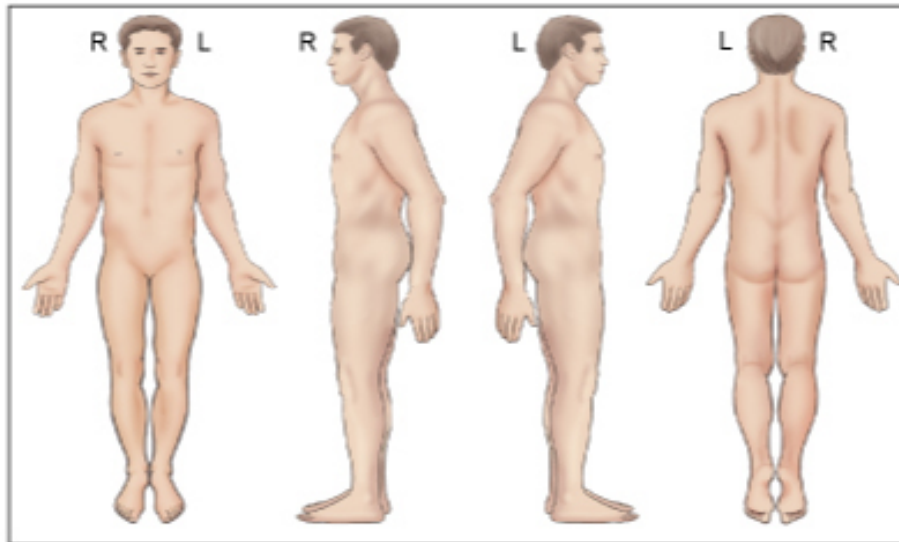


Client Name: _____ Date: _____



OBSERVATION & PALPATION		
ALIGNMENT	RIBS	SCAPULA
Chin in line with nose, sternal notch, navel	Even	Even
Other:	Springy	Move freely
HEAD	Other:	Other:
Tilted (L)	ABDOMEN	CLAVICLES
Tilted (R)	Firm and pliable	Level
Rotated (L)	Hard areas	Other:
Rotated (R)	Other:	ARMS
EYES	WAIST	Hang evenly (internal) (external)
Level	Level	(L) rotated <input type="checkbox"/> medial <input type="checkbox"/> lateral
Equally set in socket	Other:	(R) rotated <input type="checkbox"/> medial <input type="checkbox"/> lateral
Other:	SPINE CURVES	ELBOWS
EARS	Normal	Even <input type="checkbox"/>
Level	Other:	Other:
Other:	GLUTEAL MUSCLE MASS	WRISTS
SHOULDERS	Even	Even
Level	Other:	Other:
(R) high / (L) low	ILIAC CREST	FINGERTIPS
(L) high / (R) low	Level	Even
(L) rounded forward	Other:	Other:
(R) rounded forward	KNEES	PATELLA
Muscle development even	Even/symmetrical	(L) <input type="checkbox"/> movable <input type="checkbox"/> rigid
Other:	Other:	(R) <input type="checkbox"/> movable <input type="checkbox"/> rigid