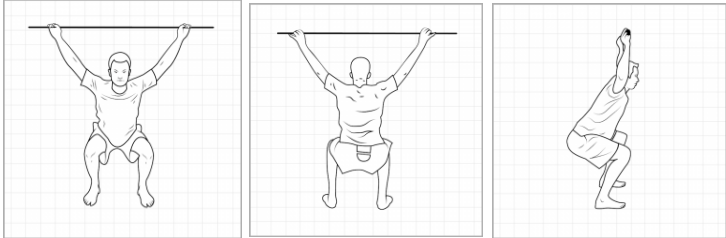

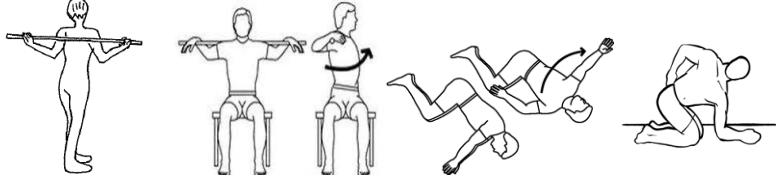
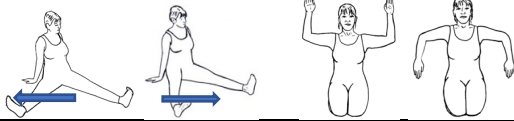


Functional Yoga Therapy™ - *Body-In-Motion* Assessment

Name/Date:	Session Number: Virtual <input type="checkbox"/> In-Person <input type="checkbox"/>
Overhead Squat: Anterior, Posterior, Lateral 	ANTERIOR: <i>Knee Tracking:</i> Knee Drops Medial-Right ___; Left ___; Drops Lateral-Right ___; Left ___ <i>Feet:</i> Pronate Right ___; Left ___ Supinate Right ___; Left ___ POSTERIOR: <i>Hip lateral deviation:</i> Right ___; Left ___; Equal ___ <i>Heels Rise:</i> Right ___; Left ___; Both ___; None ___ <i>Shoulders Elevate:</i> Right ___; Left ___; None ___ LATERAL: <i>Ankle dorsiflexion:</i> Knees over toes ___; Knees less than toes ___; Other _____ <i>Hip flexion:</i> Above knees __, Equal to knees __, Below knees __; Butt Wink __ <i>Thoracic Extension:</i> Yes ___; No ___ <i>Shoulder Flexion:</i> 180 degrees or greater ___; Less than 180 degrees ___ <i>Excessive Forward Lean Upper Body:</i> Nose greater than knees ___
Single Leg Stance: Eyes Open (10 seconds), Eyes Closed 	<input type="checkbox"/> Posture Upright <input type="checkbox"/> Torso flexes <input type="checkbox"/> Full foot stand <input type="checkbox"/> Foot/Ankle Supinate: Right ___; Left ___ <input type="checkbox"/> Foot/Ankle Pronate: Right ___; Left ___ <input type="checkbox"/> Rib Cage Lifts <input type="checkbox"/> Breath Holding <input type="checkbox"/> Toe Gripping <input type="checkbox"/> Eyes Deviate <input type="checkbox"/> Trendelenberg Sign (hip drops on elevated leg) <input type="checkbox"/> Holds less than 10 seconds with eyes open
Thoracic Rotation: Standing, Seated, Supine or All 4's 	<input type="checkbox"/> Only Torso/neck/head move <input type="checkbox"/> Both sides equal – (Medial shoulder lines up to midline) <input type="checkbox"/> Right side greater rotation <input type="checkbox"/> Left side greater rotation <input type="checkbox"/> Done lying down <input type="checkbox"/> Done Seated <input type="checkbox"/> Done on all 4's
Other "Body-in-Motion" Assessments: 	Joint Freeing #5 (Seated on floor, in chair, or legs up wall) Right Leg/Hip: _____ Left Leg/Hip: _____ Joint Freeing #14 (Lying Supine better for assessment & treatment) External Rotation: Both sides equal ___; Other _____ Internal Rotation: Both sides equal ___; Other _____
Yoga Rx:	