



# BASIC FUNCTIONAL ASSESSMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Complaints: \_\_\_\_\_

## 1. Balance Threshold (measured in meters/centimeters)

	<u>Involved</u>	<u>Average</u>	<u>Uninvolved</u>	<u>Average</u>	<u>% Difference</u>
Forward Reach	/ /		/ /		
Side Reach	/ /		/ /		
Comments:					

## 2. Single Leg Squats (45° - Without Loss of Balance)

	<u>Involved</u>	<u>Uninvolved</u>	<u>% Difference</u>
SL Squats Max Reps			
Quality of Movement	____ / 4	____ / 4	
Comments:			

## 3. Controlled Landing – Score as Controlled or Uncontrolled

<u>6" Box</u>	<u>Involved</u>	<u>Uninvolved</u>
Up 2 / Land 2		
Up 2 / Land 1		
Up 1 / Land 1		
<u>12" Box</u>	<u>Involved</u>	<u>Uninvolved</u>
Up 2 / Land 2		
Up 2 / Land 1		
Up 1 / Land 1		
Quality of Movement		
	____ / 4	____ / 4
Comments:		

Quality Point Total: Inv: \_\_\_\_ / 8 Uninv: \_\_\_\_ / 8 Percentage: Inv: \_\_\_\_% Uninv: \_\_\_\_%

Objective Date % Difference: \_\_\_\_%

Assessment: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_