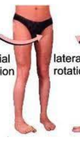
	Mobility and Movement Screen	
	Test	**Testing Procedures, Pictures, Description links, and other interesting details.**
Mobility		Mobility & Flexibility — What Matters Most For most people, extreme flexibility offers little benefit. The real goal is balanced, pain-free mobility—the ability to move your body freely and efficiently through a healthy range of motion. Good mobility supports posture, makes movement feel smoother, and reduces the risk of injury. It can also ease muscle tension and soreness, improve recovery, and promote both physical and mental relaxation. Mobility is shaped by many factors, including genetics, age, gender, body structure, and activity level. Some individuals naturally have greater range of motion, but mobility often declines with age—especially when movement becomes limited. The less you move, the more joints stiffen and muscles tighten. The good news: mobility can be maintained and even improved through regular, intentional training. Movement-based stretching, controlled joint exercise, and daily activity all help keep the body capable, resilient, and pain-free.
Neck Extension	**Do you have acceptable neck extension?How to do the test: Neck Extension** Look up at a ceiling light. If you can see it clearly above you, extension is acceptable.	
Neck Rotation	**Do you have acceptable neck rotation?How to do the test: Neck Rotation** Turn your head right and left. You should be able to see your shoulder tip on each side, with equal movement and no pain.	
Shoulder Internal Rotation	**Can you reach behind your back touch your shoulder blade (**Apley Scratch Test**).** Reach behind your back toward your opposite shoulder blade. Coming within a few inches is typical. Loss of motion may indicate early shoulder restriction or rotator cuff tightness.	
Shoulder Abduction	**Can you lift your arm from the side overhead without pain and with fluid motion?** Overhead Elevation / Painful Arc Check. Lift your arm overhead smoothly. Pain or catching is an early sign of shoulder impingement or a small tear.	 https://www.youtube.com/watch?v=HPPi3SpeBm4
Overhead Movement Screen	**Can you touch your thumb to the wall? Are both sides the same?** Is there no pain? The Overhead Reach Movement Screen Test: Stand with head, buttocks, and heels on the wall → lift arms overhead with thumbs toward the wall.You should touch the wall with minimal arching and no pain. Asymmetry suggests pectoral tightness or weak mid-back stabilizers.	
Back Extension	**Can you lean backwards (extension) 20 to 30 degrees without pain and with fluid motion?** Lean backward **20–30°** without pain. Reduced extension may relate to lumbar facet restriction or early degeneration.	
Internal and External Rotation of the Hip	**Can you rotate a straight leg inward (internal rotation) and outward (external rotation) for 35 to 45 degrees without pain and with fluid motion?** People with early degenerative arthritis of the hip joints frequently have limitation in rotation in the affected hip before losing flexion or abduction. They may also experience groin pain that limits passive rotation.	
Gluteal	**When seated with ankle on top of opposite knee is your shin almost parallel with the floor or within 30 degrees?** Are both sides the same and is there no pain? Want close to being same.To test it further bring your chest forward. You chest should be within a few inches of your knee.	
Hamstrings	**While lying on your back raise a straight leg up as far as you can keeping it straight and determine the angle from floor (repeat to other side). Do both legs come up to 60 degrees?** Lying on back, lift straight leg. 60–80° is normal if pain-free and symmetric.	
Hip Flexors	**Pull one knee to chest while lying supine.** ***Opposite leg should remain on the floor.*** **If it rises → hip flexor tightness.**	
Quadriceps	**While standing and holding onto something for support try to grasp ankle and bring to buttocks (do this to other side). Can you almost touch your heel to your buttock and do you come within a couple inches of your buttocks?** Are both sides the same? Is there no pain?	
Squat Test Screen	The Squat Movement Screen Test is essential for assessing your ability to safely pick objects up from the floor. **Squat Movement Screen** You should be able to squat toward the floor while: • Maintaining neutral lumbar curve (no buttwink) • Knees behind toes • Hinge primarily at hips • Touch shins to ~8–10 inches above ground Poor form here = stop deadlifts/loaded squats until corrected.	Do not use the dumbbells to do this test. The dumbbells are used as a reference point. See how the back is kept in neutral during the deep squat! Butt wink is a common term for losing proper spinal positioning when squatting to depth. Instead of maintaining a neutral or slightly extended lumbar spine, the lifter experiences posterior pelvic tilt and lumbar flexion at the lowest point of their squat. 
Spinal Flexion Movement Screen	**Can you from a quadruped position rock back touching the buttocks to the heels and the chest to the thighs or come close to doing so without pain?** rom hands-and-knees, rock hips back toward heels and chest toward thighs. Perform without pain and without losing a neutral spine.	
Spinal Extension Movement Screen	Lying on your stomach press up keeping your pelvis on the floor. **Can you extend your spine more than 10 degrees without any pain?** If you have pain when doing this test seek medical attention.	
Prone Knee Flexion Test Movement Screen	**Can you while lying flat on your belly bring your ankle into body with some assistance where the heel comes close to touching the buttocks?** If you have pain when doing this test seek medical attention. Side note: From this position you should be able to lift your knee off ground 1-3 inches (test of tightness rectus femurs).