

	Primary Assessment Deep Overhead Squat rating 0-10	Secondary Assessment rating 0-10
Shoulders	<input type="checkbox"/> Hands up overhead <input type="checkbox"/> Both sides even <input type="checkbox"/> Range (hands above shoulders) <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort	Overhead Reach
		<input type="checkbox"/> Range (180°) <input type="checkbox"/> Both sides even <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
		Shoulder blade Squeeze
		<input type="checkbox"/> Range (both sides even) <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
Mid back	<input type="checkbox"/> Trunk upright (chest forward) <input type="checkbox"/> Eyes up, looking forward <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort	Seated Trunk Twist
		<input type="checkbox"/> Range (40°) <input type="checkbox"/> Both sides even <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
		Seated Trunk Extension
		<input type="checkbox"/> Range (elbows >135°) <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
Low back / Hips	<input type="checkbox"/> Range (hips lower than knees) <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort <input type="checkbox"/> Both sides even	Pelvic Tilt
		<input type="checkbox"/> Range (isolated to pelvis) <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
		Standing Bend & Reach
		<input type="checkbox"/> Range (ankles) <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
Knees / Hips	<input type="checkbox"/> Knees in line with feet <input type="checkbox"/> Range (bottom to heel) <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort <input type="checkbox"/> Both sides even	Standing Hip Extension
		<input type="checkbox"/> Range (knee behind hip) <input type="checkbox"/> Both sides even <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
		Standing Knee Bend
		<input type="checkbox"/> Range (heel <10cm to bottom) <input type="checkbox"/> Both sides even <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
Ankles & Feet	<input type="checkbox"/> Range (heels on ground) <input type="checkbox"/> Feet flat (not rolling inwards) <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort <input type="checkbox"/> Both sides even	Knee to Wall
		<input type="checkbox"/> Range (>10cm from wall) <input type="checkbox"/> Both sides even <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
		Toes Up Knee to Wall
		<input type="checkbox"/> Range (heel flat, knee to wall) <input type="checkbox"/> Both sides even <input type="checkbox"/> Discomfort <input type="checkbox"/> Quality / Ease / Effort
Recommended Activities (performed, comment, outcome)		

*Do not perform these activities if you have a pre-existing injury, experience pain or feel uncomfortable.
Seek advice from your health professional.*