www.fitnessandbodyimage.com

Visual Training Assessment test (check boxes as evaluating is completed)

Name: _____ Date ___/____/_____
Sex: M F Age ____ Phone# ( ) _____

What are your personal fitness goals? _____
_____
_____

Present Height	___ ft ____ inches		
Target Weight	_____	Weight	_____
Muscle Toning	_____	Weight Loss	_____
Strength Training	_____	Sports Conditioning	_____
Training For Running	_____	Injury Rehabilitation	_____
Body Building	_____	Other	_____

_____

Neck Twists-Over Shoulder …… _____
and Down Diagonally In Front ……. _____
Feet Inversion _____ or
Eversion _____ with standing or walking
Walking Feet Supinate _____ or
Pronate _____
Standing Pelvic Tilt Anterior _____ or
Posterior _____
Knee Ligaments Lose Yes _____ No _____
Shoulder Joint Position Neutral _____ (not anterior or posterior)
Standing Shoulder Twist to Side _____
Shoulder Scapula Adduction …… _____
Abduction …… _____
Elevation …… _____
Depression …… _____
Upward Rotation _____
Standing Posture Lordosis _____
Kyphosis _____
Scolicsis _____
Hamstrings Appear To Be Abnormally Tight …. _____
Can Squat Correctly Yes _____ No _____