

Appendix C

THE FUNCTIONAL MOVEMENT SCREEN
SCORING SHEET

NAME: _____ DATE: _____

SSN: _____ ADDRESS: _____

PHONE: _____

SCHOOL: _____ HT.: _____ WT.: _____ AGE: _____

PRIMARY SPORT: _____ PRIMARY POSITION: _____

HAND/LEG DOMINANCE: _____ PREVIOUS TEST SCORE: _____

INJURY HISTORY: _____

TEST	RAW SC	FINAL	COMMENTS
DEEP SQUAT			
HURDLE ST. <u>L</u>			
HURDLE ST. R			
IN-LINE LUN. L			
IN-LINE LUN. R			
SHO. MOB. L			
SHO. MOB R			
ACTIVE IMP. L			
ACTIVE IMP. R			
ASLR L			
ASLR R			
TSPU			
EXT			
ROT. STAB. L			
ROT. STAB. R			
FLX			
TOTAL			

(Athletic Testing Services, Inc. (2000). Seminar Manual. p. 24.)