

Static Postural Assessment

Client Name _____ Date _____

Anterior & Posterior View

➔ Lower Body

Foot & ankle complex

- | | L | R |
|-----------|--------------------------|--------------------------|
| Toe - Out | <input type="checkbox"/> | <input type="checkbox"/> |
| Toe - In | <input type="checkbox"/> | <input type="checkbox"/> |
| Pronation | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat Feet | <input type="checkbox"/> | <input type="checkbox"/> |
| High Arch | <input type="checkbox"/> | <input type="checkbox"/> |

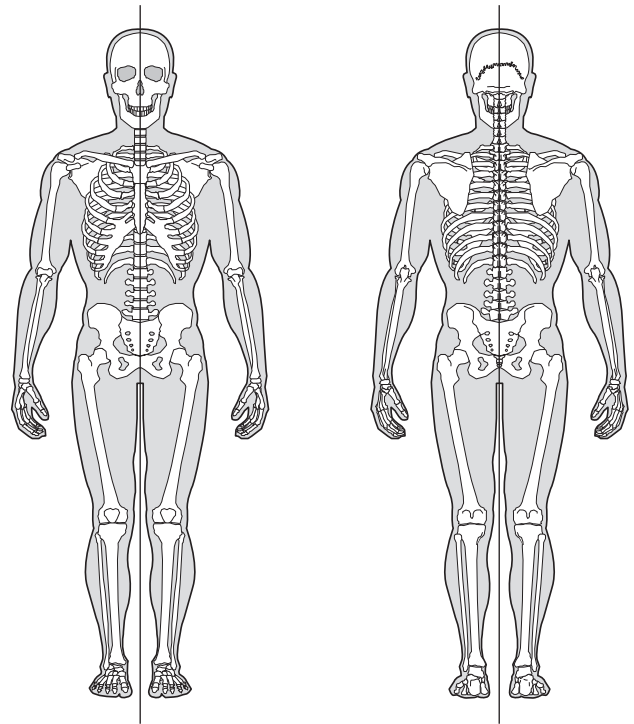
Knee/Hip

- | | | |
|-------------|--------------------------|--------------------------|
| Knock Knees | <input type="checkbox"/> | <input type="checkbox"/> |
| Bow Legs | <input type="checkbox"/> | <input type="checkbox"/> |

➔ Upper Body

Spine Scapula Shoulder Head

- | | L | R |
|-----------|--------------------------|--------------------------|
| Scoliosis | <input type="checkbox"/> | <input type="checkbox"/> |
| Deviation | <input type="checkbox"/> | <input type="checkbox"/> |
| Deviation | <input type="checkbox"/> | <input type="checkbox"/> |
| Tilt | <input type="checkbox"/> | <input type="checkbox"/> |
| Rotation | <input type="checkbox"/> | <input type="checkbox"/> |



Comments _____

Lateral View

➔ Lower Body

Ankle

- | | L | R |
|----------------|--------------------------|--------------------------|
| Dorsiflexion | <input type="checkbox"/> | <input type="checkbox"/> |
| Plantarflexion | <input type="checkbox"/> | <input type="checkbox"/> |

Knee

- | | | |
|---------------|--------------------------|--------------------------|
| Flexed | <input type="checkbox"/> | <input type="checkbox"/> |
| Hyperextended | <input type="checkbox"/> | <input type="checkbox"/> |

Pelvic Tilt:

anterior posterior

- | | Y | N |
|-------------------------------|--------------------------|--------------------------|
| Is the deviation symmetrical? | <input type="checkbox"/> | <input type="checkbox"/> |
| Tilt: Anterior | <input type="checkbox"/> | <input type="checkbox"/> |
| Posterior | <input type="checkbox"/> | <input type="checkbox"/> |

➔ Upper Body

Lumbar spine

- | | Y | N |
|----------|--------------------------|--------------------------|
| Lordosis | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat | <input type="checkbox"/> | <input type="checkbox"/> |

Thorac spine

- | | | |
|----------|--------------------------|--------------------------|
| Kyphosis | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat | <input type="checkbox"/> | <input type="checkbox"/> |

Trunk

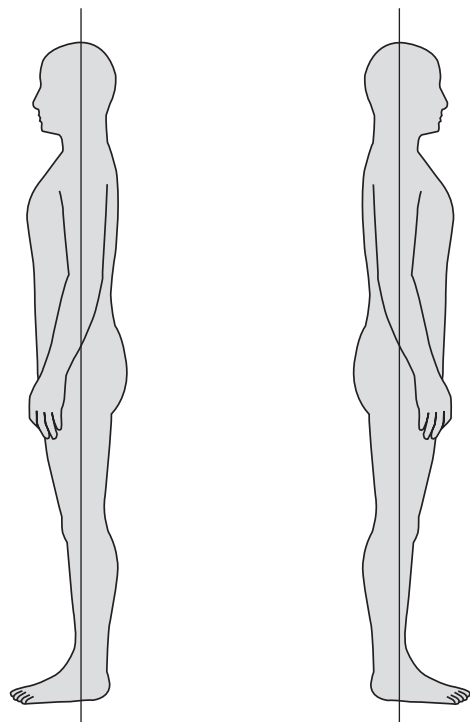
- | | | |
|---------------------|--------------------------|--------------------------|
| Rotation (Symmetry) | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------|--------------------------|--------------------------|

Shoulders

- | | | |
|---------|--------------------------|--------------------------|
| Forward | <input type="checkbox"/> | <input type="checkbox"/> |
|---------|--------------------------|--------------------------|

Head position

- | | | |
|---------|--------------------------|--------------------------|
| Forward | <input type="checkbox"/> | <input type="checkbox"/> |
| Back | <input type="checkbox"/> | <input type="checkbox"/> |



Comments _____

