

## Assessment of core strength / mobility

Name:	
Date:	

	CIRCLE: 1 = YES, 0 = NO		Total
<b>Pelvic Bucket</b>	Tip forward	Tip back	
	1 / 0	1 / 0	2 / 1 / 0
<b>Knee lift</b>	Pelvis stable		
	1 / 0		1 / 0
<b>Roll up</b>	One to ten	Ten to twenty	
	1 / 0	1 / 0	2 / 1 / 0
<b>Side Bend X 5</b>	Left	Right	
	1 / 0	1 / 0	2 / 1 / 0
<b>Deep squat</b>	Heels on ground		
	1 / 0		1 / 0
<b>Over head squat</b>	Full depth	Balance	
	1 / 0	1 / 0	2 / 1 / 0
<b>Total out of 10</b>			

Score 6 or less = needs to work on weaker areas

Score 3 or less = needs to work on all areas