



Functional Yoga Therapy™ – Advanced Assessment & Therapeutic Planning Final Exam – STUDENT TESTING FORM

STUDENT NAME: _____ DATE: _____

MENTOR NAME: _____

Mentor will grade with following criteria:

- * **Exemplary:** *Exceeds expectations*
- * **Meets Criteria:** *Covers all topics with good time management*
- * **Areas for Improvement:** *Mentor will give feedback*

TO BE DONE WITHOUT MENTOR PRESENT – *Note: body scan can be done during interview/intake or can be done during the postural assessment. **Best done during Interview/Intake for time management purposes of this final exam.***

Date
Complete or

✓

Interview/Intake: *read over intake form that was prior filled out by your client. Use this time to clarify any questions you have.*

- done virtually, or done in person
- **Use an Intake form** prior filled out/or filled out during Interview (P. 22 or 23)
- **Feelings & Needs:** client chooses 1-2 words from each (P. 140-141)
- **Client Goals:** clarify 1-2 things client wants to work on.
- Note **how much time** client has to work on therapeutic plan per day or week
- **Breath Assessment** (P. 32 – this full format is optional; can use parts of it)
- **Body Scan:** Utilize a variety of cues to help client towards greater awareness. (P. 24-26 for ideas) – could also be done during postural assessment.

- **SHORT SYNOPSIS SENT TO MENTOR**

- **WAIT FOR MENTOR TO RETURN FEEDBACK BEFORE DOING THE NEXT STEPS.**



Date Complete or ✓	WHAT FOLLOWS IS TO BE DONE WITH MENTOR PRESENT: Posture assessment STANDING <i>Note: if client cannot stand, use the Seated Postural Assessment Form and Seated Posture Assessment check off list (pages 43-46)</i> • Complete a Standing Postural Assessment (form P. 27) can use <i>“Standing Posture Assessment - check off list”</i> as a guide P. 39-41 – Lower Body Assessment – Upper Body Assessment – Plumb lines – Anterior View – Posterior View – Side View – *Other Body-in-Motion Assessment: <i>can be notated on p. 27 or p. 28; p. 28 also has description cues of each.</i> – Single Leg Stand – Overhead Squat – Thoracic Rotation Gait Assessment: (P. 33) <i>if client is virtual, have them send short 1-minute video prior if possible, as taught during workshop. You would review this prior to session with your client.</i>
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Hip Height Assessment (Instructions P. 77; Note on P. 27)

- Front (ASIS or Side Iliac Crests)
- Back
- Side (ASIS/PSIS)

TMJ Differential (*Not needed if hips are levels & no complaints of TMJ*) – Note on P. 27.

- Pinky test to ears
- Q-tip between upper/lower teeth that have been aligned
- **Compare to hip heights:**
 1. **Descending issue** – hips become level when jaw is aligned
 2. **Ascending issue** – hips do not level with jaw realigned
 3. Both Descending and Ascending findings assume that hips were unlevel prior to doing this differential test.

NOTE: See Page 29 for a more complete TMJ Body-to-Jaw Assessment.

Scoliosis Check: Check off list P. 31; Note on P. 27

- Student checks for postural landmarks
- Adams Forward Test
- Scoliometer optional and only for In-Person Assessment

NOTE: if working with client virtually, check only for standing postural landmarks and possibly Adams Forward Test with client facing away from you.



SUPINE & PRONE SPECIFIC ASSESSMENTS-CAN BE DONE ON MAT OR TABLE Place ✓ as complete each one	<i>Note: where appropriate can use Joint freeing series. Student either does tests virtually or in person</i>
	Pulsing – Student uses a method to help client relax before begins Specific Assessments.
	Leg Length check (p. 80) (only in person)
	Dorsi/Plantar Flexion – student does passive ROM if appropriate in-person, no goniometer. Virtual: client does active ROM - (p. 80). For both In-Person and Virtual assessment can do Wall Test for Dorsiflexion instead (p. 83).
	Check for knee hyperextension – this can be noted in dorsiflexion check. Can also be noted in the lateral view of the standing postural assessment. (p. 81)
	Straight leg hip flexion – Can use goniometer if appropriate in-person. Watch for pelvis posterior tilting (should stay neutral) – (p. 83). For Virtual have client do at wall if possible (p. 83).
	Pec Minor measurement – Use ruler while client supine for in-person (p. 84). For Virtual: can be combined with Shoulder internal rotation check – see below (shoulder internal rotation)
	Shoulder flexion – Can use goniometer if appropriate in-person with passive ROM. Virtual: client does active ROM, part of joint freeing series – best done lying supine. (p. 85)
	Shoulder internal/external rotation – Can use goniometer if appropriate in-person with passive ROM. Virtual: client does active ROM; part of joint freeing series – best done lying supine. (p. 85)
	Carrying angle - Can be standing or supine. Can use goniometer in-person. Virtual: Client stands, and practitioner observes (p. 86).
	Psoas Test – Done supine in-person as a touch assessment with client permission (p. 86). Virtual: Talk client through Thomas Test (p. 88). Another option for Virtual is the Standing hip flexion test side view (p. 87).
	Rectus abdominus test – Done supine in-person touch assessment with client permission. Virtual: Practitioner observes client in 90/90. Pelvis should remain neutral. (P. 89)



	Transversus abdominus test - As above for Rectus Abdominus test. (P. 89)
	Glute Max test – Done supine in-person touch assessment with client permission. Virtual: Observe specific 1-leg bridge pose (p. 90).
	Knee flexion test – done prone in-person touching assessment with client permission (p. 91). Virtual: see p. 91
	Hip internal/external rotation test – done PRONE in-person touch assessment with client permission and use of goniometer (p. 93). Virtual: see p. 93. Can also use Joint Freeing Series #5
	Glute external rotators check – done PRONE (p. 94). Both in-person & virtual are done the same.
	Other Tests:
AFTER ABOVE TESTS ARE COMPLETED, STUDENT ENDS SESSION WITH CLIENT & STAYS ON WITH MENTOR. STUDENT SUMMARIZES FINDINGS & DISCUSSES PLAN OF ACTION WITH MENTOR.	
	Student summarizes findings. See p. 35 as a suggested form to summarize all findings and keep in client's file along with page 37 (Notetaking form for client handout).
	Student chooses 3 things to focus on
	Student develops a plan of action: - Breath - Mudras - Somatics/Joint Freeing Series - Asanas - Other movements - Affirmation - Referrals - Other
	Student discusses plan of action with Mentor – BEST TO DO RIGHT AFTER SESSION WITH CLIENT ENDS.
AFTER PLAN OF ACTION APPROVED BY MENTOR, STUDENT HAS FINAL SESSION WITH CLIENT TO TEACH THERAPEUTIC PLAN OF ACTION – WITHOUT MENTOR PRESENT	
	Student teaches Plan of action to client – Can use P. 35 & 37 for Summary of session with client to be kept in client file ; and P. 38 as a client handout listing your suggestions briefly & then attach any specific protocol to this. MENTOR NOT PRESENT
	Summary of full assessment and forms used is compiled and sent to Mentor