

SINGLE-LEG ASSESSMENT FORM

Date: _____

Step-up

| View | | Location | Compensation | Key Suspected Compensations: Overactive (Tight) | Key Suspected Compensations: Underactive (Lengthened) |
|--------------------------|----------|---------------------|--------------|--|--|
| <input type="checkbox"/> | Anterior | Feet | | | |
| <input type="checkbox"/> | Anterior | Knees | | | |
| <input type="checkbox"/> | Anterior | Hips | | | |
| <input type="checkbox"/> | Anterior | Torso | | | |
| <input type="checkbox"/> | Anterior | Raised-leg | | | |
| <input type="checkbox"/> | Side | Pelvis and low back | | | |