

FLEXIBILITY ASSESSMENT FORM: LOWER BODY

Date: _____

Joint and Movement	Observations	ROM (°)
Hip		
<p>Hip flexion without pelvic rotation</p>	Flexion	<input type="checkbox"/> 100–120
	Extension	<input type="checkbox"/> 10–30
<p>Range of motion for hip abduction</p>	Abduction	<input type="checkbox"/> 40–45
	Adduction	<input type="checkbox"/> 20–30
<p>Hip extension (<20°)</p>	Internal/medial rotation	<input type="checkbox"/> 35–45
<p>Range of motion for rotation at the hip</p>	External/lateral rotation	<input type="checkbox"/> 45–60
Knee		
	Flexion	125–145
	Extension	0–10

Ankle			
<p>20° Dorsiflexion 0° Neutral 90° 50° Plantar flexion Ankle range of motion with the knee flexed</p> <p>20° Plantar flexion 0° Neutral Plantar flexion</p> <p>20° Dorsiflexion 0° Neutral Dorsiflexion</p>	Dorsiflexion		20
	Plantar flexion		45-50
Subtalar			
	Inversion		30-35
	Eversion		15-20