

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"/> Endurance	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.