

Schober Test Report

PATIENT DETAILS

Name: _____ Date of Birth: _____ dd / mm / yyyy

Medical Record Number: _____ Date of Examination: _____ dd / mm / yyyy

Examiner: _____

PROCEDURE

Initial Position: Patient standing upright with feet together and legs straight.

MARKING

Initial mark at the level of the PSIS

Yes No

Mark 10 cm above the initial mark

Yes No

Mark 5 cm below the initial mark

Yes No

Initial Distance Measurement (cm) (Expected: 15 cm): _____

FLEXION MEASUREMENT

Patient instructed to bend forward

Yes No

Measurement while bent forward (cm): _____ Increase in distance (cm) (Expected increase: ≥ 5 cm): _____

RESULTS

Test Results

- Normal lumbar mobility
 Reduced lumbar mobility

Notes

Recommendations/Next Steps

Examiner's Signature

Date: _____ dd / mm / yyyy