



BRAIN/BODY FIT®

Active Examination™ Form

Name: _____

Disorder: _____

Current Complaint: _____

Exam Date: _____

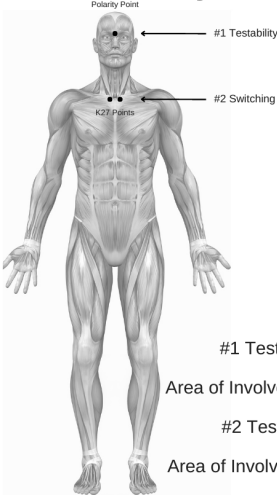
Re-Exam Date: _____

☐ Male ☐ Female

Patient Age

Pre:	Post:

Testability & Switching



	Need Correction	OK
#1 Testability	_____	_____
Area of Involvement	_____	_____
#2 Testability	_____	_____
Area of Involvement	_____	_____

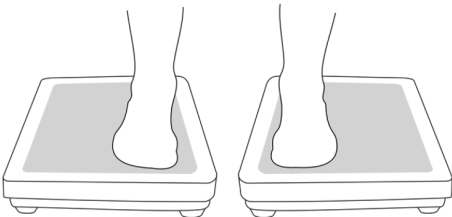


Pain _____ (1-10)



Bilateral Scales

Weight Bearing Ideal Neutral Posture



Total weight of the patient on one scale _____
Standing (Perceived) Neutral

Right Foot Left Foot

Scale weight bearing with eyes open	_____	_____
Walk in place with eyes closed	_____	_____
Walk in place with eyes open	_____	_____
Hands over head with 6' wood pole eyes open	_____	_____

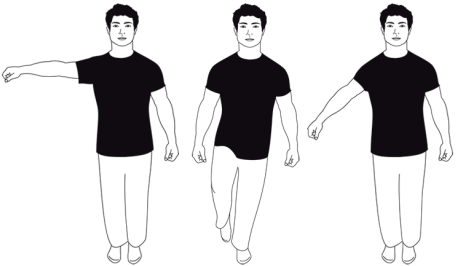


Pain _____ (1-10)



Standing Stress Test

Serola Sacral Belt



Test arm in the clear
Stand on one leg 3-5 sec. Pic above is stressing left SI joint
Both feet down and retest previously strong arm. If weak + SI sprain.



Pain _____ (1-10)



Brain

Cortex = Hum (Rt)/Count (Lt)

Cortex



Hum (Rt) Count (Lt)

Cortex _____

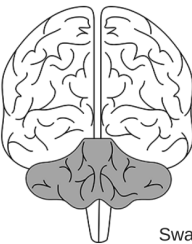


Pain _____ (1-10)



Cerebellum

Progressive F.I.T.® Balance Test



Sway (Rt) Sway (Lt)

Romberg's (Standard)	_____	_____
Add March in Place	_____	_____
Romberg's (Airex Balance Pad)	_____	_____
Sobriety Test = look down, eyes open heel toe, walk in straight line	_____	_____
Sobriety Test with eyes closed	_____	_____



Pain _____ (1-10)



JAMAR Grip Test

JAMAR Grip Position (1 - 5)

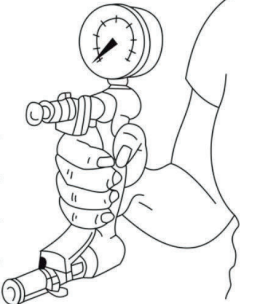
Seated _____ Standing _____

Elbow 90° _____ Dominant Hand ☐ Rt ☐ Lt

Grip Strength (0 - 200 lbs / 90 kg)

Right Left

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____



Pain _____ (1-10)





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Pre:	Post:

Grip Strength

Captains of Crush (CoC)


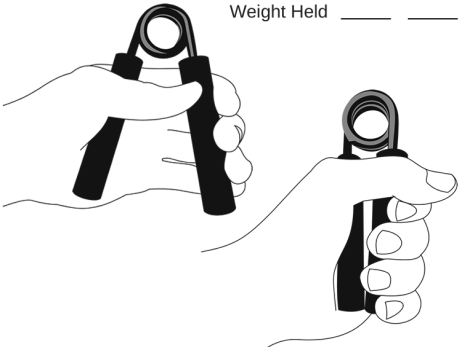
Right Left

Captains of Crush # _____

Repetitions _____

Hold Time - Closed _____

Weight Held _____



Pain _____ (1-10)


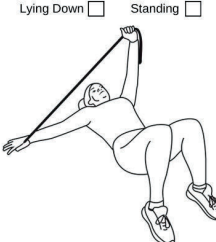
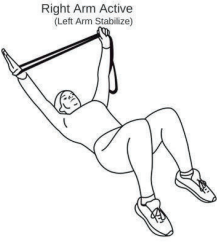


Band Extensions


Single Arm - Right Arm Active

Right Arm Active (Left Arm Stabilize)

Lying Down ☐ Standing ☐



Pain _____ (1-10)




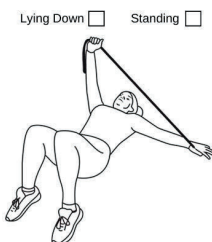
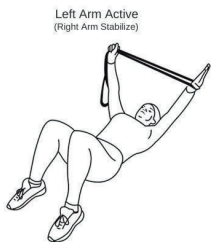
Right Arm (Active) Difficulty (1-5)	Left Arm (Stabilized) Difficulty (1-5)	Reps	Band Size
Palm Down _____	_____	_____	_____
Palm Up _____	_____	_____	_____
Palm In (Thumb Up) _____	_____	_____	Hand Width
Palm In (Thumb Down) _____	_____	_____	_____

Band Extensions


Single Arm - Left Arm Active

Left Arm Active (Right Arm Stabilize)

Lying Down ☐ Standing ☐



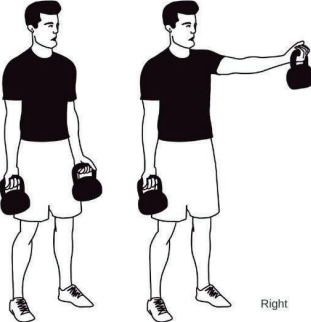
Pain _____ (1-10)



Left Arm (Active) Difficulty (1-5)	Right Arm (Stabilized) Difficulty (1-5)	Reps	Band Size
Palm Down _____	_____	_____	_____
Palm Up _____	_____	_____	_____
Palm In (Thumb Up) _____	_____	_____	Hand Width
Palm In (Thumb Down) _____	_____	_____	_____

Front Raise

Palm Up - Single Arm




Right Left

Resistance Weight (lbs) _____


Repetitions (Straight arm eye level) _____

Difficulty (1-5) _____

Type of Resistance (Kettlebell preferred, dumbbell, band, bar) _____

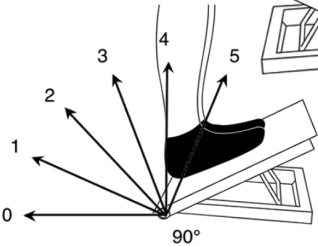



Pain _____ (1-10)



Slant Board

Calf Stretch




Right Left


Heel Height _____

Difficulty (1 - 5) _____


Slant Board Level _____



Pain _____ (1-10)



SlackBlock




Shoes On ☐ Shoes Off ☐

Right Left


Plugs Removed (0 - 5) _____

Balance (sec) 2 minute goal _____

Difficulty (1 - 5) _____



Pain _____ (1-10)





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Re-Exam Date: _____

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Patient Age

Pre:	Post:

Calf Master

Pain _____ (1-10)

	Both Feet	Right	Left
Feet Straight Ahead (Reps)	_____	_____	_____
Difficulty (1-5)	_____	_____	_____
Toes Pointed In (Reps)	_____	_____	_____
Difficulty (1-5)	_____	_____	_____
Toes Pointed Out (Reps)	_____	_____	_____

CoreStretch

Seated - Bi-Lateral Legs Bent

CoreStretch Level # _____

Seat Height (Inches) _____

Torso Angle Double Leg Bent _____

Pain _____ (1-10)

CoreStretch

Seated - Bi-Lateral Legs Straight

CoreStretch Level # _____

Seat Height (Inches) _____

Torso Angle Double Leg Straight _____

Pain _____ (1-10)

CoreStretch

Seated - Single Straight Leg - Right

CoreStretch Level # _____

Seat Height (Inches) _____

Torso Angle Single Straight Leg Right _____

Pain _____ (1-10)

CoreStretch

Seated - Single Straight Leg - Left

CoreStretch Level # _____

Seat Height (Inches) _____

Torso Angle Single Straight Leg Left _____

Pain _____ (1-10)

Quadricep

With Exercise Ball

Heel should maintain contact with buttock.

Knee as close to ball as possible.

Right Left

Heel/Buttock Distance _____

Elevated Arm Angle _____

Upper Body Torque _____

Upper Body Angle _____

Difficulty (1-5) _____

Size of Ball _____

Pain _____ (1-10)



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Exam Date: _____

Re-Exam Date: _____

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Patient Age

Pre:	Post:

Side Lying Clams

Glute Medius & Minimus
Short Band

Band Size _____
Band Form (Circle One) 0 ∞

Right Left

Leg Height _____
Reps _____
Difficulty _____

Pain _____ (1-10)

Bird Dog

Left Arm Up / Right Leg Up
Right Arm Up / Left Leg Up

Time Each Rep _____
Support Foot Up Yes ☐ No ☐
Eyes Up Yes ☐ No ☐
Difficulty (1-5) _____

Pain _____ (1-10)

Pain _____ (1-10)

Pain _____ (1-10)

Pain _____ (1-10)

Pain _____ (1-10)