# The Selective Functional Movement Assessment (SFMA)

## SFMA Scoring

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<th>FP</th>
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THE SELECTIVE FUNCTIONAL MOVEMENT ASSESSMENT

Name:                      Date:                      Total Score:

Cervical Flexion          ☐ Painful
☐ Can’t touch Sternum to Chin
☐ Excessive effort and/or lack of motor control

Cervical Extension        ☐ Painful
☐ Not within 10 degrees of parallel
☐ Excessive effort and/or lack of motor control

Cervical Rotation         ☐ Painful Right ☐ Painful Left
☐ Right ☐ Left: Nose not in line with mid-clavicle
☐ Right ☐ Left: Excessive effort and/or appreciable asymmetry or lack of motor control

Pattern 01 – IMRE      ☐ Painful Right ☐ Painful Left
☐ Right ☐ Left: Does not reach inferior angle of scapula
☐ Right ☐ Left: Excessive effort and/or appreciable asymmetry or lack of motor control

Pattern 02 – LRF        ☐ Painful Right ☐ Painful Left
☐ Right ☐ Left: Does not reach spine of scapula
☐ Right ☐ Left: Excessive effort and/or appreciable asymmetry or lack of motor control

Multi-Segmental Extension ☐ Painful
☐ Cannot touch toes
☐ Sacral angle <70 degrees
☐ Non-uniform spinal curve
☐ Lack of posterior weight shift
☐ Excessive effort and/or appreciable asymmetry or lack of motor control

Multi-Segmental Extension ☐ Painful
☐ UE does not achieve or maintain 170°
☐ ASIS does not clear toes
☐ Spine of scapula does not clear heels
☐ Non-Uniform spinal curve
☐ Excessive effort and/or lack motor control

Multi-Segmental Rotation ☐ Painful Right ☐ Painful Left
☐ Right ☐ Left: Pelvis Rotation <50 degrees
☐ Right ☐ Left: Shoulders rotation <50 degrees
☐ Right ☐ Left: Spine/ pelvic deviation
☐ Right ☐ Left: Excessive Knee flexion
☐ Right ☐ Left: Excessive effort and/or lack of symmetry or motor control

Single Leg Stance        ☐ Painful Right ☐ Painful Left
☐ Right ☐ Left: Eyes open <10 seconds
☐ Right ☐ Left: Eyes closed <10 seconds
☐ Right ☐ Left: Loss of Height
☐ Right ☐ Left: Excessive effort or lack of symmetry or motor control

Overhead Deep Squat      ☐ Painful
☐ Loss of UE start position
☐ Tibia and Torso are not parallel or better
☐ Thighs do not break parallel
☐ Loss of sagittal plane alignment: Right____ Left______
☐ Excessive effort, weight shift, or motor control
There is a Postural SMCD affecting Cervical Flexion. This includes Cervical Spine, Thoracic Spine and Shoulder Girdle postural dysfunction.

**Limited Cervical Spine Patterns**

**Active Supine Cervical Flexion Test (Chin to Chest)**
- DN, DP or FP
- FN

**Passive Supine Cervical Flexion Test**
- FN
- DN, DP or FP

**Active Cervical Spine Flexion SMCD**

**Active Supine OA Cervical Flexion Test (20°)**
- FN Bilat.
- DN
- DP or FP

If Passive Supine Cervical Flexion (PSCF) was DP or DN then treat as Cervical Spine Flexion JMD &/or TED. If PSCF was FP can also be SMCD - perform segmental testing and soft tissue appraisal.

OA Flexion JMD &/or TED &/or possible Cervical Spine Flexion JMD &/or TED.

**Active Supine Cervical Rotation Test (80°)**
- FN
- DN, DP or FP

There is a Postural SMCD affecting Cervical Rotation. This includes Cervical Spine, Thoracic Spine and Shoulder Girdle postural dysfunction.

**Passive Supine Cervical Rotation Test**
- FN
- DN, DP or FP

**Active Cervical Spine Rotation SMCD**

**C1-C2 Cervical Rotation Test**
- FN
- FP or DP
- DN

If Passive Supine Cervical Rotation (PSCR) was DP or DN then treat as Lower Cervical Rotational JMD &/or TED. If PSCR was FP can also be SMCD - perform segmental testing and soft tissue appraisal.

C1-C2 JMD &/or TED &/or possible Lower Cervical Spine JMD &/or TED.
UPPER EXTREMITY PATTERN BREAKOUTS

Limited Upper Extremity Pattern One

Active Prone Upper Extremity Pattern One (IR)
- DN, DP or FP

Passive Prone Upper Extremity Pattern One (IR)
- DN, DP or FP
- FN

Active Prone Shoulder 90/90 IR Test (60° &/or Total Arc of 150°)
- FN
- DN, DP or FP

Passive Prone Shoulder IR Test
- FN
- DN
- DP or FP

Shoulder IR SMCD
- Shoulder IR JMD or TED
- Treat Chemical Pain

Active Prone Shoulder Ext. Test (50°)
- FN
- DN, DP or FP

Passive Prone Shoulder Ext. Test
- FN
- DN
- DP or FP

Shoulder Ext SMCD
- Shlder Ext. JMD or TED
- Treat Chem Pain

Act. Prone Elbow Flex. Test (Ext.)
- DN, DP or FP
- FN

Passive Prone Elbow Flexion Test (Ext.)
- FN
- DP or FP
- DN

Elbow Flex SMCD
- Treat Pain
- Elbow Flex JMD or TED

Lumbar Locked (CH) Act Ext./Rot.
- FN
- DN, DP or FP

Lumbar Locked (CH) Passive Ext./Rot.
- FN
- DP or FP
- DN

If no previous Orange Boxes consider this a Postural &/or Shoulder Girdle SMCD. Otherwise treat orange boxes first.

Postural &/or Shoulder Girdle SMCD
UPPER EXTREMITY PATTERN BREAKOUTS

Limited Upper Extremity Pattern Two

Active Prone Upper Extremity Pattern Two (ER)

- DN, DP or FP

Passive Prone Upper Extremity Pattern Two (ER)

- DN, DP or FP
- FN

Prone Shoulder 90/90 ER Test (90° &/or Total Arc of 150°)

- FN
- DN, DP or FP

Passive Prone Shoulder ER Test

- FN
- DN
- DP or FP

Active Prone Shoulder Flex/Abd Test (170°)

- DN, DP or FP
- FN

Passive Prone Shoulder Fl/Ab Test

- FN
- DN
- DP or FP

Shoulder Fl/Ab SMCD

Passive Prone Elbow Flexion Test (Flex)

- FN
- DP or FP
- DN

Elbow Flex SMCD

Lumbar Locked (CH) Act Ext./Rot.

- FN
- DN, DP or FP

Lumbar Locked (CH) Passive Ext./Rot.

- FN
- DP or FP
- DN

Thoracic Ext. JMD, TED.

Treat Pain

Postural &/or Shoulder Girdle SMCD

If no previous Orange Boxes consider this a Postural &/or Shoulder Girdle SMCD. Otherwise treat orange boxes first.
MULTI-SEGMENTAL FLEXION BREAKOUTS

Limited Multi-Segmental Flexion

Single Leg Forward Bend

- FN
- Bilateral DN, DP or FP
- Unilateral DN, DP or FP

Long Sitting

- FN (80° Sacral Angle)
- DN, DP or FP

Weight Bearing Hip Flexion pattern SMCD

Active SLR

- FN
- DN, DP or FP (<70°)

Passive SLR

- FN > 80°
- DN, DP or FP

Core SMCD &/or Active Hip Flexion SMCD

Prone Rocking

- FN
- FP or DP
- DN

If no previous mobility findings consider this a Weight Bearing Spine &/or Hip SMCD - otherwise treat orange boxes first.

Supine Knee to Chest (T)

- FN
- FP or DP
- DN

Spinal Flexion JMD &/or TED

Posterior Chain TED or if PSLR was FP could be Active Hip Flexion SMCD

Hip JMD &/or Posterior Chain TED
MULTI-SEGMENTAL EXTENSION BREAKOUTS

Lower Body Extension Flowchart

FABER Test

- FN
- DN, DP, or FP

Stabilized FABER Test

- FN
- DN, DP, or FP

Hip/Core SMCD

Hip/SI JMD &/or TED - Perform Local Biomechanical Testing of the Hip and SI.

Modified Thomas

- FN with Knee Straight
- FN with Hip Abducted
- FN with Hip Abducted & Knee Straight
- DN
- DP/FP
- FN

Lower Anterior Chain TED
Lower Lateral Chain TED
Lower Anterior and Lateral Chain TED
Hip Ext. JMD &/or TED and/or Core SMCD.

If Faber was DN, DP, or FP then stop and treat Faber

Prone Active Hip Extension

- FN (> or ≥ 10 degrees Extension)
- DN, DP, or FP

If Spine Ext. was dysfunctional consider Hip normal. If not - there is a Weight Bearing Hip Extension SMCD &/or Limited Ankle Dorsiflexion (Refer to ODS & SLS).

Prone Passive Hip Extension

- DN
- FP or DP
- FN

Hip Extension JMD &/or TED

Core SMCD &/or Active Hip Extension SMCD

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MULTI-SEGMENTAL ROTATION BREAKOUTS

Limited Multi-Segmental Rotation

Seated Rotation (50°)

DN, DP or FP

Lumbar Locked (ER) - Active Unilateral Ext./Rot (50°)

FN

Lumbar Locked (IR) - Active Unilateral Ext./Rot. (50°)

FN

Shoulder Girdle TED &/or JMD

Lumbar Locked (IR) - Passive Ext./Rot. (50°)

DN, DP or FP

Thorax Rotation SMCD

Active Prone on Elbow Unilateral Ext./Rot (30°)

DN, DP or FP

Passive Prone on Elb Uni. Ext/Rot. (30°)

FP or DP

Treat Pain - Go to Hip Rotation Flowchart

FP or DP

DN

Lumbar Spine Ext./Rot JMD &/or TED - Go to Hip Rotation FC

If Thor. Rot. SMCD exists lumbar spine is normal. If not consider this a Weight Bearing Spine or Shoulder Girdle Rot. SMCD - Go to Hip Rot FC

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MULTI-SEGMENTAL ROTATION BREAKOUTS

Hip Rotation Flowchart (Part 1)

Seated Active External Hip Rotation

- DN, DP or FP
- FN (>40°)

Seated Passive External Hip Rotation

- DN
- FP or DP
- FN

Hip JMD &/or TED for Ext. Rotation with Hip Flexed

Treat Pain - Go to Tibia Rot. Flowchart

Prone Active External Hip Rotation

- DN, DP or FP
- FN (>40°)

Prone Passive External Hip Rotation

- DN
- FP or DP
- FN

Hip JMD &/or TED for Ext. Rot. with Hip Extended - Go to Tibial Rotation Flowchart and Lower Body Extension Breakout

Treat Pain - Go to Tibial Rot. Flowchart

If Seated Passive Rotation was DN stop and Treat the DN. If no previous signs of hip rotation dysfunction consider the hips normal and go to Tibial Rotation Flowchart. If not consider this a Weight Bearing External Hip Rotation SMCD - Go to Tibial Rotation Flowchart.

If Seated Passive Rotation was DN stop and Treat the DN. If not consider this a Weight Bearing External Hip Rotation SMCD - Go to Tibial Rotation Flowchart.

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MULTI-SEGMENTAL ROTATION BREAKOUTS

Hip Rotation Flowchart (Part 2)

Seated Active Internal Hip Rotation
- DN, DP or FP
- FN (>30°)

Seated Passive Internal Hip Rotation
- DN
- FP or DP
- FN

Prone Active Internal Hip Rotation
- DN, DP or FP
- FN (>30°)

Prone Passive Internal Hip Rotation
- DN
- FP or DP
- FN

If Seated Passive Rotation was DN stop and Treat the DN. If no previous signs of hip rotation dysfunction consider the hips normal and go to Tibial Rotation Flowchart. If not consider this a Weight Bearing Internal Hip Rotation SMCD - Go to Tibial Rotation Flowchart.

Hip JMD &/or TED for Medial Rotation with Hip Flexed

Treat Pain - Go to Tibial Rot. Flowchart

If Seated Passive Rotation was DN stop and Treat the DN. If not consider this a Weight Bearing Internal Hip Rotation SMCD - Go to Tibial Rotation Flowchart.

Hip JMD &/or TED for Med. Rot, with Hip Extended - Go to Tibial Rotation Flowchart and Lower Body Extension Breakout

Treat Pain - Go to Tibial Rot. Flowchart

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Vestibular & Core Flowchart

Vestibular Test - CTSIB (Static Head)

- DN, DP or FP
- FN

Potential Static Vestibular Dysfunction

- FN

Half-Kneeling Narrow Base

- FN
- DN, DP or FP

Go to SLS Ankle Flowchart

CTSIB (Dynamic Head Movement)

- FN

Dysfunctional

Dynamic Vestibular Dysfunction

Quadruped Diagonals

- FN
- DP or FP
- DN

Weight Bearing Spine &/or Hip/Core SMCD
- (If Hip Extension is DN treat it first). Go to SLS Ankle Flowchart.

Treat Pain - Go to SLS Ankle Flowchart.

Weight Bearing Hip &/or Core SMCD (If Hip Extension &/or Shoulder Flexion are DN treat those first) Go to SLS Ankle Flowchart.
OVERHEAD DEEP SQUATTING PATTERN BREAKOUTS

Limited Overhead Deep Squat

Deep Squat

DN, DP or FP

If Squat is now FN - Go to Multi-Segmental Extension Breakout,

Half Kneeling Dorsiflexion

FP or DP

FN

Lower Posterior Chain TED &/Or Ankle JMD

Supine Knees to Chest Holding Shins

DN, DP or FP

FN w/ DP or FP Dorsiflexion

Treat Dorsiflexion - Consider Knee & Hip Flexion Normal

Supine Knees to Chest Holding Thighs

Assisted Squat

FN

FP or DP

DN

FN

DN

DP or FP

Knee JMD (Flexion) &/or Lower Anterior Chain TED

Treat Chemical Pain

Hip JMD &/or Posterior Chain TED, but still can have Knee JMD

Weight Bearing Ankle, Knee and/or Hip/Core Flexion SMCD

Weight Bearing Ankle, Knee and/or Hip/Core Flexion SMCD, Go to MSE Breakout

Treat Chemical Pain in Hip, Knee or Ankle,