

FLEXIBILITY ASSESSMENT FORM

Date: _____

THOMAS TEST

Left hip: Normal Tight

Right hip: Normal Tight

Additional notes: _____

Additional notes: _____

SHOULDER FLEXION

Left shoulder: Normal Tight

Right shoulder: Normal Tight

Additional notes: _____

Additional notes: _____

SHOULDER EXTENSION

Left shoulder: Normal Tight

Right shoulder: Normal Tight

Additional notes: _____

Additional notes: _____