THE SELECTIVE FUNCTIONAL MOVEMENT ASSESSMENT

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<th>Name:</th>
<th>Date:</th>
<th>Total Score:</th>
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### Cervical Flexion
- □ Painful
- □ Can’t touch Sternum to Chin
- □ Excessive effort and/or lack of motor control

### Cervical Extension
- □ Painful
- □ Not within 10 degrees of parallel
- □ Excessive effort and/or lack of motor control

### Cervical Rotation
- □ Painful Right
- □ Painful Left
- □ Excessive effort and/or appreciable asymmetry or lack of motor control

#### Pattern #1 – MRE
- □ Painful Right
- □ Painful Left
- □ Does not reach inferior angle of scapula
- □ Excessive effort and/or appreciable asymmetry or lack of motor control

#### Pattern #2 – LRF
- □ Painful Right
- □ Painful Left
- □ Does not reach spine of scapula
- □ Excessive effort and/or appreciable asymmetry or lack of motor control

### Multi-Segmental Flexion
- □ Painful
- □ Cannot touch toes
- □ Sacral angle <70 degrees
- □ Non-uniform spinal curve
- □ Lack of posterior weight shift
- □ Excessive effort and/or appreciable asymmetry or lack of motor control

### Multi-Segmental Extension
- □ Painful
- □ UE does not achieve or maintain 170
- □ ASIS does not clear toes
- □ Spine of scapula does not clear heels
- □ Uniform spinal curve
- □ Excessive effort and/or lack motor control

### Multi-Segmental Rotation
- □ Painful Right
- □ Painful Left
- □ Pelvis Rotation <50 degrees
- □ Shoulders rotation <50 degrees
- □ Spine/pelvic deviation
- □ Excessive Knee flexion
- □ Excessive effort and/or lack of symmetry or motor control

### Single Leg Stance
- □ Painful Right
- □ Painful Left
- □ Eyes open <10 seconds
- □ Eyes closed <10 seconds
- □ Loss of Height
- □ Excessive effort or lack of symmetry or motor control

### Overhead Deep Squat
- □ Painful
- □ Loss of UE start position
- □ Tibia and Torso are not parallel or better
- □ Thighs do not break parallel
- □ Right
- □ Left
  - □ Loss of sagittal plane alignment
- □ Excessive effort, weight shift, or motor control
CERVICAL SPINE PATTERN BREAKOUTS

Limited Cervical Spine Patterns

Active Supine Cervical Flexion Test (Chin to Chest)

- DN, DP or FP
- FN

Passive Supine Cervical Flexion Test

- FN
- DN, DP or FP

Active Cervical Spine Flexion SMCD

Active Supine OA Cervical Flexion Test (20°)

- FN Bilat.
- DN
- DP or FP

If Passive Supine Cervical Flexion (PSCF) was DP or DN then treat as Cervical Spine Flexion JMD &/or TED. If PSCF was FP can also be SMCD - perform segmental testing and soft tissue appraisal.

Supine Cervical Extension

- DN, FP or DP
- FN

Cervical Extension JMD &/or TED

If Cervical Flexion is DN - Treat flexion first. If not, there is a Postural and/or SMCD affecting Cervical Rotation. This includes Cervical Spine, Thoracic Spine and Shoulder Girdle postural dysfunction.

Active Supine Cervical Rotation Test (80°)

- FN
- DN, DP or FP

Passive Supine Cervical Rotation Test

- FN
- DN, DP or FP

C1-C2 Cervical Rotation Test

- FN
- FP or DP
- DN

C1-C2 JMD &/or TED &/or possible Lower Cervical Spine JMD &/or TED.

There is a Postural and/or SMCD affecting Cervical Flexion. This includes Cervical Spine, Thoracic Spine and Shoulder Girdle postural dysfunction.

There is Postural &/or SMCD affecting Cervical Extension.
**UPPER EXTREMITY PATTERN BREAKOUTS**

**Limited Upper Extremity Pattern One**

**Active Prone Upper Extremity Pattern One (IR)**
- DN, DP or FP

**Passive Prone Upper Extremity Pattern One (IR)**
- FN

**Active Prone Shoulder 90/90 IR Test (60° &/or Total Arc of 150°)**
- FN

**Passive Prone Shoulder IR Test**
- FN, DN, DP or FP

**Active Prone Shoulder Ext. Test (50°)**
- DN, DP or FP

**Passive Prone Shoulder Ext. Test**
- FN, DN, DP or FP

**Active Lumbar Locked Ext./Rot. Chest**
- FN, DP or FP

**Supine Reciprocal Upper Extremity Pattern Test**
- FN, DP or FP, DN

**Isolated Postural &/or Shoulder Girdle SMCD for Pattern 1. Go to Spine Extension Breakout.**

**Functional Shoulder Pattern SMCD for Pattern 1. Go to Spine Extension Breakout.**

**Active Prone Elbow Flex. Test (Ext.)**
- DN, DP or FP, FN

**Passive Prone Elbow Flexion Test (Ext.)**
- FN, DP or FP, DN

**Elbow Flex. SMCD**
- Treat Pain
- Elbow Flex. JMD or TED

**Shoulder Ext SMCD**
- Treat Pain
- Shoulder Ext JMD or TED

**Shoulder SMCD**
- Treat Chemical Pain
- Shoulder IR JMD or TED

**Shoulder IR SMCD**
- Treat Chemical Pain

**Elbow Flex JMD or TED**
- Treat Pain

**Shlder Ext JMD or TED**
- Treat Pain

**Elbow Chem Pain**
- Treat Pain

**If no findings so far then Combined Pattern One JMD &/or TED**

**Treat Chemical Pain**
- Treat Pain
LIMITED UPPER EXTREMIT Y PATTERN TWO

Active Prone Upper Extremity Pattern Two (ER)

DN, DP or FP

Passive Prone Upper Extremity Pattern One (ER)

DN, DP or FP

Prone Shoulder 90/90 ER Test (90° &/or Total Arc of 150°)

FN

Supine Reciprocal Upper Extremity Pattern Test

FN

Active Prone Shoulder ER Test

Shoulder ER SMCD

Shoulder ER JMD or TED

Treat Chemical Pain

Passive Prone Shoulder Fl/Ab Test

Shoulder Fl/Ab SMCD

Shoulder Fl/Ab JMD or TED

Treat Chem Pain

Active Lumbar Locked Ext./Rot. Chest

If no findings so far then Combined Pattern One JMD &/or TED

Thoracic Spine Ext. JMD, TED, or SMCD. Use passive to differentiate.

FN

DN, DP or FP

Passive Prone Elbow Flexion Test (Flex)

Elbow Flex SMCD

Treat Pain

Elbow Flex JMD or TED

Treat Pain

FN

DN, DP or FP

Active Prone Elbow Flex Test (Flex)

FN

DN, DP or FP

Active Prone Elbow Flex Test (Flex)

DN, DP or FP

Active Prone Shldr Flx/Abd Test (170°)

DN, DP or FP

Passive Prone Shoulder Fl/Ab Test

Shoulder Fl/Ab SMCD

Shoulder Fl/Ab JMD or TED

Treat Chem Pain

Active Prone Shldr Flx/Abd Test (170°)

DN, DP or FP

Passive Prone Shoulder 90/90 ER Test (90° &/or Total Arc of 150°)

FN

DN, DP or FP

Active Prone Shoulder ER Test

Shoulder ER SMCD

Shoulder ER JMD or TED

Treat Chemical Pain

Passive Prone Shoulder Fl/Ab Test

Shoulder Fl/Ab SMCD

Shoulder Fl/Ab JMD or TED

Treat Chem Pain

Active Lumbar Locked Ext./Rot. Chest

If no findings so far then Combined Pattern One JMD &/or TED

Thoracic Spine Ext. JMD, TED, or SMCD. Use passive to differentiate.
MULTI-SEGMENTAL FLEXION BREAKOUTS

Limited Multi-Segmental Flexion

- Single Leg Forward Bend
  - Both Functional and Non-Painful
  - Bilateral Dysfunctional or Painful
  - Unilateral Dysfunctional or Painful

Long Sitting

- FN (80° Sacral Angle)
- DN, DP or FP

Rolling Breakout Outcome

- FN
- FP or DP
- DN

- Weight Bearing Hip Flexion pattern SMCD
- Fundamental Flexion pattern SMCD

Active SLR

- FN
- D (<70°) or P

Passive SLR

- FN > 80°
- DN, DP or FP

Core SMCD &/or Active Hip Flexion SMCD

Prone Rocking

- FN
- FP or DP
- DN

Rolling Outcome

- FN
- FP or DP
- DN

If no previous Orange Box, they have a Weight Bearing Spine SMCD - otherwise assume spine flexion is normal.

Fundamental Flexion Pattern SMCD

Supine Knee to Chest (T)

- FN
- FP or DP
- DN

Spinal Flexion JMD &/or TED

- Posterior Chain TED &/or Active Hip Flexion SMCD
- Hip JMD &/or Posterior Chain TED
MULTI-SEGMENTAL EXTENSION BREAKOUTS

**Spine Extension Flowchart**

- Backward Bend w/o UE
  - Dysfunctional or Painful: FN - Go to UB Ext. Flowchart
  - Both Functional and Non-Painful: Symmetrical Stance Core SMCD or Anterior Torso TED, - Go to UB Ext. Flowchart

- Single Leg BB
  - Dysfunctional or Painful: Both Functional and Non-Painful
  - Press Up
    - If Extension is Functional and Non-Painful - May have Weight Bearing Spinal Extension SMCD, but still move to Lower & Upper Body Ext. Flowcharts
    - Lumbar Locked (IR) - Active Extension/Rotation (50°)
      - FN
      - FP, DP or DN
        - Lumbar Locked (IR) - Passive Extension/Rotation (50°)
          - FP or DP
          - Thorax Extension SMCD
          - Unilateral DN
          - Bilateral DN
            - Thorax Unilateral Ext. JMD &/or TED - Go to Upper & Lower Body Ext. Flowchart
            - Thorax Bilateral Ext. JMD &/or TED - Go to Upper & Lower Body Ext. FC

- Prone on Elbow Unilateral Extension/Rotation (30°)
  - DN, DP or FP
    - Passive Prone on Elbow Uni. Rot. (30°)
      - Unilateral DN
      - FP or DP
      - Bilateral DN

- Rolling Pattern Outcomes
  - FN
    - Uni. Lumbar Ext./Rot JMD &/or TED * Perform Local Lumbar Spine Exam - Go to Upper & Lower Body Ext. FC
    - Bilateral Lumbar Ext./Rot JMD &/or TED * Perform Local Lumbar Spine Exam - Go to Upper & Lower Body Ext. FC
    - If Thor. Ext. SMCD exists assume Lumbar is normal. If not - Weight Bearing Spine Ext. SMCD - Go to Upper & Lower Body Ext. FC
    - Fund. Spine Ext. SMCD - Go to Upper & Lower Body Ext. FC
MULTI-SEGMENTAL EXTENSION BREAKOUTS

Lower Body Extension Flowchart

FABER Test

- FN
- DN, DP or FP

Hip/SI JMD &/or TED &/or Core SMCD * (Use Stabilized FABER to differentiate) Perform Local Biomechanical Testing of the Hip and SI.

Modified Thomas

- FN with Knee Straight
- FN with Hip Abducted
- FN with Hip Abducted & Knee Straight
- DN
- DP/FP

Lower Anterior Chain TED
- Lower Lateral Chain TED
- Lower Anterior and Lateral Chain TED
- Hip Ext. JMD &/or TED and/or Core SMCD.

Prone Active Hip Extension

- > or = 10 degrees Extension (FN)
- DP, FP, or DN

Prone Passive Hip Extension

- DN
- FP or DP
- FN

Rolling Pattern Outcomes

- FN
- FP or DP
- DN

If there were previous signs of Hip Extension Dysfunction assume a Weight Bearing Hip &/or Spine Lower Quarter Ext. SMCD &/or Limited Ankle Dorsiflexion. If not, Hip Ext. is Normal (Check ODS & SLS)

Fundamental Extension Pattern SMCD

Core SMCD &/or Active Hip Extension SMCD

Fundamental Extension Pattern SMCD
MULTI-SEGMENTAL ROTATION BREAKOUTS

Limited Multi-Segmental Rotation

Seated Rotation (50°)

DN, DP or FP

Lumbar Locked (ER) - Unilateral Ext./Rot. (50°)

FN

DN, DP or FP

DN, DP or FP & Switches Sides

Go to Hip Rotation Flowcharts

Lumbar Locked (IR) - Active Ext./Rot. (50°)

Rolling Pattern Outcomes

Lumbar Locked (IR) - Passive Ext./Rot. (50°)

Unilateral DN

Bilateral DN

FP or DP

FN

Shoulder Girdle TED &/or JMD

Weight Bearing Spine Rotational SMCD

Fundamental Rotational Pattern SMCD

Prone on Elbow Unilateral Ext./Rot. (30°)

DN, DP or FP


Unilateral DN

FP or DP

Bilateral DN

FN

FN

FN

FN

Rolling Pattern Outcomes

Unilateral Lumbar Rotation JMD &/or TED * Perform Local Lumbar Spine Exam - Go to Hip Rotation & Lower Body Extension Flowcharts

Bilateral Lumbar Rot./Ext. JMD &/or TED * Perform Local Lumbar Spine Exam - Go to Hip Rotation & Lower Body Extension Flowcharts

If Thorax Rotation SMCD exists assume lumbar spine is normal. If not - Weight Bearing Spine Rotational SMCD - Go to Hip Rotation Flowcharts

Fundamental Spine Rotational SMCD - Go to Hip Rotation Flowcharts
MULTI-SEGMENTAL ROTATION BREAKOUTS

Hip Rotation Flowchart (Part 1)

Seated Active External Hip Rotation

- Dysfunctional &/or Painful
- FN (>40°)

Seated Passive External Hip Rotation

- DN
- DP or FP
- FN

Hip JMD &/or TED with Ext. Rot. & w/ Hip Flexed

Prone Active External Hip Rotation

- Dysfunctional &/or Painful
- FN (>40°) - If Seated Passive Rotation was DN stop and Treat the DN. If not Continue Flowchart

Prone Passive External Hip Rotation

- DN
- DP or FP

Hip JMD &/or TED with Ext. Rot. & Hip Extended - Go to Tibial Rotation Flowchart and Lower Body Extension Breakout

Rolling Pattern Outcomes

- FN
- DP or FP
- DN

Weight Bearing External Hip Rotation SMCD - Go to Tibial Rotation Flowchart and Lower Body Extension Breakout

Fundamental Hip Rotation SMCD - Go to Tibial Rotation Flowchart and Lower Body Extension Breakout
MULTI-SEGMENTAL ROTATION BREAKOUTS

Hip Rotation Flowchart (Part 2)

Seated Active Internal Hip Rotation

- Dysfunctional &/or Painful
- FN (>30°)

Seated Passive Internal Hip Rotation

- DN
- DP or FP
- FN

Hip JMD &/or TED with Med. Rot. & w/ Hip Flexed

Prone Active Internal Hip Rotation

- Dysfunctional &/or Painful
- FN (>30°) - If Seated Passive Rotation was DN stop and Treat the DN. If not Continue Flowchart

Prone Passive Internal Hip Rotation

- DN
- DP or FP

Hip JMD &/or TED with Med. Rot. & Hip Extended - Go to Tibial Rotation Flowchart and Lower Body Extension Breakout

Rolling Pattern Outcomes

- FN
- DP or FP
- DN

FN - If Seated Passive Rotation was DN stop and Treat the DN. If not Continue Flowchart

Weight Bearing Internal Hip Rotation SMCD - Go to Tibial Rotation Flowchart and Lower Body Extension Breakout

Fundamental Hip Rotation SMCD - Go to Tibial Rotation Flowchart and Lower Body Extension Breakout
MULTI-SEGMENTAL ROTATION BREAKOUTS

Seated Act Internal Tibial Rot.

- FN
- DN, DP or FP

Tibia Internal Rotation
Mobility Is Normal
- Double Check LB Extension Flowchart

Seated Passive Internal Tibial Rotation

- FN
- DP or FP
- DN

Tibial Rotation
SMCD
Tibial Int. Rot.
TED &/or JMD

Seated Act External Tibial Rot.

- FN
- DN, DP or FP

Tibia External Rotation
Mobility Is Normal
- Double Check LB Extension Flowchart

Seated Passive External Tibial Rotation

- FN
- DP or FP
- DN

Tibial Rotation
SMCD
Tibial Ext. Rot.
TED &/or JMD

If spine, hips, and tibia are all functional and non-painful, double check Rolling for Spine SMCD, LB Extension and Single Leg Stance Breakouts
SINGLE LEG STANCE BREAKOUTS FLOWCHART

Ankle Flowchart

Heel Walks

- FN
- DN, DP or FP

Prone Passive Dorsiflexion

- DP or FP
- FN
- DN

- Dorsiflexion SMCD
- Lower Posterior Chain TED &/or JMD

Toe Walks

- DN, DP or FP
- FN

Prone Passive Plantarflexion

- FN
- DN
- DP or FP

- Plantarflexion SMCD
- Lower Anterior Chain TED &/or JMD
- Treat Pain

Seated Active Ankle Inversion/Eversion

- DN, DP or FP
- FN

Seated Passive Ankle Inversion/Eversion

- DN
- DP or FP
- FN

- Ankle (Eversion or Inversion) JMD, TED - * Perform local foot/ankle exam
- Ankle (Eversion or Inversion) SMCD - * Perform local foot/ankle exam
- If no Red, Orange or Positive Blue Boxes so far = Proprioceptive Deficit

* Perform local foot/ankle exam

If no Red, Orange or Positive Blue Boxes so far = Proprioceptive Deficit
OVERHEAD DEEP SQUATTING PATTERN BREAKOUTS

**Limited Overhead Deep Squat**
- Interlocked Fingers Behind Neck Deep Squat
  - DN, DP or FP
  - If Squat is now Functional and Non-Painful - Go recheck all Extension Breakout Flowcharts.

**Assisted Squat**
- DN, DP or FP
  - Core SMCD (Can Use Rolling to Further Grade), Plus make sure Multi-Segmental Extension Breakouts is clear.

**Half Kneeling Dorsiflexion**
- FN, FP or DP
  - DN
  - Lower Posterior Chain TED &/Or Ankle JMD, Plus make sure MSE and SLS Breakouts are clear.

**Supine Knees to Chest Holding Shins**
- DN, DP or FP
  - FN
  - If Dorsiflexion was FN = Weight Bearing Core, Knee and/or Hip Flexion SMCD. If Dorsiflexion was DN, consider knees, hips and core normal. If Dorsiflexion was DP or FP then consider this a red box and treat dorsiflexion. Go to Multi-Segmental Extension Breakouts.

**Supine Knees to Chest Holding Thighs**
- FN
  - FP or DP
  - DN
  - Knee JMD (Flexion) &/Or Lower Anterior Chain TED, Go to Multi-Segmental Extension Breakouts
  - Hip JMD &/Or Posterior Chain TED - Proceed to Multi-Segmental Flexion for Hips, but still can be Knee JMD - Go to Multi-Segmental Extension Breakout.
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<th>FN</th>
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