



# Assessment Page

Name:

Date:  Resting HR:

Weight(Lbs):  Age:

Height(inches):  Sex(M or F):

Body Composition					Percentage: %	
Tricep	Pectoral	Midaxilla	Subscapula	Abdomen	Suprailiac	Quadriceps
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cardiovascular			
Pre Exercise HR:	<input type="text"/>	Comfortable Pace (Aerobic Base) HR:	<input type="text"/>
			Anaerobic HR: <input type="text"/>

Strength					
Plank Hold:	Sec.	Push Ups:	Reps.	Wall Sit:	Sec.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Flexibility					Toe Reach inches	
Arm Raise	Twist	Leg Raise	Sit-to-Stand	Bent Knee Toe Reach	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Posture Assessment						
Anterior View		Right Y/N	Left Y/N	Lateral View (right side)		Y/N
Foot	Foot Turns Out	<input type="text"/>	<input type="text"/>	LPHC	Excessive Forward Lean	<input type="text"/>
Knee	Moves Inward	<input type="text"/>	<input type="text"/>		Low Back Arches	<input type="text"/>
	Moves Outward	<input type="text"/>	<input type="text"/>		Low Back Rounds	<input type="text"/>
				Upper Body	Arms Fall Forward	<input type="text"/>
Posterior View		Right Y/N	Left Y/N			
Foot	Heel of Foot Rises	<input type="text"/>	<input type="text"/>			
	Foot Flattens	<input type="text"/>	<input type="text"/>			
LPHC	Asymmetrical Weight S	<input type="text"/>	<input type="text"/>			

Single Leg Squat Assessment					
Right Leg		Y/N	Left Leg		Y/N
Foot	Foot Flattens	<input type="text"/>	Foot	Foot Flattens	<input type="text"/>
Knee	Moves Inward	<input type="text"/>	Knee	Moves Inward	<input type="text"/>
	Moves Outward	<input type="text"/>		Moves Outward	<input type="text"/>
LPHC	Hip Hike	<input type="text"/>	LPHC	Hip Hike	<input type="text"/>
	Hip Drop	<input type="text"/>		Hip Drop	<input type="text"/>
Upper Body	Internal rotation	<input type="text"/>	Upper Body	Internal Rotation	<input type="text"/>
	External Rotation	<input type="text"/>		External Rotation	<input type="text"/>