



Candidates Name: _____

Date: _____

Flexibility Evaluation

Check each item in appropriate column

	Normal	Abnormal		Normal	Abnormal
Upper Extremities			Knees		
Shoulders			Range of motion/Flexibility		
Range of motion/Flexibility			Strength/Stability		
Strength/Stability			Pain		
Pain			Ankles		
Arms			Range of motion/Flexibility		
Strength/Stability			Strength/Stability		
Deformity			Pain		
Pain			Feet		
Elbow			Range of motion/Flexibility		
Range of motion/Flexibility			Strength/Stability		
Strength/Stability			Pain		
Pain			Spine		
Wrist			Upper Back/Neck		
Range of motion/Flexibility			Range of motion/Flexibility		
Strength/Stability			Strength/Stability		
Pain			Pain		
Hand/Finger			Mid Back		
Range of motion/Flexibility			Range of motion/Flexibility		
Strength/Stability			Strength/Stability		
Pain			Pain		
Lower Extremities			Low Back		
Hips			Range of motion/Flexibility		
Range of motion/Flexibility			Strength/Stability		
Strength/Stability			Pain		
Pain			Lift weight from floor		
Legs			Able to comfortably perform 6-8 Repetitions with 100 Lbs		
Strength/Stability					
Deformity					
Pain					