

MANUAL MUSCLE TEST FORM

Supporting documentation for the Rowing Australia Medical Diagnostics Form
To be completed by a Physiotherapist

Athlete's Name	
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Manual Muscle Test	Muscle Strength (0-5 scale, no +/- scale)	
	Right	Left
Upper Limbs		
Shoulders		
Flexion		
Extension		
Elbows		
Flexion		
Extension		
Wrists		
Flexion		
Extension		
Fingers		
Flexion		
Extension		
Lower Limbs	Right	Left
Hips		
Flexion		
Extension		
Knees		
Flexion		
Extension		
Ankles		
Flexion (Plantarflexion)		
Extension (Dorsiflexion)		

Scales for Muscular Strength

- 0 – No muscle contraction
- 1 – Flicker or trace of contraction
- 2 – Active movement with gravity eliminated
- 3 – Active movement against gravity through the full range of movement
- 4 – Active movement against gravity and resistance through the full range of movement
- 5 – Normal power through the full range of movement



Physiotherapist Declaration

I certify that the above information is correct at the time of the assessment

Athlete's Name: _____

Physiotherapist's Name: _____

Registration Number: _____

Practice: _____

Address: _____

City: _____ State: _____

Postcode: _____ Tel: _____

E-mail: _____

Signature of Physiotherapist: _____

