

AROM Assessment and Measurement: Trunk

Movement	Start Position	End Position	Measurement	Recording	Instructions	Comments
TRUNK FLEXION- THORACOLUMBAR SPINE (TAPE MEASURE) Form 9-50	1. Standing, feet shoulder width apart, knees straight <input type="checkbox"/>	1. Trunk flexed to limit of motion for thoracolumbar flexion <input type="checkbox"/> 2. Full AROM achieved <input type="checkbox"/>	1. Distance measured between C7 and S2 at start position <input type="checkbox"/> 2. Distance measured between C7 and S2 at end position <input type="checkbox"/>	1. Difference between start and end measures recorded for AROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement avoided <input type="checkbox"/>	
TRUNK EXTENSION- THORACOLUMBAR SPINE (TAPE MEASURE) Form 9-51	1. Standing, feet shoulder width apart, knees straight <input type="checkbox"/> 2. Hands on iliac crests and small of back <input type="checkbox"/>	1. Trunk extended to limit of motion for thoracolumbar extension <input type="checkbox"/> 2. Full AROM achieved <input type="checkbox"/>	1. Distance measured between C7 and S2 at start position <input type="checkbox"/> 2. Distance measured between C7 and S2 at end position <input type="checkbox"/>	1. Difference between start and end measures recorded for AROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement avoided <input type="checkbox"/>	
Movement	Start Position	Inclinometer Placement	End Position	Recording	Instructions	Comments
TRUNK FLEXION – THORACOLUMBAR SPINE (INCLINOMETER) Form 9-52	1. Standing, feet shoulder width apart, knees straight <input type="checkbox"/> 2. Inclinometers zeroed in start position <input type="checkbox"/>	1. Superior inclinometer: on spine of C7 <input type="checkbox"/> 2. Inferior inclinometer: on spine of S2 <input type="checkbox"/>	1. Full thoracolumbar spine flexion AROM to limit of motion <input type="checkbox"/> 2. Measurement recorded from superior inclinometer <input type="checkbox"/> 3. Measurement recorded from inferior inclinometer <input type="checkbox"/>	1. Difference between two inclinometer readings recorded for thoracolumbar flexion AROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	

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AROM Assessment and Measurement: Trunk (continued)

Movement	Start Position	Inclinometer Placement	End Position	Recording	Instructions	Comments	
TRUNK EXTENSION – THORACOLUMBAR SPINE (INCLINOMETER) Form 9-53	1. Standing, feet shoulder width apart, knees straight <input type="checkbox"/> 2. Hands on iliac crests and small of back <input type="checkbox"/> 3. Inclinometers zeroed in start position <input type="checkbox"/>	1. Superior inclinometer: on spine of C7 <input type="checkbox"/> 2. Inferior inclinometer: on spine of S2 <input type="checkbox"/>	1. Full thoracolumbar spine extension AROM to limit of motion <input type="checkbox"/> 2. Measurement recorded from superior inclinometer <input type="checkbox"/> 3. Measurement recorded from inferior inclinometer <input type="checkbox"/>	1. Difference between two inclinometer readings recorded for thoracolumbar extension AROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>		
Movement	Start Position	Stabilization	End Position	Measurement	Recording	Instructions	Comments
TRUNK EXTENSION-THORACOLUMBAR SPINE (PRONE PRESS-UP) Form 9-54	1. Prone <input type="checkbox"/> 2. Hands positioned on plinth at shoulder level <input type="checkbox"/>	1. Strap used to stabilize pelvis <input type="checkbox"/>	1. Patient extends elbows to raise trunk and extend thoracolumbar spine to limit of motion <input type="checkbox"/> 2. Full AROM achieved <input type="checkbox"/>	1. Perpendicular distance measured between suprasternal notch and plinth <input type="checkbox"/>	1. Distance measured recorded for ROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	
TRUNK FLEXION-LUMBAR SPINE (MODIFIED MODIFIED SCHÖBER METHOD) (TAPE MEASURE) Form 9-55	1. Standing, feet shoulder width apart <input type="checkbox"/> 2. Mark placed over spine 15 cm above spinous process of S2 at start position <input type="checkbox"/>		1. Trunk flexed to limit of motion for lumbar flexion <input type="checkbox"/> 2. Full AROM achieved <input type="checkbox"/>	1. Distance measured between 15 cm mark and S2 at end position <input type="checkbox"/>	1. Difference between start and end measures recorded for AROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	

AROM Assessment and Measurement: Trunk (continued)

Movement	Start Position	Stabilization	End Position	Measurement	Recording	Instructions	Comments
TRUNK EXTENSION-LUMBAR SPINE (TAPE MEASUER) Form 9-56	1. Standing, feet shoulder width apart <input type="checkbox"/> 2. Hands on iliac crests and small of back <input type="checkbox"/> 3. Mark placed over spine 15 cm above spinous process of S2 at start position <input type="checkbox"/>		1. Trunk extended to limit of motion for lumbar extension <input type="checkbox"/> 2. Full AROM achieved <input type="checkbox"/>	1. Distance measured between 15 cm mark and S2 at end position <input type="checkbox"/>	1. Difference between start and end measures recorded for AROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	
Movement	Start Position	Inclinometer Placement	End Position	Recording	Instructions	Comments	
TRUNK FLEXION – LUMBAR SPINE (INCLINOMETER) Form 9-57	1. Standing, feet shoulder width apart, knees straight <input type="checkbox"/> 2. Inclinometers zeroed in start position <input type="checkbox"/>	1. Superior inclinometer: on a mark 15 cm above the spinous process of S2 <input type="checkbox"/> 2. Inferior inclinometer: on spine of S2 <input type="checkbox"/>	1. Full lumbar spine flexion AROM to limit of motion <input type="checkbox"/> 2. Measurement recorded from superior inclinometer <input type="checkbox"/> 3. Measurement recorded from inferior inclinometer <input type="checkbox"/>	1. Difference between two inclinometer readings recorded for lumbar flexion AROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>		
TRUNK EXTENSION – LUMBAR SPINE (INCLINOMETER) Form 9-58	1. Standing, feet shoulder width apart, knees straight <input type="checkbox"/> 2. Hands on iliac crests and small of back <input type="checkbox"/> 3. Inclinometers zeroed in start position <input type="checkbox"/>	1. Superior inclinometer: on a mark 15 cm above the spinous process of S2 <input type="checkbox"/> 2. Inferior inclinometer: on spine of S2 <input type="checkbox"/>	1. Full lumbar spine extension AROM to limit of motion <input type="checkbox"/> 2. Measurement recorded from superior inclinometer <input type="checkbox"/> 3. Measurement recorded from inferior inclinometer <input type="checkbox"/>	1. Difference between two inclinometer readings recorded for lumbar extension AROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>		

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AROM Assessment and Measurement: Trunk (*continued*)

Movement	Start Position	End Position	Measurement	Recording	Instructions	Comments
TRUNK LATERAL FLEXION- THORACOLUMBAR SPINE (FINGERTIP-TO- FLOOR METHOD) (TAPE MEASURE) Form 9-59	1. Standing, feet shoulder width apart, knees straight, feet flat on floor <input type="checkbox"/>	1. Trunk laterally flexed to limit of motion <input type="checkbox"/> 2. Full AROM achieved <input type="checkbox"/>	1. Distance measured between tip of third digit and floor <input type="checkbox"/>	1. Distance measured recorded <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	
TRUNK LATERAL FLEXION- THORACOLUMBAR SPINE (THIGH MEASUREMENT METHOD) (TAPE MEASURE) Form 9-60	1. Standing, feet shoulder width apart, knees straight, feet flat on floor <input type="checkbox"/> 2. Arms at sides, mark on thigh at level of tip of middle finger <input type="checkbox"/>	1. Trunk laterally flexed to limit of motion <input type="checkbox"/> 2. Full AROM achieved <input type="checkbox"/> 3. Mark on thigh at level of tip of middle finger <input type="checkbox"/>	1. Distance measured between marks placed on thigh at start and end positions <input type="checkbox"/>	1. Distance measured recorded <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	
Movement	Start Position	Inclinometer Placement	End Position	Recording	Instructions	Comments
TRUNK LATERAL FLEXION (INCLINOMETER) Form 9-61	1. Standing, feet shoulder width apart, knees straight, feet flat on floor <input type="checkbox"/> 2. Inclinometers zeroed in start position <input type="checkbox"/>	1. Superior inclinometer: on spine of T1 <input type="checkbox"/> 2. Inferior inclinometer: on spine of S2 <input type="checkbox"/>	1. Full thoracolumbar spine lateral flexion AROM to limit of motion <input type="checkbox"/> 2. Measurement recorded from superior inclinometer <input type="checkbox"/> 3. Measurement recorded from inferior inclinometer <input type="checkbox"/>	1. Difference between two inclinometer readings recorded <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	

AROM Assessment and Measurement: Trunk (continued)

Movement	Start Position	Axis	Stationary Arm	End Position	Movable Arm	Recording	Instructions
TRUNK LATERAL FLEXION (UNIVERSAL GONIOMETER) Form 9-62	1. Standing, feet shoulder width apart, knees straight, feet flat on floor <input type="checkbox"/>	1. In midline at level of the PSIS (i.e. over S2 spinous process) <input type="checkbox"/>	1. Perpendicular to floor <input type="checkbox"/> 2. Position maintained for start position <input type="checkbox"/> 3. Position maintained for end position <input type="checkbox"/>	1. Full trunk lateral flexion AROM <input type="checkbox"/>	1. Points toward spine of C7 <input type="checkbox"/> 2. Position maintained for start position <input type="checkbox"/> 3. Position maintained for end position <input type="checkbox"/>	1. Full trunk lateral flexion AROM recorded <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/> Comments:
Movement	Start Position	Stabilization	End Position	Measurement	Recording	Instructions	Comments
TRUNK ROTATION - THORACOLUMBAR SPINE (TAPE MEASURE) Form 9-63	1. Sitting feet supported <input type="checkbox"/> 2. Arms crossed in front of chest <input type="checkbox"/> 3. Patient holds end of tape measure on lateral aspect of acromion process <input type="checkbox"/> 4. Therapist holds other end of tape measure on contralateral iliac crest at midaxillary line or on upper border of greater trochanter <input type="checkbox"/>	1. Pelvis stabilized <input type="checkbox"/>	1. Trunk rotated to limit of motion <input type="checkbox"/> 2. Full AROM achieved <input type="checkbox"/> 3. Pelvis stabilized <input type="checkbox"/>	1. Distance measured between acromion process and iliac crest or greater trochanter at start position <input type="checkbox"/> 2. Distance measured between acromion process and iliac crest or greater trochanter at end position <input type="checkbox"/>	1. Difference between start and end measures recorded <input type="checkbox"/> 2. Surface landmarks used to measure AROM recorded <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	

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AROM Assessment and Measurement: Trunk (continued)

Movement	Start Position	Inclinometer Placement	End Position	Recording	Instructions	Comments
TRUNK ROTATION - THORACIC SPINE (INCLINOMETER) Form 9-64	1. Standing, forward flexed with head and trunk parallel to floor, with arms crossed in front of chest <input type="checkbox"/> 2. Inclinometers zeroed in start position <input type="checkbox"/>	1. Superior inclinometer: on spine of T1 <input type="checkbox"/> 2. Inferior inclinometer: on spine of T12 <input type="checkbox"/>	1. Full thoracic spine rotation AROM to limit of motion <input type="checkbox"/> 2. Measurement recorded from superior inclinometer <input type="checkbox"/> 3. Measurement recorded from inferior inclinometer <input type="checkbox"/>	1. Difference between two inclinometer readings recorded for thoracic rotation AROM <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	
Movement	Start Position	End Position	Measurement	Recording	Instructions	Comments
CHEST EXPANSION (TAPE MEASURE) Form 9-65	1. Sitting <input type="checkbox"/> 2. Tape measure position around chest at level of xiphisternum <input type="checkbox"/> 3. Full expiration made <input type="checkbox"/>	1. Full inspiration made <input type="checkbox"/>	1. Chest circumference at full expiration <input type="checkbox"/> 2. Chest circumference at full inspiration <input type="checkbox"/>	1. Difference between two measures of circumference recorded <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	

Muscle Length Assessment and Measurement: Trunk and Hamstrings

Muscle	Start Position	End Position	Measurement of Joint Position Using Tape Measure	Recording	Instructions	Comments
TRUNK EXTENSORS- AND HAMSTRINGS (TOE-TOUCH TEST) Form 9-66	1. Standing, knees straight <input type="checkbox"/>	1. Trunk and hips flexed as patient reaches toward toes to limit of motion <input type="checkbox"/> 2. Full AROM achieved <input type="checkbox"/> 3. Knees maintained in extension <input type="checkbox"/>	1. Distance measured between most distant point reached by both hands and floor <input type="checkbox"/>	1. Distance measured recorded	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/> 3. Substitute movement eliminated <input type="checkbox"/>	

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Muscle Testing: Trunk

Muscle	Screen Position (Grade 3): AG Start Position	AG End Position	Grades 3, 4 & 5	Grades <3	Instruction	Handling/Comments
RECTUS ABDOMINIS Form 9-67	1. Supine with arms held outstretched <input type="checkbox"/> 2. Feet not stabilized <input type="checkbox"/>	1. Posterior pelvic tilt <input type="checkbox"/> 2. Cervical spine flexed, thoracic spine flexed to perform half curl-up <input type="checkbox"/> 3. Curl-up performed slowly <input type="checkbox"/> 4. Rectus abdominis palpated lateral to midline on the anterior abdominal wall, midway between sternum and pubis <input type="checkbox"/>	Inferior angles of scapulae off plinth with: 1. Grade 3: arms outstretched <input type="checkbox"/> 2. Grade 4: arms across chest <input type="checkbox"/> 3. Grade 5: hands beside ears <input type="checkbox"/> 4. Grade (3, 4, or 5) recorded correctly <input type="checkbox"/>	1. Grade 0: no movement or palpable contraction <input type="checkbox"/> 2. Grade 1: no movement, palpable flicker of contraction (may elicit with cough) <input type="checkbox"/> 3. Grade 2: head and C spine off plinth with arms outstretched <input type="checkbox"/> 4. Grade (i.e. 0, 1, or 2) recorded correctly <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/>	1. Patient comfortable <input type="checkbox"/> 2. Patient draped appropriately <input type="checkbox"/> 3. Therapist uses safe body mechanics <input type="checkbox"/> 4. Substitute movement eliminated <input type="checkbox"/> Comments:
EXTERNAL ABDOMINAL OBLIQUE, INTERNAL ABDOMINAL OBLIQUE Form 9-68	1. Supine with arms held outstretched <input type="checkbox"/> 2. Feet not stabilized <input type="checkbox"/>	1. Posterior pelvic tilt <input type="checkbox"/> 2. Cervical spine flexed, thoracic spine flexed and rotated to test side to perform half curl-up with rotation <input type="checkbox"/> 3. Curl-up performed slowly <input type="checkbox"/> 4. External abdominal oblique palpated at lower edge rib cage <input type="checkbox"/> 5. Internal abdominal oblique palpated medial to and above ASIS <input type="checkbox"/>	Inferior angles of scapulae off plinth with: 1. Grade 3: arms outstretched <input type="checkbox"/> 2. Grade 4: arms across chest <input type="checkbox"/> 3. Grade 5: hands beside ears <input type="checkbox"/> 4. Grade (3, 4, or 5) recorded correctly <input type="checkbox"/>	1. Sitting, feet supported, hands off plinth <input type="checkbox"/> 2. Trunk rotated with slight flexion <input type="checkbox"/> 3. External abdominal oblique palpated <input type="checkbox"/> 4. Internal abdominal oblique palpated <input type="checkbox"/> 5. Grade (i.e. 0, 1, or 2) recorded correctly <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/>	1. Patient comfortable <input type="checkbox"/> 2. Patient draped appropriately <input type="checkbox"/> 3. Therapist uses safe body mechanics <input type="checkbox"/> 4. Substitute movement eliminated <input type="checkbox"/> Comments:

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Muscle	Screen Position (Grade 3): AG Start Position	AG End Position	Grades ≥ 3	Instruction	Handling	Comments	
DOUBLE STRAIGHT LEG LOWERING (EXTERNAL ABDOMINAL OBLIQUE, INTERNAL ABDOMINAL OBLIQUE, RECTUS ABDOMINIS) Form 9-69	<ol style="list-style-type: none"> Supine with legs raised by therapist to 90° hip flexed position <input type="checkbox"/> Pelvis posteriorly tilted, L spine flexed, back flat on plinth <input type="checkbox"/> Hip flexor length previously assessed by therapist <input type="checkbox"/> 	<ol style="list-style-type: none"> Therapist palpates pelvis to ensure posterior pelvic tilt maintained <input type="checkbox"/> Legs lowered toward plinth <input type="checkbox"/> Angle between legs and plinth noted and therapist supports legs when pelvis begins to rotate anteriorly <input type="checkbox"/> 	Hip flexion angles: <ol style="list-style-type: none"> Grade 3: 90° to 75° <input type="checkbox"/> Grade 3+: 74° to 60° <input type="checkbox"/> Grade 4-: 59° to 45° <input type="checkbox"/> Grade 4: 44° to 30° <input type="checkbox"/> Grade 4+: 29° to 15° <input type="checkbox"/> Grade 5: 14° to 0° <input type="checkbox"/> Grade recorded correctly <input type="checkbox"/> 	<ol style="list-style-type: none"> Verbal (clear/concise) <input type="checkbox"/> Demonstration (clear) <input type="checkbox"/> 	<ol style="list-style-type: none"> Patient comfortable <input type="checkbox"/> Patient draped appropriately <input type="checkbox"/> Therapist uses safe body mechanics <input type="checkbox"/> Substitute movement eliminated <input type="checkbox"/> 		
Muscle	Screen Position (Grade 3): AG Start Position	AG End Position	Grades 3, 4 & 5	Grades <3	Instruction	Handling	Comments
ERECTOR SPINAE Form 9-70	<ol style="list-style-type: none"> Prone with feet off end of plinth, pillow under abdomen <input type="checkbox"/> Pelvis and legs stabilized <input type="checkbox"/> Hands held behind low back <input type="checkbox"/> Neck and hip extensor strength previously tested by therapist <input type="checkbox"/> 	<ol style="list-style-type: none"> Trunk extension <input type="checkbox"/> Erector spinae palpated paravertebral to L or T spines <input type="checkbox"/> Pelvis and legs stabilized <input type="checkbox"/> 	Trunk extended through: <ol style="list-style-type: none"> Grade 3: partial ROM with hands held behind low back <input type="checkbox"/> Grade 4: full ROM (xiphoid process off plinth) with hands held behind back <input type="checkbox"/> Grade 5: full ROM (xiphoid process of plinth) with hands held behind the head <input type="checkbox"/> Grade (3, 4, or 5) recorded correctly <input type="checkbox"/> 	<ol style="list-style-type: none"> Grade 0: no movement or palpable contraction <input type="checkbox"/> Grade 1: no movement, palpable flicker of contraction as attempts to lift head <input type="checkbox"/> Grade 2: head and upper sternum off plinth with arms held at sides <input type="checkbox"/> Grade (i.e. 0, 1, or 2) recorded correctly <input type="checkbox"/> 	<ol style="list-style-type: none"> Verbal (clear/concise) <input type="checkbox"/> Demonstration (clear) <input type="checkbox"/> 	<ol style="list-style-type: none"> Patient comfortable <input type="checkbox"/> Patient draped appropriately <input type="checkbox"/> Therapist uses safe body mechanics <input type="checkbox"/> Substitute movement eliminated <input type="checkbox"/> 	

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Muscle Testing: Trunk (*continued*)

Muscle	Screen Position (Grade 3): AG Start Position	AG End Position	Grades 3, 4 & 5	Grades <3	Instruction	Handling/ Comments
QUADRATUS LUMBORUM Form 9-71	1. Prone with feet off end of plinth, patient holds edges of plinth <input type="checkbox"/> 2. Hip in abduction and slight extension <input type="checkbox"/> 3. Trunk stabilized <input type="checkbox"/>	1. Pelvic elevation <input type="checkbox"/> 2. Quadratus lumborum palpated above iliac crest lateral to paravertebral muscles <input type="checkbox"/> 3. Trunk stabilized <input type="checkbox"/>	Iliac crest elevated through full ROM: 1. Grade 3: against resistance equal to weight of lower extremity <input type="checkbox"/> 2. Grade 4: against resistance equal to weight of lower extremity and moderate resistance <input type="checkbox"/> 3. Grade 5: against resistance equal to weight of lower extremity and moderate resistance <input type="checkbox"/> 4. Resistance applied to distal end of femur or posterolateral aspect iliac crest 5. Resistance applied in direction to resist pelvic elevation <input type="checkbox"/> 6. Grade (3, 4, or 5) recorded correctly <input type="checkbox"/>	1. Grade 0: no movement or palpable contraction <input type="checkbox"/> 2. Grade 1: no movement, palpable flicker of contraction as attempts to elevate pelvis <input type="checkbox"/> 3. Grade 2: pelvis elevated through full ROM <input type="checkbox"/> 4. Grade (i.e. 0, 1, or 2) recorded correctly <input type="checkbox"/>	1. Verbal (clear/concise) <input type="checkbox"/> 2. Demonstration (clear) <input type="checkbox"/>	1. Patient comfortable <input type="checkbox"/> 2. Patient draped appropriately <input type="checkbox"/> 3. Therapist uses safe body mechanics <input type="checkbox"/> 4. Substitute movement eliminated <input type="checkbox"/> Comments: