



INTEGRATIVE
REHAB TRAINING

FUNCTIONAL TESTING WORKSHEET

GROUND CLOCK	UNINVOLVED LEG	INVOLVED LEG
Average reach		

Uninvolved time _____ / Involved time _____ X 100 = _____
 100 - _____ = _____ % deficit

Lateral Shuffle _____
Carioca _____
Jogging _____
Trendelenburg Stepping _____
High Knees _____

Height: _____ inches X .33 = _____ inches chair height

UNILATERAL SQUAT	UNINVOLVED LEG	INVOLVED LEG
REPS / 30 seconds		

Involved # _____ / Uninvolved # _____ X 100 = _____
 100 - _____ = _____ % deficit

FUNCTIONAL JUMP ASSESSMENT (14 wks) JUMP TEST (24 wks)	BILATERAL
Distance / inches	

Distance _____ inches / Height _____ inches X 100 = _____
 100 - _____ = _____ % deficit compared to norms

Y-BALANCE	UNINVOLVED LEG	INVOLVED LEG
Trial 1		
Trial 2		
Trial 3		

Figure-8 Runs / Shuttle Runs

- * Figure-8 Runs / _____
- * Shuttle Runs / _____

U-HOP TEST / DISTANCE Unilateral for distance	UNINVOLVED	INVOLVED
Distance / inches		

Distance involved _____ inches / Distance uninvolved _____ inches
 X 100 = _____ / 100 - _____ = _____ % deficit

Distance percentage = _____ Compare to norms _____

U-HOP CROSSOVER TEST	UNINVOLVED	INVOLVED
Distance / inches		
Distance / inches		

Involved _____ inches / Uninvolved _____ inches X 100 = _____

Sprinting forward with jump stops (acceleration and deceleration focus)

TRIPLE HOP TEST	UNINVOLVED	INVOLVED
Distance / inches		
Distance / inches		

Involved _____ inches / Uninvolved _____ inches X 100 = _____