<u>Movement</u>	Test Position	<u>Fulcrum</u>	<u>Stationary</u> <u>Arm</u>	<u>Moving Arm</u>	Normal Values	<u>End Feel</u>	Substitution and Example
Hip Flexion Stop at pelvic tilt	Supine -Knees extended (flex passively during test). -Hips neutral. -Stabilize to avoid posterior pelvic tilt.	Greater trochanter	Lateral midline of pelvis	Lateral epicondyle	0° - (100-121°)	<u>Soft</u> – contact between muscle bulk of the anterior thigh and lower abdomen; passive tension of hip extensors	Posterior pelvic tilt
Hip Extension	Prone -Knees extended. -Hips neutral. -Stabilize to avoid anterior pelvic tilt. pt can't be prone if pregnant or cardiac problems	Greater trochanter	Lateral midline of the pelvis	Lateral epicondyle	0° - (19-30°)	<u>Firm</u> – tension in the anterior joint capsule and iliofemoral ligament; passive tension of hip flexors	Anterior pelvic tilt Lateral tilt
Hip Abduction	Supine -Knees extended. -Hips neutral.	ASIS	Opposite ASIS	Patella	0° – (40-45°)	<u>Firm</u> – tensions in the inferior joint capsule, pubofemoral, ischiofemoral, and iliofemoral ligaments and passive tension of adductors	Lateral pelvic tilt and rotation. Lateral trunk flexion.
Hip Adduction	Supine -Knees extended -Hips neutral. -Opposing hip in abduction	ASIS	Opposite ASIS	Patella	0° – (20-30°)	<u>Firm</u> – tension in the superior (lateral) joint capsule and superior band of the iliofemoral ligament; passive tension of abductors	Lateral pelvic tilt.

<u>Movement</u>	Muscle(s)	Patient Position	<u>Therapist</u> <u>Position</u>	<u>Resisting</u> <u>Arms</u>	Direction	Instructions	<u>Grade</u>
<u>Trunk Flexion</u>	Rectus abdominis, external and internal obliques	<u>Supine</u> -Hands behind head	Stabilizes pelvis across ASIS	Gravity	N/A	"Tuck your chin and bring your head, shoulders, and arms off the table, as in a sit-up."	 5 – lifts clearing both scapulae 4 – arms crossed in front of body 3 – arms are outstretched in full extension to lift scapulae off table 2 – head lifted off table (knee flexed) 1 – contraction (knee flexed) 0 – no contraction
Trunk Rotation	External and internal oblique	<u>Supine</u> -Hands behind head	Stabilizes pelvis across ASIS	Gravity	N/A	"Lift your head and shoulders from the table, taking your right elbow toward your left knee"	 5 – scap is cleared off table 4 – arms are crossed and scap must clear table 3 – arms outstretched 2 – unable to clear scap 1 – contraction (knee flexed) 0 – no contraction
Inspiration	Diaphragm (C3-C5)	<u>Supine</u>	Standing – hand placed lightly on the abdomen just below xiphoid	Patient inhales with max effort and holds max inspiration	N/A	"Take a deep breath and hold it"	 5 - full inspiratory excursion (resistance against 100lbs) 4 - yields against heavy resistance 3 - cannot tolerate manual resistance 2 - epigastric rise without full inspiratory expansion 1 - contraction 0 - DEAD

			Arm	Arm			Info.
Shoulder horizontal abduction	Post. Deltoid	<u>Prone</u> Shoulder ABD 90 Forearm off table Elbow flexed	Stabilizing scapula	Distal humerus	Downward	5,4,3 For 2,1,0 Client seated (no gravity)	
Shoulder ER	Infraspinatus Teres minor	Prone Shoulder ABD 90 Forearm off table Elbow flexed	Support humerus w/ towel	Proximal wrist	Downward	5,4,3 For 2,1,0 entire arm hanging off table	Sub: Trunk extension
Shoulder IR	Subscapularis	Prone Shoulder ABD 90 Forearm off table Elbow flexed	Support humerus w/ towel	Proximal wrist	Downward	5,4,3 For 2,1,0 entire arm hanging off table	Sub: Trunk flexion
Scapular Elevation (2,1,0)	Upper trap						Client lying prone elevates shoulders