

Movement Performance Assessment

Name: _____

Date: _____

Sagittal Plane: forward and back

Step Forward	Mobile?	Stable?	Pain?
Right leg still			
Left leg still			
Step Backward			
Right leg still			
Left leg still			

Frontal Plane: Step out to side and step across

Step out to side	Mobile?	Stable?	Pain?
Right leg still			
Left leg still			
Step across			
Right leg still			
Left leg still			

Transverse Plane: turn away and toward

Turn away	Mobile?	Stable?	Pain?
Right leg still			
Left leg still			
Turn toward			
Right leg still			
Left leg still			

Homework

Body Area: _____

Plane of Motion: _____

Pain Area: _____
