### SFMA TOP TIER

#### SFMA SCORING

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<th>Task</th>
<th>FN</th>
<th>FP</th>
<th>DP</th>
<th>DN</th>
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SFMA TOP TIER CHECKLIST

Name:  Date:  Total Score:

Cervical Flexion
☐ Painful
☐ Can’t touch sternum to chin
☐ Non-uniform spine curve
☐ Excessive effort and/or lack of motor control

Cervical Extension
☐ Painful
☐ Not within 10 degrees of parallel
☐ Non-uniform spine curve
☐ Excessive effort and/or lack of motor control

Cervical Rotation
☐ Painful Right  ☐ Painful Left
☐ Right  ☐ Left  Chin/Nose not in line with mid-clavicle
☐ Right  ☐ Left  Excessive effort and/or appreciable asymmetry or lack of motor control

UE Pattern #1 – MRE
☐ Painful Right  ☐ Painful Left
☐ Right  ☐ Left  Does not reach inferior angle of scapula
☐ Right  ☐ Left  Excessive effort and/or appreciable asymmetry or lack of motor control

UE Pattern #2 – LRF
☐ Painful Right  ☐ Painful Left
☐ Right  ☐ Left  Does not reach spine of scapula
☐ Right  ☐ Left  Excessive effort and/or appreciable asymmetry or lack of motor control

Multi-Segmental Flexion
☐ Painful
☐ Cannot touch toes
☐ Sacral angle <70 degrees
☐ Non-uniform spine curve
☐ Lack of posterior weight shift
☐ Excessive effort and/or appreciable asymmetry or lack of motor control

Multi-Segmental Extension
☐ Painful
☐ Upper extremity does not achieve or maintain 170
☐ ASIS does not clear toes
☐ Spine of scapula does not clear heels
☐ Non-Uniform spine curve
☐ Excessive effort and/or lack motor control

Multi-Segmental Rotation
☐ Painful Right  ☐ Painful Left
☐ Right  ☐ Left  Pelvis Rotation <50 degrees
☐ Right  ☐ Left  Torso rotation <50 degrees
☐ Right  ☐ Left  Excessive effort and/or lack of symmetry or motor control

Single-Leg Stance
☐ Painful Right  ☐ Painful Left
☐ Right  ☐ Left  Eyes open <10 seconds
☐ Right  ☐ Left  Eyes closed < 10 seconds
☐ Right  ☐ Left  Loss of Height
☐ Right  ☐ Left  Excessive effort or lack of symmetry or motor control

Arms Down Deep Squat
☐ Painful
☐ Hips do not break parallel
☐ Cannot reach fists to ground within footprint
☐ Loss of sagittal plane alignment:  Right_____ Left _____
☐ Excessive effort, weight shift, or motor control

SFMA™
CERVICAL SPINE BREAKOUTS

Limited Cervical Spine Patterns

Active Supine Cervical Flexion Test (Chin to Chest)
- DN, DP or FP
- FN

Passive Supine Cervical Flexion Test
- FN
- DN, DP or FP

Active Cervical Flexion SMCD

Active Supine OA Cervical Flexion Test (20°)
- FN
- DN
- DP or FP
- OA/Upper Cervical Flexion Pain/Dysfunction

If Passive Supine Cervical Flexion (PSCF) was DP or DN then treat as Cervical Spine Flexion MD. If PSCF was FP can also be SMCD - perform segmental testing and soft tissue appraisal.

Passive Supine Cervical Rotation Test (80°)
- FN
- DN, DP or FP

Active Cervical Spine Rotation SMCD

Active Supine Cervical Rotation Test (80°)
- FN
- DN, DP or FP

Supine Cervical Extension
- DN
- DP or FP
- FN

Cervical Extension MD

Cervical Extension Pain/Dysfunction

Postural and/or Active Cervical Extension SMCD

C1-C2 Cervical Rotation Test (40°)
- FN
- DP or FP
- DN

If Passive Supine Cervical Rotation (PSCR) was DP or DN then treat as Lower Cervical Rotational MD. If PSCR was FP can also be SMCD - perform segmental testing and soft tissue appraisal.

C1-C2 MD and possible Lower Cervical Spine MD for rotation.
UPPER EXTREMITY PATTERN 1 BREAKOUT

Active Lumbar Locked (IR) Extension/Rotation Test (50°)

- FN
- DN, DP or FP

Active Prone UE Pattern 1 Test

- FN
- DN, DP or FP

Passive Lumbar Locked Ext/Rot Test (50°)

- FN
- DP or FP
- DN

Passive Prone UE Pattern 1 Test

- FN
- DN, DP or FP

If thorax was normal assume a Postural and/or Shoulder Girdle SMCD. Otherwise - just treat thorax findings.

Thorax Extension/Rotation SMCD

Thorax Extension/Rotation Pain/Dysfunction

Thorax Extension/Rotation MD

Shoulder IR Pain/Dysfunction

Thorax Extension/Rotation SMCD

Passive Prone Shoulder Extension Test (50°)

- FN
- DN, DP or FP

Active Prone Shoulder 90/90 IR Test (60° &/or Total Arc of 150°)

- FN
- DN, DP or FP

Active Prone Shoulder Extension Test (50°)

- FN
- DN, DP or FP

Passive Prone Shoulder Extension Test (50°)

- FN
- DN
- DP or FP

Shoulder IR SMCD

Shoulder IR MD

Shoulder Extension SMCD

Shoulder Extension Pain/Dysfunction

Active Prone Elbow Flexion Test (Ext)

- FN
- DN, DP or FP

Consider the Elbow normal. If there are no previous findings, consider this a combined UE Pattern 1 dysfunction.

Passive Prone Elbow Flexion Test (Ext)

- FN
- DP or FP
- DN

Elbow Flexion SMCD

Elbow Flexion Pain/Dysfunction

Elbow Flexion MD
**UPPER EXTREMITY PATTERN 2 BREAKOUT**

- **Active Lumbar Locked (IR) Extension/Rotation Test (50°)**
  - FN
  - DN, DP or FP

- **Active Prone UE Pattern 2 Test**
  - FN
  - DN, DP or FP
  - **Passive Lumbar Locked Ext/Rot Test (50°)**
    - FN
    - DP or FP
    - DN

- **Passive Prone UE Pattern 2 Test**
  - FN
  - DN, DP or FP

- **Active Prone Shoulder 90/90 ER Test (90° &/or Total Arc of 150°)**
  - FN

- **Active Prone Shoulder Flexion/Abduction Test (170°)**
  - FN
  - DN, DP or FP

- **Passive Prone Shoulder Flexion/Abduction Test (170°)**
  - FN
  - DN
  - DP or FP

- **Shoulder Flexion/Abduction SMCD**
  - FN

- **Shoulder Flexion/Abduction MD**
  - FN
  - DN
  - DP or FP

- **Shoulder Flexion/Abduction Pain/Dysfunction**
  - FN
  - DN

- **Passive Prone Elbow Flexion Test (Flex)**
  - FN
  - DP or FP
  - DN

Consider the Elbow normal. If there are no previous findings, consider this a combined UE Pattern 2 dysfunction.
MULTI-SEGMENTAL FLEXION BREAKOUT

Long Sitting Test
- FN
- Weight-bearing Hip Flexion pattern SMCD
  - FN
  - Active SLR Test (70°)
    - DN, DP or FP(<70°)

Stabilized ASLR Test (70°)
- FN
- Core (Pelvic Orientation) SMCD
  - FN
  - Passive SLR Test (80°)
    - DN, DP or FP

Supine Knee to Chest Test (120°)
- FN
- FP or DP
- DN
  - Posterior Chain MD, or if PSLR was FP, could be Active Hip Flexion SMCD
  - Hip Flexion Pain/Dysfunction
  - Hip Flexion MD and potential Posterior Chain MD

Prone Rocking Test
- FN
- FP or DP
- DN
  - If the spine had a non-uniform curvature in any previous test, this a weight-bearing Spine Flexion SMCD.
  - If not, and there were no previous findings, consider the spine normal and/or a possible plantarflexion dysfunction.
  - Spine Flexion Pain/Dysfunction
  - Spine Flexion MD
MULTI-SEGMENTAL EXTENSION BREAKOUT

Spine/Upper Body Flowchart

Prone Press Up Test

- FN
- DN, DP or FP

Active Lumbar Locked (IR) Extension/Rotation Test (50°)

- FN
- DN, DP or FP

Passive Lumbar Locked (IR) Extension/Rotation Test (50°)

- FP
- FN
- DN
- DP

Thorax Extension/Rotation SMCD with Pain
Thorax Extension/Rotation SMCD
Thorax Extension/Rotation MD
Thorax Extension/Rotation MD with Pain/Dysfunction

Active Prone on Elbow Extension/Rotation Test (30°)

- DN, DP or FP
- FN

Passive Prone on Elbow Extension/Rotation Test (30°)

- FN
- DN
- DP or FP

Lumbar Extension/Rotation SMCD
Lumbar Extension/Rotation MD
Lumbar Extension/Rotation Pain/Dysfunction

If thorax was normal, consider this a Weight-Bearing Spine Extension SMCD or Anterior Torso MD. If there were any previous findings consider lumbar normal.

Active Prone Shoulder Girdle Flexion Test (170°)

- DN, DP or FP
- FN

Shoulder Girdle Flexion is Normal - Go to Lower Body Extension Flowchart
Shoulder Girdle Flexion MD - Go to Lower Body Extension Flowchart
Shoulder Girdle Flexion Pain/Dysfunction - Go to Lower Body Extension Flowchart
Shoulder Girdle Flexion SMCD - Go to Lower Body Extension Flowchart
If spine extension was dysfunctional assume hip is normal. If not - there is a Weight-bearing Hip/Spine Extension SMCD and/or Ankle Mobility Dysfunction (Refer to ADDS & SLS).
MULTI-SEGMENTAL ROTATION BREAKOUTS

Spine Flowchart

Seated Torso Rotation Test (50°)

- DN, DP or FP

Active Lumbar Locked (IR) Extension/Rotation Test (50°)

- FN
- DN, DP or FP

Passive Lumbar Locked (IR) Extension/Rotation Test (50°)

- FN
- FP
- DN
- DP

Thorax Extension/Rotation SMCD
Thorax Extension/Rotation SMCD with Pain
Thorax Extension/Rotation MD - Go to Lower Quarter External Rotation Flowchart
Thorax Extension/Rotation MD with Pain - Go to Lower Quarter External Rotation Flowchart

Active Prone on Elbow Extension/Rotation Test (30°)

- DN, DP or FP
- FN

Passive Prone on Elbow Extension/Rotation Test (30°)

- FN
- FP or DP
- DN

Lumbar Extension/Rotation Pain/Dysfunction - Go to Lower Quarter External Rotation Flowchart
Lumbar Extension/Rotation MD - Go to Lower Quarter External Rotation Flowchart

If Active Lumbar Locked (IR) was FN and Active Prone on Elbow was FN, assume a Weight-Bearing Spine Extension/Rotation SMCD. If Passive Lumbar Locked (IR) was FN or FP and Active Prone on Elbow was FN, then assume Lumbar was normal. If Passive Prone on Elbow was FN, assume a Lumbar Spine Extension/Rotation SMCD. Go to Lower Quarter External Rotation Flowchart.
Lower Quarter External Rotation Flowchart

Active Prone External Hip Rotation Test (40°)
- FN
- DN, DP or FP

Stabilized Prone External Hip Rotation Test (40°)
- DN, DP or FP
- FN

Passive Prone External Hip Rotation Test (40°)
- DN
- FP or DP
- FN

External Hip Rotation MD
- External Hip Rotation Pain/Dysfunction
- Weight-bearing or Active Hip Rotation SMCD

Active Seated External Tibial Rotation Test (20°)
- FN
- DN, DP or FP

External Tibial Rotation is Normal. Go to Lower Quarter Internal Rotation Flowchart

Passive External Tibial Rotation Test (20°)
- FN
- DP or FP
- DN

External Tibial Rotation SMCD
- External Tibial Rotation Pain/Dysfunction
- External Tibial Rotation MD - Go to Lower Quarter Internal Rotation Flowchart

External Tibial Rotation MD - Go to Lower Quarter Internal Rotation Flowchart

Core (Pelvic Orientation) SMCD
Internal Tibial Rotation is normal.
If no previous signs of rotation dysfunction consider Weight-Bearing Rotation SMCD.
Vestibular & Core Flowchart

Vestibular Test - CTSIB (Static Head)
- DN, DP or FP
- FN

Potential Static Vestibular Dysfunction

CTSIB (Dynamic Head Movement)
- FN
- Dysfunctional
  - Potential Dynamic Vestibular Dysfunction

Half-Kneeling Narrow Base Test
- FN
- DN, DP, or FP

Consider Half-kneeling normal - Go to SLS Ankle Flowchart.

Quadruped Diagonals Test
- FN
- DP or FP
- DN

Weight-bearing Spine and/or Core SMCD - If hip extension and/or shoulder flexion are DN, treat those first. Go to SLS Ankle Flowchart.

Quadruped Stability Pain/Dysfunction - Go to SLS Ankle Flowchart.

Weight-bearing Hip and/or Core SMCD - If hip extension and/or shoulder flexion are DN, treat those first. Go to SLS Ankle Flowchart.
**Ankle Flowchart**

**Active Tandem Dorsiflexion - Knee Extended Test**
- FN
- DN, DP or FP

**Passive Prone Dorsiflexion - Knee Extended Test (20°)**
- DP or FP
- FN
- DN
- Dorsiflexion SMCD
- Dorsiflexion MD

**Active Tandem Plantarflexion Test (40°)**
- DN, DP or FP
- FN

**Passive Prone Plantarflexion Test (40°)**
- FN
- DN
- DP or FP
- Plantarflexion SMCD
- Plantarflexion MD
- Plantarflexion Pain/Dysfunction

**Active Seated Ankle Inversion Test**
- DN, DP or FP

**Passive Ankle Inversion Test**
- DN
- DP or FP
- FN
- Ankle Inversion MD
- Ankle Inversion Pain/Dysfunction
- Ankle Inversion SMCD

**Active Seated Ankle Eversion Test**
- DN, DP or FP

**Passive Ankle Eversion Test**
- DN
- DP or FP
- FN
- Ankle Eversion MD
- Ankle Eversion Pain/Dysfunction
- Ankle Eversion SMCD

*Ankle Eversion is normal.*

*If no Green Boxes so far = Proprioceptive Deficit*