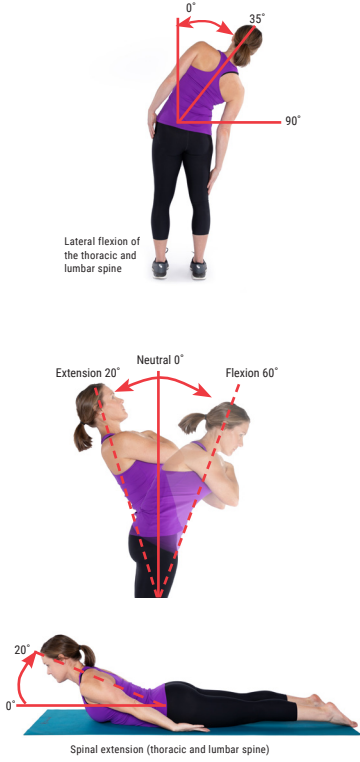


FLEXIBILITY ASSESSMENT FORM: TRUNK

Date: _____

Joint and Movement	Observations	ROM (°)
Cervical Spine		
	Flexion	<input type="checkbox"/> 45–50
	Extension	<input type="checkbox"/> 45–75
	Lateral flexion	<input type="checkbox"/> 45
	Rotation	<input type="checkbox"/> 65–75
Thoraco-lumbar Spine		
 <p>Lateral flexion of the thoracic and lumbar spine</p> <p>Extension 20° Neutral 0° Flexion 60°</p> <p>Spinal extension (thoracic and lumbar spine)</p>	Lumbar flexion	<input type="checkbox"/> 40–45
	Thoracic flexion	<input type="checkbox"/> 30–40
	Lumbar extension	<input type="checkbox"/> 30–40
	Thoracic extension	<input type="checkbox"/> 20–30
	Lumbar rotation	<input type="checkbox"/> 10–15
	Thoracic rotation	<input type="checkbox"/> 35
	Lumbar lateral flexion	<input type="checkbox"/> 20
	Thoracic lateral flexion	<input type="checkbox"/> 20–25