (Expected: 15 cm)

3. Flexion Measurement:
Patient instructed to bend forward:(Yes/No)
Measurement while bent forward: cm
Increase in distance: cm (Expected increase: ≥ 5 cm)
Results:
□ Normal lumbar mobility.
☐ Reduced lumbar mobility.
Images/Scans:
Source: Wikimedia Commons Notes:
Recommendations/Next Steps:
Examiner's Signature: Date:

You can print this template and use it for the test.