Selective Functional Movement Assessment (SFMA)

| Category | Information | | |
|---------------------|-------------------------------------|------|-------|
| Patient Name: | | | |
| Patient Age: | | | |
| Patient Gender: | | | |
| Date of Assessment: | | | |
| Chief Complaint | Lower back pain and stiffness | | |
| # | Movement Pattern | Left | Right |
| 1a | Cervical Flexion | | |
| 1b | Cervical Extension | | |
| 1c | Cervical Rotation | | |
| 2a | Shoulder Mobility | | |
| 2b | Internal & External Rotation at 90° | | |
| 3 | Multi-segmental Flexion (Toe Touch) | | |
| 4 | Multi-segmental Extension (Prone) | | |
| 5 | Multi-segmental Rotation (Seated) | | |
| 6 | Single-leg Stance | | |
| 7 | Overhead Deep Squat | | |
| Interpretation | | | |

Next Steps

Legend: FN: Functional, Non-Painful FP: Functional, Painful DN: Dysfunctional, Non-Painful DP: Dysfunctional, Painful

