

CLIENTS NAME: ..... ASSESSMENT DAY/TIME: .....

**CLIENTS SUMMARY**

**GENERAL POSTURE**

- Neutral
- Lordosis - Kyphosis
- Leaning Forwards
- Leaning Back

**LUMBAR SPINE**

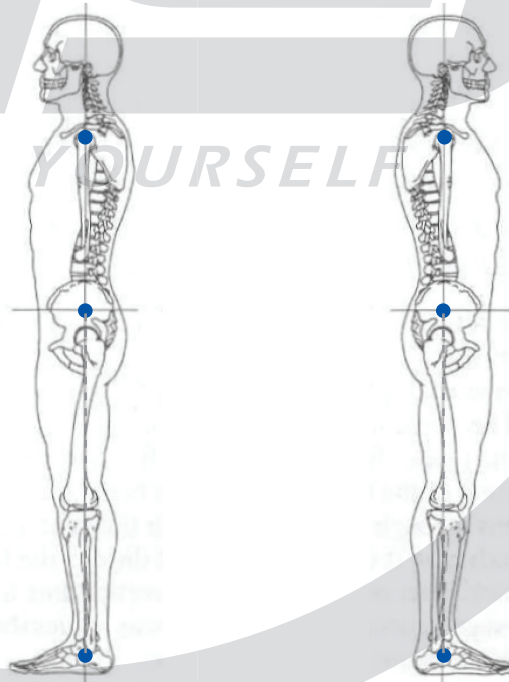
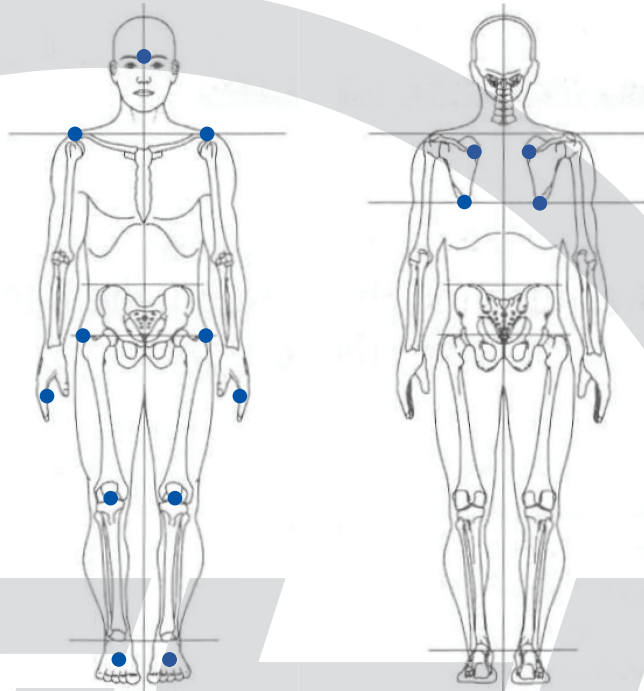
- Neutral
- Extended (Lordotic)
- Flexed (Flat)

**THORACIC SPINE**

- Neutral
- Flexed (Kyphotic)

**HEAD**

- Neutral
- Protracted



KG L .....

KG R .....

← SLIGHT ROTATION

← ROTATION

← LARGE ROTATION

← SLIGHT MISALIGNMENT

← MISALIGNMENT

← LARGE MISALIGNMENT