

TMF Mobility Screen

Client Name:

Date:

1	Toe Touch Test	
Both at Once		
Yes	Touches Toes	No
Individually		
Yes	Both Limited	No
Left	One-Sided Only	Right

2	Single Leg Balance	
Left	Thigh Parallel	Right
	# of Seconds	
	> 25-seconds	

3	Vertical Wrist	
Left	Elbows by sides	Right
Yes	20 Up - 30 down	Yes
Yes	Limited Up	Yes
Yes	Limited Down	Yes

4	Forearm Rotation	
Left	Elbows by Sides	Right
Yes	>80 degrees Up & Down	Yes
Yes	Limited Palm Up	Yes
Yes	Limited Palm Down	Yes

5	Wrist Bowing	
Left	Elbows Straight	Right
Yes	> 60-degrees	Yes
Yes	= to 60-degrees	Yes
Yes	< 60-degrees	Yes
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6	Wrist Cupping]
Left	Elbows Straight	Right
Yes	> 60-degrees	Yes
Yes	= to 60-degrees	Yes
Yes	< 60-degrees	Yes

7	Cervical Rotation	
Left	Mouth Closed	Right
Yes	Touches	Yes
Yes	Doesn't Touch	Yes

8	Bridge w/Extension	
Left	Down Leg	Right
Yes	Glute Normal	Yes
Yes	Glute Weak	Yes
Yes	Cramping	Yes

9	Seated Trunk Rotation	
Left	Club Behind Back	Right
Yes	> than 45-degrees	Yes
Yes	= to 45-degrees	Yes
Yes	< than 45-degrees	Yes

10	Lower Quarter Rotation	
Left	Backswing	Right
Yes	60-degrees or more	Yes
Yes	Less than 60-degrees	Yes
Downswing		
Yes	60-degrees or more	Yes
Yes	Less than 60-degrees	Yes

Lat Length Test	
Low Back Flat	Right
Below Nose	Yes
Covers Nose	Yes
Between Nose & Wall	Yes
Touches Wall	Yes
	Low Back Flat Below Nose Covers Nose Between Nose & Wall

12	Torso Rotation	
Left	Without holding hips	Right
Yes	Good	Yes
Yes	Limited	Yes
Holding Hips		
Yes	Improves	Yes
Yes	Doesn't Improve	Yes

13	90/90 Test	
Left	Standing	Right
Yes	> than Spine Angle	Yes
Yes	= to Spine Angle	Yes
Yes	< than Spine Angle	Yes
Golf Posture		
Yes	> than Spine Angle	Yes
Yes	= to Spine Angle	Yes
Yes	< than Spine Angle	Yes

14	Pelvic Rotation		
Left	Without holding Shoulders	Right	
Yes	Good	Yes	
Yes	Limited	Yes	
Holding Shoulders			
Yes	Improves	Yes	
Yes	Doesn't Improve	Yes	
Coordination			
Good Rotary Movement		Yes	
More Lateral Movement than Rotation		Yes	

15	Pelvic Tilt Test			
Starting Position				
Neutral Pos	Neutral Position Yes			
S-Posture		Yes		
C-Posture		Yes		
Amount of Movement				
Normal		Yes		
Hard Time Arching		Yes		
Hard Time Flattening		Yes		
Quality of Movement				
Smooth		Yes		
Shake & Back		Yes		
Limited Movement		Yes		

16	Overhead Squat	
Standing Squat		
Bar Overhead		Yes
Arms Down Deep Squat		Yes
Arms Down Limited Squat		Yes

16A	Half-Kneeling Ankle Test	
Both Knees Hit		Yes
Right Knee Doesn't Hit		Yes
Left Knee Doesn't Hit		Yes
Weight Shift		
No Weight Shift		Yes
Weight Shift Right		Yes
Weight Shift Left		Yes

NOTES: