**MANUAL MUSCLE TESTING**

**LOWER EXTREMITIES**

**Name:**

**Date of Birth:**

**Country:**

|  |  |
| --- | --- |
| **Scale based on Clarkson Testing Protocols (2021)**  *\*Specific notes for ankle strength are shown in italics* | |
| **Grade** | **Action** |
| **0** | No visible or palpable muscle contraction |
| **1** | Visible or palpable muscle contraction, no motion |
| **2** | Full range of motion in gravity-eliminated plane |
| **3** | Full range of motion against gravity  \*F*or ankle plantarflexors: able to raise heel off the floor 1-2 times with subsequent attempts resulting in decreased range)* |
| **4** | Full range of motion against gravity and moderate resistance  \*F*or ankle plantarflexors: able to maintain the heel fully off the floor through 3-5 repetitions with subsequent attempts* resulting in decreased range. |
| **5** | Full range of motion against gravity and maximal resistance  \*F*or ankle plantarflexors: able to maintain the heel* fully off the floor through more than six repetitions. |

|  |  |  |
| --- | --- | --- |
| **Hip** | **Result** | |
| **Right** | **Left** |
| **Flexion** | /5 | /5 |
| **Extension** | /5 | /5 |
| **Abduction** | /5 | /5 |
| **Adduction** | /5 | /5 |

|  |  |  |
| --- | --- | --- |
| **Knee** | **Result** | |
| **Right** | **Left** |
| **Flexion** | /5 | /5 |
| **Extension** | /5 | /5 |

|  |  |  |
| --- | --- | --- |
| **Ankle** | **Result** | |
| **Right** | **Left** |
| **Plantarflexion** | /5 | /5 |
| **Dorsiflexion** | /5 | /5 |
| **Inversion** | /5 | /5 |
| **Eversion** | /5 | /5 |

Date:

Medical Practitioner title:

Medical Practitioner signature: