

Athlete: _____ DOB: _____

GRADE **DESCRIPTION**

| | |
|----------|---|
| 5 | Completes full range of movement or maintain end-point range against maximal resistance |
| 4 | Completes full range of movement against gravity but not able to hold the position against maximal resistance |
| 3 | Completes full range of movement against only the resistance of gravity |
| 2 | Able to move through full range of movement gravity eliminated |
| 1 | Trace of muscle activity but no movement of the limb |
| 0 | No muscle activity |

| | | Right | | | | | Left | | | | | | | |
|------------|----------|-------------------|---|---|---|---|------|---|---|---|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 | |
| Upper Limb | Shoulder | Flexion | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Extension | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Adduction | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Abduction | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | External Rotation | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Internal Rotation | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | Elbow | Flexion | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Extension | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Pronation | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Supination | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | Wrist | Flexion | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Extension | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Ulnar abduction | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | Fingers | Flexion | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | | Extension | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Adduction | | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 | |

| | | Right | | | | | Left | | | | | | |
|-------|----------------------|-------|---|---|---|---|------|---|---|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Trunk | Flexion upper part | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | Flexion lower part | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | Extension upper part | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | Extension lower part | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| | Rotation | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |

| Lower Limb | Hip | | Right | Left |
|-----------------|-------------------|-------------------|-------------|-------------|
| | | Flexion | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| | | Extension | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| | | Adduction | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| | | Abduction | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| | | External Rotation | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| | Internal Rotation | 0 1 2 3 4 5 | 0 1 2 3 4 5 | |
| | Knee | Flexion | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| | | Extension | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| | Ankle | Dorsiflexion | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Plantar flexion | | 0 1 2 3 4 5 | 0 1 2 3 4 5 | |
| Pronation | | 0 1 2 3 4 5 | 0 1 2 3 4 5 | |
| Supination | | 0 1 2 3 4 5 | 0 1 2 3 4 5 | |

Comments:

| | |
|---|------------|
| <input type="checkbox"/> I confirm that the above information is accurate | |
| Name: | |
| Health care profession: | |
| Registration Authority and Number: | |
| Address: | |
| City: | Country: |
| Phone: | Email: |
| Date: | Signature: |