

Muscle Strength Assessment Form

Patient (Pt):	DOB:	Examiner (Ex):	Date:
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Hip Flexion

Grade

0/5 1/5 2/5 3/5 4/5 5/5

Foot Dorsiflexion

Grade

0/5 1/5 2/5 3/5 4/5 5/5

Hip Abduction

Grade

0/5 1/5 2/5 3/5 4/5 5/5

Toe Dorsiflexion

Grade

0/5 1/5 2/5 3/5 4/5 5/5

Hip Adduction

Grade

0/5 1/5 2/5 3/5 4/5 5/5

Foot Plantarflexion

Grade

0/5 1/5 2/5 3/5 4/5 5/5

Knee Flexion

Grade

0/5 1/5 2/5 3/5 4/5 5/5

Foot Inversion

Grade

0/5 1/5 2/5 3/5 4/5 5/5

Knee Extension

Grade

0/5 1/5 2/5 3/5 4/5 5/5

Foot Eversion

Grade

0/5 1/5 2/5 3/5 4/5 5/5