

Patient:

Therapist:

Date:

Clinic:

 Test not passed = exercise Test passed = don't exercise**Daily activities****Posture**

- |  |    |
|--|----|
| <input type="checkbox"/> Symmetrical foot placement                      | 01 |
| <input type="checkbox"/> Neutral spinal curvature                        | 02 |
| <input type="checkbox"/> Sitting without side bending or twisting        | 03 |
| <input type="checkbox"/> Stabilized neutral spinal curvature             | 04 |
| <input type="checkbox"/> Balanced upper body                             | 05 |
| <input type="checkbox"/> A posture friendly environment                  | 06 |
| <input type="checkbox"/> Chair height                                    | 07 |
| <input type="checkbox"/> Distance between the knees & feet               | 08 |
| <input type="checkbox"/> Symmetrical distribution of weight when sitting | 09 |
| <input type="checkbox"/> Stance width                                    | 10 |
| <input type="checkbox"/> Symmetrical distribution of weight (standing)   | 11 |
| <input type="checkbox"/> Standing posture with an balanced upper body    | 12 |

**Relaxation**

- |  |    |
|--|----|
| <input type="checkbox"/> Relaxed tongue      | 01 |
| <input type="checkbox"/> Relaxed lower jaw   | 02 |
| <input type="checkbox"/> Relaxed lower lip   | 03 |
| <input type="checkbox"/> Relaxed shoulders   | 04 |
| <input type="checkbox"/> Abdominal breathing | 05 |

**Movement**

- |   |    |
|---|----|
| <input type="checkbox"/> Changing seated position     | 01 |
| <input type="checkbox"/> Changing position            | 02 |
| <input type="checkbox"/> Dynamic sitting and standing | 03 |

**Coordination**

- |  |    |
|--|----|
| <input type="checkbox"/> Sitting up              | 01 |
| <input type="checkbox"/> Balance                 | 02 |
| <input type="checkbox"/> Arm swing               | 03 |
| <input type="checkbox"/> Hip extension           | 04 |
| <input type="checkbox"/> Eye muscle coordination | 05 |

**Extra exercises****Mobility**

- |  |    |
|--|----|
| <input type="checkbox"/> Chin tuck mobility                    | 01 |
| <input type="checkbox"/> Thoracic extension mobility           | 02 |
| <input type="checkbox"/> Back muscle flexibility               | 03 |
| <input type="checkbox"/> Shoulder mobility                     | 04 |
| <input type="checkbox"/> Finger flexor flexibility             | 05 |
| <input type="checkbox"/> Arm nerve mobility                    | 06 |
| <input type="checkbox"/> Rotational mobility                   | 07 |
| <input type="checkbox"/> Lifting technique                     | 08 |
| <input type="checkbox"/> Hip flexion mobility                  | 09 |
| <input type="checkbox"/> Buttock muscle flexibility            | 10 |
| <input type="checkbox"/> Leg, back, and cranial nerve mobility | 11 |
| <input type="checkbox"/> Posterior thigh flexibility           | 12 |
| <input type="checkbox"/> Calf flexibility                      | 13 |
| <input type="checkbox"/> Inner thigh flexibility               | 14 |
| <input type="checkbox"/> Hip extension mobility                | 15 |
| <input type="checkbox"/> Anterior thigh flexibility            | 16 |

**Strength**

- |   |    |
|---|----|
| <input type="checkbox"/> Abdominal and anterior neck muscle strength      | 01 |
| <input type="checkbox"/> Back muscle strength                             | 02 |
| <input type="checkbox"/> Shoulder blade and posterior arm muscle strength | 03 |

- |   |    |
|---|----|
| <input type="checkbox"/> <b>Endurance</b> | 01 |
|---|----|

QR-Code: Watch mobility exercises as movie (free)



Mark the test you didn't pass with a  and perform the respective exercises. Circle the box of the tests you passed and whose exercises you therefore need not to. This way you can keep track of the tests you haven't done yet.