

Integrated Global Screening



Date

Name

| | Pre RX | Left | Right | Expected | | Post RX | Left | Right |
|------------------------------------|--------|---|---|---|--|---|---|---|
| Cervical Rotation | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Thoracic Rotation | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Glenohumeral internal rotation | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Glenohumeral external rotation | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Upper Limb Tension Test 1 Limit | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Degrees | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Upper Limb Tension Test 2 Limit | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Degrees | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Lumbar extension/lateral flexion % | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Excess compensatory movement | | <input style="width: 100%; height: 100%;" type="text"/> | | | | <input style="width: 100%; height: 100%;" type="text"/> | | |
| Specific movement restriction | | <input style="width: 100%; height: 100%;" type="text"/> | | | | <input style="width: 100%; height: 100%;" type="text"/> | | |
| Lumbar flexion % | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Excess compensatory movement | | <input style="width: 100%; height: 100%;" type="text"/> | | | | <input style="width: 100%; height: 100%;" type="text"/> | | |
| Specific movement restriction | | <input style="width: 100%; height: 100%;" type="text"/> | | | | <input style="width: 100%; height: 100%;" type="text"/> | | |
| Straight Leg Raise | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Hip Internal Rotation | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
| Hip External Rotation | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | | | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |

Pre RX Left Right Expected

Post RX Left Right

Thomas Position

| | | | | | | |
|---|----------------------|----------------------|----------------------|--|----------------------|----------------------|
| Femoral Angle | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Femoral Angle Abduction | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Femoral Angle Rotation (Internal/External) | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Tibiofemoral rotation | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Foot position | <input type="text"/> | <input type="text"/> | | | <input type="text"/> | <input type="text"/> |

| | | | | |
|---------------------------|--|--|--|--|
| Single leg stability Left | <input type="checkbox"/> 0 Unable | <input type="checkbox"/> Tissue restriction | <input type="checkbox"/> 0 Unable | <input type="checkbox"/> Tissue restriction |
| | <input type="checkbox"/> 1 Alignment < 1 sec | <input type="checkbox"/> Control/ neurological | <input type="checkbox"/> 1 Alignment < 1 sec | <input type="checkbox"/> Control/ neurological |
| | <input type="checkbox"/> 2 Alignment < 3 sec | <input type="checkbox"/> Awareness | <input type="checkbox"/> 2 Alignment < 3 sec | <input type="checkbox"/> Awareness |
| | <input type="checkbox"/> 3 Dip | | <input type="checkbox"/> 3 Dip | |
| | <input type="checkbox"/> 4 3 Dips | | <input type="checkbox"/> 4 3 Dips | |
| | <input type="checkbox"/> 5 Hop | | <input type="checkbox"/> 5 Hop | |

| | | | | |
|---------------------------|--|--|--|--|
| Single leg stability Left | <input type="checkbox"/> 0 Unable | <input type="checkbox"/> Tissue restriction | <input type="checkbox"/> 0 Unable | <input type="checkbox"/> Tissue restriction |
| | <input type="checkbox"/> 1 Alignment < 1 sec | <input type="checkbox"/> Control/ neurological | <input type="checkbox"/> 1 Alignment < 1 sec | <input type="checkbox"/> Control/ neurological |
| | <input type="checkbox"/> 2 Alignment < 3 sec | <input type="checkbox"/> Awareness | <input type="checkbox"/> 2 Alignment < 3 sec | <input type="checkbox"/> Awareness |
| | <input type="checkbox"/> 3 Dip | | <input type="checkbox"/> 3 Dip | |
| | <input type="checkbox"/> 4 3 Dips | | <input type="checkbox"/> 4 3 Dips | |
| | <input type="checkbox"/> 5 Hop | | <input type="checkbox"/> 5 Hop | |