Dryland Mobility Assessment

Multi-athlete recording sheet · Q/C = clear or compensation

Session: Date _____ Assessor _____ Location _____ Device _____

TEST / UNIT	ATHLETE 1	ATHLETE 2	ATHLETE 3	ATHLETE 4	ATHLETE 5	ATHLETE 6	ATHLETE 7	ATHLETE 8
A Wall streamline Q/C								
B Shoulder flexion deg L/R								
C Shoulder ER deg L/R								
C Shoulder IR deg L/R								
C Shoulder total arc deg L/R								
D Broom overhead deg or Q/C								
E Chest opening Q/C or cm								
F T-spine rotation deg L/R								
G T-spine extension Q/L								
H Hip IR deg L/R								
H Hip ER deg L/R								
I Thomas screen angle/Q								
J SLR active deg L/R								
J SLR passive deg L/R								
K Knee-to-wall cm L/R								
K Plantar flexion deg L/R								

STATUS CODE OK = repeatable/pain-free R = retest needed F = coach review STOP = pain/symptoms; discontinue and follow referral process

Record exact values plus notes. Do not convert this sheet into a medical diagnosis or universal pass/fail score. Compare like-for-like retests.