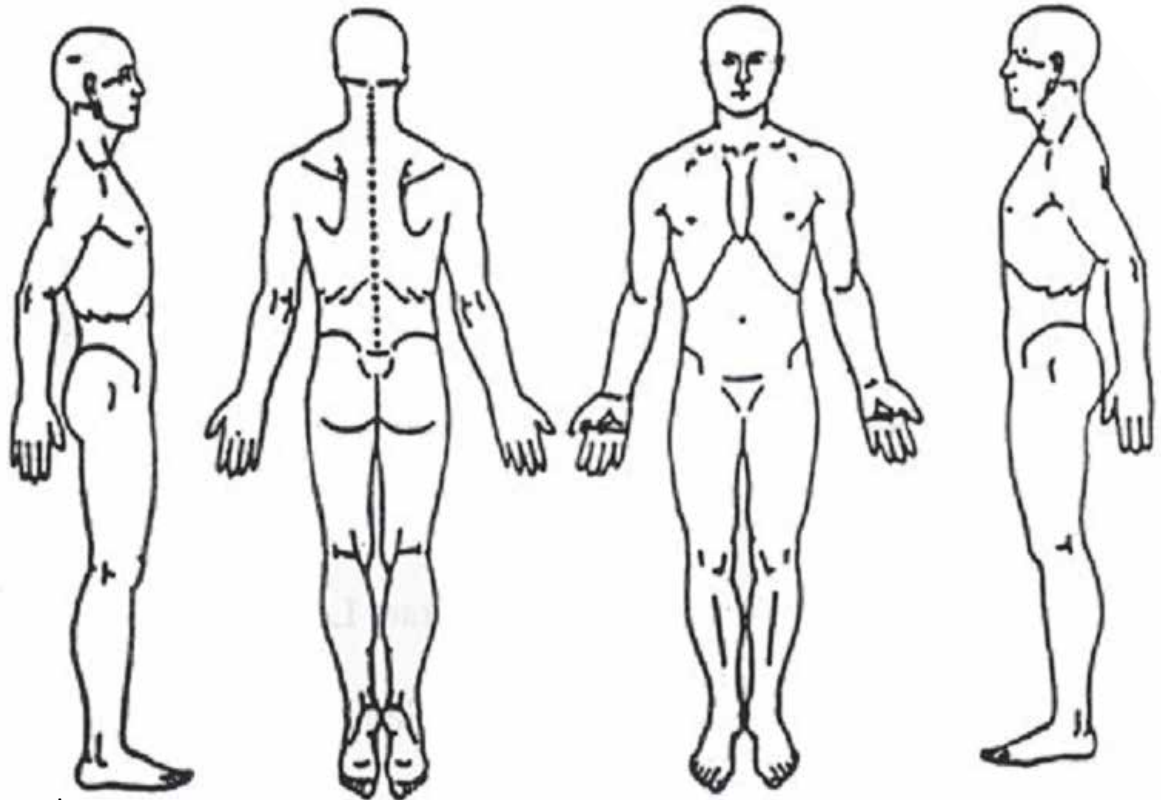


FYT Standing Postural Assessment - Date:

Name:

Email:

Lower Body*Leg Length:**Feet/ Arches:**Ankles / Achilles:**Knees:**Hips:**Hip Heights:**PSIS /ASIS: (tilt of pelvis)***Single Leg Stance***Overhead Squat**Other:***Upper Body***Jaw: Compare with hip heights if needed**---TMJ; ___Descending Issue;**___ Ascending Issue**Neck:**Shoulders:**Scapula:**Arms/ Wrists/ Hands:**Carrying Angle:**Abdomen:**Spine: ___Kyphosis ___Lordosis _____****Scoliosis Check:***Thoracic Rotation**Other:*

History Update: _____

Summary of Current Findings: _____

* - Body-in-Motion Assessment, See P. 28

** - Scoliosis Check, See P. 31