

Selective Functional Movement Assessment

Patient information							
Name:		Age:					
Gender:		Date of assessment:					
Chief complaint:							
The SMFA top tier movements							
<ul style="list-style-type: none"> • Cervical movement patterns • UE movement patterns • Multi-segmental flexion • Multi-segmental extension • Multi-segmental rotation • Single leg stance • Squatting pattern 							
The Selective Functional Movement Assessment							
SMFA scoring	Functional and non-painful (FN)	Functional painful (FP)	Dysfunctional non-painful (DP)	Dysfunctional painful (DN)			
Active cervical flexion							
Active cervical extension							
Cervical rotation-lateral bend (Left)							
(Right)							
Upper extremity pattern 1 (MRE) (Left)							
(Right)							
Upper extremity pattern 2 (LRF) (Left)							
(Right)							
Multi-segmental flexion							
Multi-segmental extension							
Multi-segmental rotation (Left)							
(Right)							
Single-leg stance (Left)							
(Right)							
Overhead deep squat							

Cervical flexion		
Primary	Secondary	Can't touch sternum
Cervical extension		
Greater than 10 degrees of parallel:		
Cervical rotation		
Right - can't touch chin to mid-clavicle:		
Left - can't touch chin to mid-clavicle:		
Upper extremity		
Primary	Right	
Secondary	Left	
Right	Left	Can't touch inferior angle of the contralateral scapula
Right	Left	Can't touch spine of the contralateral scapula
Multi-segmental flexion		
Primary	Secondary	
Can't touch toes and return to standing position:		
<70 degrees sacral angle:		
No posterior weight shift (T-L junction over foot):		
Non-uniform spinal curves:		
Multi-segmental extension		
Primary	Secondary	
ASIS doesn't clear the toes:		
Can't maintain normal (≥ 170 degrees) shoulder flexion:		
Spine of scapula doesn't clear the heels:		
Non-uniform spinal curves:		
Multi-segmental rotation		
Primary	Right	
Secondary	Left	
Right	Left	Pelvis rotation <50 degrees:
Right	Left	Trunk/shoulder <50 degrees more than pelvis:
Right	Left	Spinal/pelvic deviation:
Right	Left	Excessive knee flexion:
Single leg stance		
Primary	Right	
Secondary	Left	

Right	Left	Eyes open standing < 10 seconds:
Right	Left	Eyes closed standing < 10 seconds:
Right	Left	Loss of height:
Overhead squatting		
Primary		Secondary
Loss of shoulder flexion:		
Thoracic flexes:		
Hips don't break parallel:		
Sagittal plane deviation of lower extremity; RT: LT:		
Scoring and interpretation		
<ul style="list-style-type: none"> Each of the seven top tier tests is graded as functional non-painful (FN), functional painful (FP), dysfunctional non-painful (DN), or dysfunctional painful (DP). If a test does not score FN, the clinician performs a breakout pattern to identify whether the root issue is due to a mobility restriction, such as tissue extensibility or joint dysfunction, or a stability/motor control deficit. 		
Additional notes		
Healthcare professional		
Name:		License ID:
Signature:		Date of assessment:

Hux, M. (2019). *The value and effectiveness of the Selective Functional Movement Assessment (SFMA): A literature review*. https://digitalcommons.bridgewater.edu/cgi/viewcontent.cgi?article=1002&context=honors_projects