



Physical Therapy & Movement Specialists

Movement & Injury Risk Screening

Name: _____ Date: _____

Age _____ Height _____ Weight _____

Functional Movement Screen (FMS)

Movement	Left/Right	Final Score	Comments
Deep Squat			
Hurdle Step			
Inline Lunge			
Shoulder Mobility			
Leg Raise			
Push-up			
Birddog			
		Total Score:	/21

Joint-by-Joint Mobility Screen

Joint	Left/ Right	Quality of Movement	Comments
Ankle			
Knee			
Hips			
Shoulders			
Low Back			
Mid Back			
Neck			

Movement Screen Score

Recommendation

Movement & Injury Risk Screening

Questions & Contact Information

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