Self-Lead Movement Assessment

The Easy 5-Minute Test to Uncover Your Movement Restrictions

Scoring Scale

- 0 = Unable to Perform Motion At All (Due to Pain or Severe Mobility Restriction)
- 1 = Unable to Achieve Full Range of Motion At All
- 2 = Able to Achieve Full Range of Motion, But Requires Compensation
- 3 = Able to Achieve Full Range Motion WITHOUT Compensation

1	2	3	0	Movement Test
				Ankles Close Stance Squat
				Ankles Tall Kneeling Butt to Heel Test
				Hips Hip Opener (Right Leg)
				Hips Hip Opener (Left Leg)
				Thoracic Spine/Shoulders Floor Test
				Thoracic Spine/Shoulders Snow Angel Test
Totals (out of 6) Add Each Category Together				
				Ankles
				Hips
				Thoracic Spine
				Full Body

Recommendations for Your Movement Prescription:

Joint-By-Joint:

Score 0-2: High Movement Restriction, Requires Level 1 Mobility Work 4-x's per week

Score 3-4: Moderate Movement Restriction, Requires Level 2 Mobility Work 4-6x's per week

Score 5-6: Low to Zero Movement Restriction, Requires Level 2 Mobility Work 2-3x's per week

Full Body: Scores <10 should aim to work on their mobility 4-6x's / week for 10+ minutes per day. Scores with >10 should aim to work on their mobility 2-3x's / week for 5+ minutes per day