# The Selective Functional Movement Assessment

<table>
<thead>
<tr>
<th>SFMA Scoring</th>
<th>FN</th>
<th>FP</th>
<th>DP</th>
<th>DN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Cervical Flexion</td>
<td><img src="image1.png" alt="image" /></td>
<td><img src="image2.png" alt="image" /></td>
<td><img src="image3.png" alt="image" /></td>
<td><img src="image4.png" alt="image" /></td>
</tr>
<tr>
<td>Active Cervical Extension</td>
<td><img src="image5.png" alt="image" /></td>
<td><img src="image6.png" alt="image" /></td>
<td><img src="image7.png" alt="image" /></td>
<td><img src="image8.png" alt="image" /></td>
</tr>
<tr>
<td>Cervical Rotation</td>
<td><img src="image9.png" alt="image" /></td>
<td><img src="image10.png" alt="image" /></td>
<td><img src="image11.png" alt="image" /></td>
<td><img src="image12.png" alt="image" /></td>
</tr>
<tr>
<td>Upper Extremity Pattern 1 (MRE)</td>
<td><img src="image13.png" alt="image" /></td>
<td><img src="image14.png" alt="image" /></td>
<td><img src="image15.png" alt="image" /></td>
<td><img src="image16.png" alt="image" /></td>
</tr>
<tr>
<td>Upper Extremity Pattern 2 (LRF)</td>
<td><img src="image17.png" alt="image" /></td>
<td><img src="image18.png" alt="image" /></td>
<td><img src="image19.png" alt="image" /></td>
<td><img src="image20.png" alt="image" /></td>
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<tr>
<td>Multi-Segmental Flexion</td>
<td><img src="image21.png" alt="image" /></td>
<td><img src="image22.png" alt="image" /></td>
<td><img src="image23.png" alt="image" /></td>
<td><img src="image24.png" alt="image" /></td>
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<tr>
<td>Multi-Segmental Extension</td>
<td><img src="image25.png" alt="image" /></td>
<td><img src="image26.png" alt="image" /></td>
<td><img src="image27.png" alt="image" /></td>
<td><img src="image28.png" alt="image" /></td>
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<tr>
<td>Multi-Segmental Rotation</td>
<td><img src="image29.png" alt="image" /></td>
<td><img src="image30.png" alt="image" /></td>
<td><img src="image31.png" alt="image" /></td>
<td><img src="image32.png" alt="image" /></td>
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<tr>
<td>Single-Leg Stance</td>
<td><img src="image33.png" alt="image" /></td>
<td><img src="image34.png" alt="image" /></td>
<td><img src="image35.png" alt="image" /></td>
<td><img src="image36.png" alt="image" /></td>
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<tr>
<td>Overhead Deep Squat</td>
<td><img src="image37.png" alt="image" /></td>
<td><img src="image38.png" alt="image" /></td>
<td><img src="image39.png" alt="image" /></td>
<td><img src="image40.png" alt="image" /></td>
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</tbody>
</table>
# THE SELECTIVE FUNCTIONAL MOVEMENT ASSESSMENT

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Total Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Flexion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Can’t touch Sternum to Chin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Excessive effort and/or lack of motor control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Extension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Not within 10 degrees of parallel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Excessive effort and/or lack of motor control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Rotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Nose not in line with mid-clavicle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Excessive effort and/or appreciable asymmetry or lack of motor control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pattern #1 – MRE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Does not reach inferior angle of scapula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Excessive effort and/or appreciable asymmetry or lack of motor control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pattern #2 – LRF</td>
<td></td>
<td></td>
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<tr>
<td>- Painful Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Does not reach spine of scapula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Excessive effort and/or appreciable asymmetry or lack of motor control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-Segmental Flexion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cannot touch toes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sacral angle &lt;70 degrees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Non-uniform spinal curve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lack of posterior weight shift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Excessive effort and/or appreciable asymmetry or lack of motor control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-Segmental Extension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- UE does not achieve or maintain 170</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- ASIS does not clear toes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spine of scapula does not clear heels</td>
<td></td>
<td></td>
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<tr>
<td>- Uniform spinal curve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Excessive effort and/or lack motor control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-Segmental Rotation</td>
<td></td>
<td></td>
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<tr>
<td>- Painful Right</td>
<td></td>
<td></td>
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<tr>
<td>- Painful Left</td>
<td></td>
<td></td>
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<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Pelvis Rotation &lt;50 degrees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Shoulders rotation &lt;50 degrees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Spine/pelvic deviation</td>
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<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
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<tr>
<td>- Excessive Knee flexion</td>
<td></td>
<td></td>
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<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Excessive effort and/or lack of symmetry or motor control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Leg Stance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Eyes open &lt;10 seconds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Eyes closed &lt; 10 seconds</td>
<td></td>
<td></td>
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<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Loss of Height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Excessive effort or lack of symmetry or motor control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overhead Deep Squat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Painful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Loss of UE start position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tibia and Torso are not parallel or better</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Thighs do not break parallel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>- Loss of sagittal plane alignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Excessive effort, weight shift, or motor control</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CERVICAL SPINE PATTERN BREAKOUTS

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 Bilateral
- 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.

Supine Cervical Extension
- DN
- FP or DP
- FN

Cervical Extension JMD &/or TED
There is Postural &/or SMCD affecting Cervical Extension.

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

Active Cervical Spine Rotation SMCD

C1-C2 Cervical Rotation Test (40°)
- 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.

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

There is a Postural SMCD affecting Cervical Flexion. This includes Cervical Spine, Thoracic Spine and Shoulder Girdle postural dysfunction.
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 Test
  - FN (80° Sacral Angle)
  - DN, DP or FP

Weight-Bearing Hip Flexion pattern SMCD

- Active SLR Test (70°)
  - FN
  - DN, DP or FP(<70°)

- Passive SLR Test (80°)
  - FN>80°
  - DN, DP or FP

- Core SMCD &/or Active Hip Flexion SMCD

Prone Rocking Test

- SUPINE KNEE TO CHEST TEST
  - FN
  - FP or DP
  - DN

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

Spinal Flexion JMD &/or TED

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

Treat Chemical Pain in Hip

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 Test

FN with Knee Straight

FN with Hip Abducted

FN with Hip Abducted & Knee Straight

DN

DP/FP

FN

Prone Active Hip Extension Test (10°)

FN (> or = 10 degrees Extension)

If Spine Extension 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 Test (10°)

DN

FP or DP

FN

Core SMCD &/or Active Hip Extension SMCD

If FABER was DN, DP or FP then stop and treat FABER
MULTI-SEGMENTAL EXTENSION BREAKOUTS

Upper Body Extension Flowchart

Unilateral Shoulder Backward Bend
- DN, DP or FP
- FN

Supine Lat Stretch Hips Flexed
- FN
- DN, DP or FP
- Potential Anterior Torso TED or Cervical Spine involvement - Double Check Cervical Patterns

Supine Lat Stretch Hips Extended
- FN
- DN, DP or FP
- Shoulder Flexion improves but not Full
- Posterior/Lateral Chain TED &/or Possible Hip Extension dysfunction - Go to Lower Body Extension Flowchart

Active Lumbar Locked (ER) Extension/Rotation Test (50°)
- DN, DP or FP
- FN
- Shoulder Girdle SMCD

Active Lumbar Locked (IR) Extension/Rotation Test (50°)
- FN
- DN, DP or FP
- Shoulder Girdle JMD &/or TED

Passive Lumbar Locked (IR) Extension/Rotation Test (50°)
- FN
- DN, DP or FP
- Shoulder Girdle JMD &/or TED

Thorax Extension/Rotation JMD &/or TED - possible Shoulder JMD/TED as well

If no previous Hip or Spine extension mobility dysfunctions consider this a Weight-bearing Upper Quarter Extension SMCD - otherwise treat hips and spine first.

If no previous Hip or Spine extension mobility dysfunctions consider this a Weight-bearing Upper Quarter Extension SMCD - otherwise treat hips and spine first.
MULTI-SEGMENTAL ROTATION BREAKOUTS

Limited Multi-Segmental Rotation

Seated Rotation Test (50°)

- DN, DP or FP

Active Lumbar Locked (ER) Extension/Rotation Test (50°)

- FN
- Go to Hip Rotation Flowchart I

- DN, DP or FP
- DN, DP or FP & Switches Sides

Active Lumbar Locked (IR) Extension/Rotation Test (50°)

- FN

- DN, DP or FP

Passive Lumbar Locked (IR) Extension/Rotation Test (50°)

- Shoulder Girdle Rot., JMD &/or TED
- DN
- FP or DP
- FN

Thorax Extension/Rotation JMD &/or TED - Go to Hip Rotation Flowchart I

Treat Pain - Go to Hip Rotation Flowchart I

Thorax Rotation SMCD

Active Prone on Elbow Extension/Rotation Test (30°)

- DN, DP or FP

Passive Prone on Elbow Extension/Rotation Test (30°)

- FN

- FP or DP
- DN

Treat Pain - Go to Hip Rotation Flowchart I

Lumbar Spine Extension/Rotation JMD &/or TED - Go to Hip Rotation Flowchart I

If Thorax Extension/Rotation SMCD exists lumbar spine is normal. If not consider this a Weight-bearing Spine or Shoulder Girdle Rotation SMCD - Go to Hip Rotation Flowchart I
MULTI-SEGMENTAL ROTATION BREAKOUTS

Hip Rotation Flowchart (Part 1)

Active Seated External Hip Rotation (40°)

- DN, DP or FP
- FN (>40°)

Passive Seated External Hip Rotation (40°)

- DN
- FP or DP
- FN

Hl JMD &/or TED for External Rotation with Hip Flexed

Treat Pain - Go to Hip Rotation Part 2 Flowchart

Active Prone External Hip Rotation (40°)

- DN, DP or FP
- FN (>40°)

Passive Prone External Hip Rotation (40°)

- DN
- FP or DP
- FN

Hl JMD &/or TED for Extension Rotation with Hip Extended - Go to Hip Rotation 2 Flowchart and Lower-body Extension Breakout

Treat Pain - Go to Hip Rotation 2 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 or Active External Hip Rotation SMCD - Go to Hip Rotation 2 Flowchart.

Treat Pain - Go to Hip Rotation Part 2 Flowchart
MULTI-SEGMENTAL ROTATION BREAKOUTS

Hip Rotation Flowchart (Part 2)

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

Passive Seated Internal Hip Rotation (30°)
- DN
- FP or DP
- FN

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

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

Passive Prone Internal Hip Rotation (30°)
- DN
- FP or DP
- FN

Hip JMD &/or TED for Medial Rotation with Hip Extended - Go to Tibial Rotation Flowchart and Lower-body Extension Breakout

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 or Active Internal Hip Rotation SMCD - Go to Tibial Rotation Flowchart.
MULTI-SEGMENTAL ROTATION BREAKOUTS

**Tibial Rotation Flowchart**

**Active Seated Internal Tibial Rotation (20°)**
- FN
- DN, DP or FP

**Passive Seated Internal Tibial Rotation (20°)**
- DP or FP
- FN
- DN
- Tibial Internal Rotation SMCD
- Tibial Internal Rotation TED &/or JMD

**Active Seated External Tibial Rotation (20°)**
- FN
- DN, DP or FP

**Passive Seated External Tibial Rotation (20°)**
- FN
- DP or FP
- DN
- Tibial External Rotation SMCD
- Tibial External Rotation TED &/or JMD

**Tibia External Rotation Mobility is Normal**
(If no previous Rotation findings - Go to Lower-body Extension Flowchart)
SINGLE-LEG STANCE BREAKOUTS

Vestibular & Core Flowchart

Vestibular Test - CTSIB (Static Head)

DN, DP or FP

FN

Potential Static Vestibular Dysfunction

CTSIB (Dynamic Head Movement)

FN

Dysfunctional

Dynamic Vestibular Dysfunction

Half-Kneeling Narrow Base Test

FN

Go to SLS Ankle Flowchart

DN, DP or FP

Quadruped Diagonals Test

FN

DP or FP

DN

Weight-bearing Spine &/or 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.
Ankle Flowchart

Heel Walk Test

- FN
- DN, DP or FP

Passive Prone Dorsiflexion Test

- DP or FP
- FN
- DN

- Treat Pain
- Dorsiflexion SMCD
- Dorsiflexion TED &/or JMD

Toe Walk Test

- DN, DP or FP
- FN

Passive Prone Plantarflexion Test

- FN
- DN
- DP or FP

- Plantarflexion SMCD
- Plantarflexion TED &/or JMD
- Treat Pain

Active Seated Ankle Inversion/Eversion Test

- DN, DP or FP
- FN

Passive Ankle Inversion/Eversion Test

- DN
- DP or FP
- FN

- Ankle (Eversion or Inversion) JMD, TED - * Perform local foot/ankle exam
- Ankle (Eversion or Inversion) SMCD - * Perform local foot/ankle exam

If no Red, Orange or Positive Blue Boxes so far = Proprioceptive Deficit