

CLIENTS NAME: ASSESSMENT DAY/TIME:

<input checked="" type="checkbox"/> Very Tight	<	Tightness	=	Normal	>	Flexible	+	Very Flexible
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ANKLE						NOTES
Left Gastrocnemius, 20°	<input checked="" type="checkbox"/>	<	=	>	+	
Right Gastrocnemius, 20°	<input checked="" type="checkbox"/>	<	=	>	+	
Left Soleus, 20°	<input checked="" type="checkbox"/>	<	=	>	+	
Right Soleus, 20°	<input checked="" type="checkbox"/>	<	=	>	+	

KNEES / HIPS						NOTES
Left Hip Flexor, - 5°	<input checked="" type="checkbox"/>	<	=	>	+	
Right Hip Flexor, - 5°	<input checked="" type="checkbox"/>	<	=	>	+	
Left Rectus Femoris	<input checked="" type="checkbox"/>	<	=	>	+	
Right Rectus Femoris	<input checked="" type="checkbox"/>	<	=	>	+	
Left Hamstring, 80°	<input checked="" type="checkbox"/>	<	=	>	+	
Right Hamstring, 80°	<input checked="" type="checkbox"/>	<	=	>	+	
Left Adductor, 45°	<input checked="" type="checkbox"/>	<	=	>	+	
Right Adductor, 45°	<input checked="" type="checkbox"/>	<	=	>	+	
Left TFL / ITB, - 10°	<input checked="" type="checkbox"/>	<	=	>	+	
Right TFL / ITB, - 10°	<input checked="" type="checkbox"/>	<	=	>	+	
Left Quadricep, 120°	<input checked="" type="checkbox"/>	<	=	>	+	
Right Quadricep, 120°	<input checked="" type="checkbox"/>	<	=	>	+	

UPPER BODY						NOTES
Left Pectoral	<input checked="" type="checkbox"/>	<	=	>	+	
Right Pectoral	<input checked="" type="checkbox"/>	<	=	>	+	
Left Latt	<input checked="" type="checkbox"/>	<	=	>	+	
Right Latt	<input checked="" type="checkbox"/>	<	=	>	+	
Left Arm Medial Rotation, 20°	<input checked="" type="checkbox"/>	<	=	>	+	
Right Arm Medial Rotation, 20°	<input checked="" type="checkbox"/>	<	=	>	+	
Left Arm Lateral Rotation, 0°	<input checked="" type="checkbox"/>	<	=	>	+	
Right Arm Lateral Rotation, 0°	<input checked="" type="checkbox"/>	<	=	>	+	