

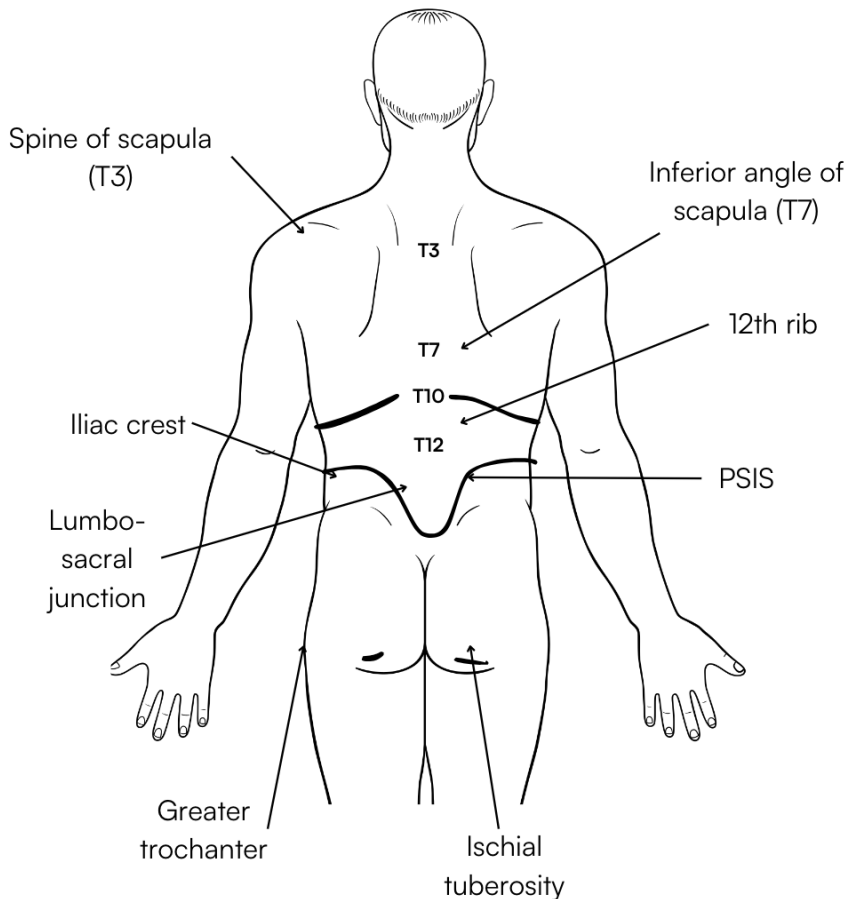
Schober Test Report

Patient Details:

Name: _____ Date of Birth: _____

Medical Record Number: _____ Date of Examination: _____

Examiner: _____



Procedure:

1. **Initial Position:** Patient standing upright with feet together and legs straight.

2. Marking:

Initial mark at the level of the PSIS: _____ (Yes/No)

Mark 10 cm above the initial mark: _____ (Yes/No)

Mark 5 cm below the initial mark: _____ (Yes/No)

Initial Distance Measurement: _____ cm (Expected: 15 cm)

3. Flexion Measurement:

Patient instructed to bend forward: _____ (Yes/No)

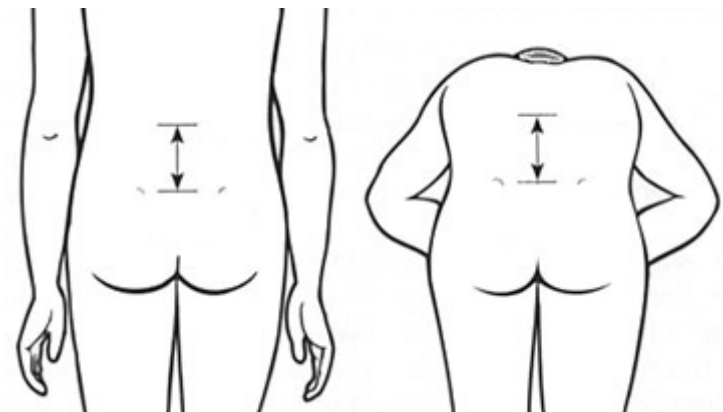
Measurement while bent forward: _____ cm

Increase in distance: _____ cm (Expected increase: ≥ 5 cm)

Results:

- ☐ Normal lumbar mobility.
- ☐ Reduced lumbar mobility.

Images/Scans:



Source: [Wikimedia Commons](#)

Notes:

Recommendations/Next Steps:

Examiner's Signature: _____ **Date:** _____

You can print this template and use it for the test.