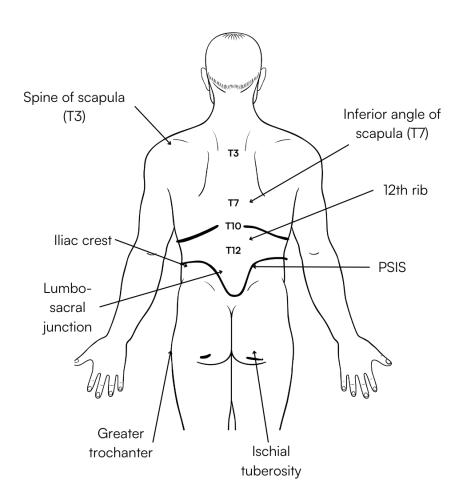
Schober Test Report

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.