

Postural Assessment Template

PATIENT INFORMATION

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

Assessment Date: _____ Clinician Name: _____ mm / dd / yyyy

Presenting Complaints and Functional Limitations:

ASSESSMENT SETUP

Assessment Type: ☐ Static ☐ Dynamic ☐ Both

Alignment Reference: ☐ Plumb line ☐ Postural grid ☐ Printed reference line in photos

Patient Prepared: ☐ Bare feet ☐ Minimal clothing (shorts and sleeveless top)

Photos Taken: ☐ Anterior ☐ Posterior ☐ Lateral ☐ None

Photo Consent Obtained: ☐ Yes ☐ No

Camera Distance and Angle: _____ Lighting and Background: _____

NOTATION KEY

✓ Normal alignment ○ or × Deviation observed Note the side (L / R) and direction of every deviation.

LATERAL VIEW (SAGITTAL PLANE)

The plumb line should pass through the earlobe, acromion, greater trochanter, lateral knee joint line and lateral malleolus.

Check	Normal	Deviation	Notes (side, direction, severity)
Earlobe Forward displacement suggests forward head posture	☐	☐	
Acromion process (shoulder) Elevated or depressed shoulder	☐	☐	
Greater trochanter (hip) Anterior or posterior deviation reflects pelvic tilt	☐	☐	
Lateral knee joint line	☐	☐	
Lateral malleolus (ankle) Completes the sagittal alignment chain	☐	☐	
Thoracic curve Excessive curve: kyphosis	☐	☐	
Lumbar curve Excessive curve: lordosis	☐	☐	

POSTERIOR VIEW

Check	Normal	Deviation	Notes (side, direction, severity)
Shoulder level symmetry	☐	☐	
Scapular position	☐	☐	
Spinal alignment Note any scoliotic curve	☐	☐	
Iliac crest height	☐	☐	
Lower-limb symmetry	☐	☐	
Knee alignment Valgus or varus	☐	☐	
Ankle alignment Valgus or varus	☐	☐	

ANTERIOR VIEW

Check	Normal	Deviation	Notes (side, direction, severity)
Shoulder height	☐	☐	
Elbow flexion angle	☐	☐	
Wrist alignment	☐	☐	
Hip crease symmetry	☐	☐	
Lower-limb symmetry	☐	☐	
Knee alignment Valgus or varus	☐	☐	
Ankle alignment Valgus or varus	☐	☐	

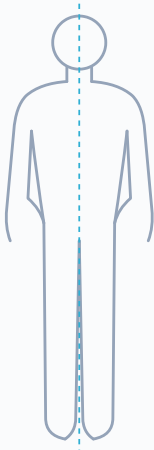
PALPATION (OPTIONAL)

Landmark	Symmetric	Asymmetric	Notes
Acromion	☐	☐	
Greater trochanter	☐	☐	
Iliac crests	☐	☐	

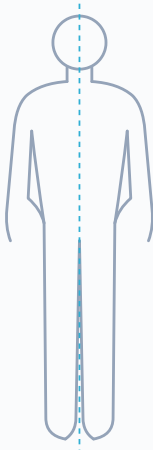
BODY DIAGRAMS

Mark each misalignment directly on the diagram. The dashed line is the plumb-line reference.

Anterior (front)



Posterior (back)



DEVIATIONS IDENTIFIED

	Deviation	Type	Notes
☐	Forward head posture		
☐	Kyphosis (excessive thoracic curve)		
☐	Lordosis (excessive lumbar curve)		
☐	Scoliosis (lateral spinal curvature)	☐ Postural ☐ Structural (refer)	
☐	Pelvic tilt	☐ Anterior ☐ Posterior	
☐	Muscle imbalance		
☐	Other: _____		

DYNAMIC ASSESSMENT (IF PERFORMED)

Task	Completed	Compensation seen	Movement quality and compensatory strategies
Squat assessment	☐	☐	
Gait analysis	☐	☐	
Single-leg stance stability	☐	☐	

MEASUREMENTS (OPTIONAL)

Shoulder Height Asymmetry: _____

Spinal Curvature: _____

Other Measurements: _____

FINDINGS AND CLINICAL NOTES

Summary of Postural Findings:

Link to Presenting Complaints and Functional Limitations:

CORRECTIVE EXERCISE PLAN

Muscle Groups to Stretch:

Muscle Groups to Strengthen:

Priority Imbalances for Intervention:

Medical Referral Needed: ☐ Yes ☐ No

Reassessment Date: _____

Follow-up Photos Due: _____ mm / dd / yyyy

CLINICIAN SIGN-OFF

Clinician Name: _____

Signature: _____

Credentials: _____

Date: _____ mm / dd / yyyy