

Functional Movement Screen

Name: _____ Date: _____

Date of Birth: _____ Contact #: _____

Address: _____

Age: _____ Gender: _____ Sex: _____ Height: _____ Weight: _____

***Please fill up the following if used to screen athletes:**

School/Team: _____

Primary Sport: _____

Primary Position: _____

Previous Test Score (if applicable): _____

Tester's Name: _____ **Tester's Signature:** _____

Hand Dominance: ☐ L ☐ R

Leg Dominance: ☐ L ☐ R

Swing Dominance: ☐ L ☐ R

Throw Dominance: ☐ L ☐ R

SCORING GUIDE

3	Able to perform the movement correctly without compensation.
2	Must compensate in some way to perform the movement.
1	Unable to complete or assume the position to perform the movement.

Test		Raw Score	Final Score	Comments
Deep Squat				
Hurdle Step	L			
	R			
In-Line Lunge	L			
	R			
Shoulder Mobility	L			
	R			
Active Straight-Leg Raise	L			
	R			
Trunk Stability Pushup				
Rotary Stability	L			
	R			
Total Score:		(____/21)		

Raw Score: Score for the left and right individually.

Final Score: Score per test category. The lowest score per category will be the one carried over to the final score. For example, if the left gets 3 and the right gets 2, the final score will be 2.

Total Score: Summary of All Final Scores