

**Spinal Alignment and Range of Motion Measure  
(A Measure of Posture and Flexibility)**

ID Number \_\_\_\_

Child's name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Therapist: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**Score Summary:**

*After completing the SAROMM, record the value for each of the items below. Determine the Spinal Alignment Score by summing items 1 through 4. Record the mean value for this section. Determine the hip score by summing items 5 through 16, the knee score by summing 17 through 20, the ankle score by summing 21 through 24 and the upper extremity score by summing 25 and 26. Determine and record the mean value for each of these scores. Determine the Range of Motion Score by summing the hip, knee, ankle and upper extremity scores. Determine the total SAROMM score by summing the Spinal Alignment and the Range of Motion Scores. The mean values can be plotted on the graph on the last page of this form for a visual representation of the information.*

Spinal Alignment Subscale

- 1. Cervical Spine \_\_\_\_\_
- 2. Thoracic Spine \_\_\_\_\_
- 3. Lumbar Spine \_\_\_\_\_
- 4. Lateral Curve \_\_\_\_\_

**Spinal Alignment Score** \_\_\_\_\_

*Mean Value* -----

Range of Motion and Muscle Extensibility Subscale

- |                             | Right | Left  |
|-----------------------------|-------|-------|
| 5/6. Hip Extension          | _____ | _____ |
| 7/8. Hip Flexion            | _____ | _____ |
| 9/10. Hip Abduction         | _____ | _____ |
| 11/12. Hip Adduction        | _____ | _____ |
| 13/14. Hip ER               | _____ | _____ |
| 15/16. Hip IR               | _____ | _____ |
| 17/18. Knee Extension       | _____ | _____ |
| 19/20. Hamstrings           | _____ | _____ |
| 21/22. Ankle Dorsiflexion   | _____ | _____ |
| 23/24. Ankle Plantarflexion | _____ | _____ |
| 25/26. Upper Extremities    | _____ | _____ |

*Means*

Hip Score \_\_\_\_\_ -----

Knee Score \_\_\_\_\_ -----

Ankle Score \_\_\_\_\_ -----

UE Score \_\_\_\_\_ -----

**Range of Motion Score** \_\_\_\_\_

**Total SAROMM Score** \_\_\_\_\_

*Instructions: Please circle the number matching your response. Refer to the protocol for details about administration and scoring.*

**Spinal Alignment Subscale**

1. This individual is able to actively correct alignment in the **cervical spine** in the sagittal plane (i.e. no excess of lordosis or capital extension; Figs 1-3).

- 0 YES  
\_\_\_\_ NO →
- 1 Flexible – passive
  - 2 Fixed – mild
  - 3 Fixed – moderate
  - 4 Fixed – severe

2. This individual is able to actively correct alignment in the **thoracic spine** in the sagittal plane (i.e. no excess of kyphosis; Figs 4-7).

- 0 YES  
\_\_\_\_ NO →
- 1 Flexible – passive
  - 2 Fixed – mild
  - 3 Fixed – moderate
  - 4 Fixed – severe

3. This individual is able to actively correct alignment in the **lumbar spine** in the sagittal plane (i.e. no excess of lordosis or posterior pelvic tilt; Figs 8-12).

- 0 YES  
\_\_\_\_ NO →
- 1 Flexible – passive
  - 2 Fixed – mild
  - 3 Fixed – moderate
  - 4 Fixed – severe

4. This individual has no **spinal alignment** limitations in the frontal and transverse planes with active correction (i.e. no functional or structural scoliosis; Figs 13-16).

- 0 YES  
\_\_\_\_ NO →
- 1 Flexible – passive (i.e. functional scoliosis)
  - 2 Fixed – mild
  - 3 Fixed – moderate
  - 4 Fixed – severe

## Range of Motion and Muscle Extensibility

*Instructions: Please record the number of your response on the line below each item number for both right and left sides. Refer to the protocol for details about administration and scoring.*

5/6. This individual has no restriction of **hip extension** range of motion (i.e. does not assume a posture of hip flexion or have a hip flexion contracture).

		0 YES		
Left	Right	NO	→	1 Flexible – passive (neutral or greater extension)
_____	_____			2 Fixed – mild (neutral to 15°)
				3 Fixed – moderate (15 to 30°)
				4 Fixed – severe (> 30°)

7/8. This individual has no restriction of **hip flexion** range of motion (i.e. does not assume a posture of hip extension and has greater than 135 degrees of flexion).

		0 YES		
Left	Right	NO	→	1 Flexible – passive ( $\geq 135^\circ$ )
_____	_____			2 Fixed – mild (110 to 135°)
				3 Fixed – moderate (90 to 110°)
				4 Fixed – severe (< 90°)

9/10. This individual has no restriction of **hip abduction** range of motion (i.e. does not assume a posture of hip adduction and has greater than 60 degrees of abduction).

		0 YES		
Left	Right	NO	→	1 Flexible – passive ( $\geq 60^\circ$ )
_____	_____			2 Fixed – mild (40 to 60°)
				3 Fixed – moderate (20 to 40°)
				4 Fixed – severe (< 20°)

11/12. This individual has no restriction of **hip adduction** range of motion (i.e. does not assume a posture of hip abduction and has greater than 30 degrees of hip adduction).

		0 YES		
Left	Right	NO	→	1 Flexible – passive ( $\geq 30^\circ$ )
_____	_____			2 Fixed – mild (10 to 30°)
				3 Fixed – moderate (neutral to 10°)
				4 Fixed – severe (< neutral)

13/14. This individual has no restriction of **hip external rotation** range of motion (i.e. does not assume a posture of hip internal rotation and has greater than 45 degrees of ER).

		0 YES		
Left	Right	NO	→	1 Flexible – passive ( $\geq 45^\circ$ )
_____	_____			2 Fixed – mild (30 to 45°)
				3 Fixed – moderate (15 to 30°)
				4 Fixed – severe (< 15°)

15/16. This individual has no restriction of **hip internal rotation** range of motion (i.e. does not assume a posture of hip external rotation and has greater than 45 degrees of IR).

		0 YES		
Left	Right	NO	→	1 Flexible – passive ( $\geq 45^\circ$ )
_____	_____			2 Fixed – mild (30 to 45°)
				3 Fixed – moderate (15 to 30°)
				4 Fixed – severe (< 15°)

17/18. This individual has no restriction of **knee extension** range of motion (i.e. does not have a knee flexion contracture).

		0 YES	→	
Left	Right	NO		
_____	_____			
				1 Flexible – passive (to neutral or greater)
				2 Fixed – mild (0 to -10°)
				3 Fixed – moderate (-10 to -20°)
				4 Fixed – severe ( $\geq$ -20°)

19/20. This individual has no restriction of **hamstring** extensibility (i.e. popliteal angle less than 20 degrees).

		0 YES	→	
Left	Right	NO		
_____	_____			
				1 Flexible – passive ( $<$ 20°)
				2 Fixed – mild (20 to 45°)
				3 Fixed – moderate (45 to 60°)
				4 Fixed – severe ( $>$ 60°)

21/22. This individual has no restriction of **ankle dorsiflexion** range of motion (i.e. does not assume an equinus posture and has greater than 15 degrees of ankle dorsiflexion).

		0 YES	→	
Left	Right	NO		
_____	_____			
				1 Flexible – passive ( $\geq$ 15°)
				2 Fixed – mild (5 to 15°)
				3 Fixed – moderate (-10 to +5°)
				4 Fixed – severe ( $>$ -10°)

23/24. This individual has no restriction of **ankle plantarflexion** range of motion (i.e. does not assume a calcaneus posture and has greater than 45 degrees of plantarflexion).

		0 YES	→	
Left	Right	NO		
_____	_____			
				1 Flexible – passive ( $\geq$ 45°)
				2 Fixed – mild (45 to 20°)
				3 Fixed – moderate (20° to neutral)
				4 Fixed – severe ( $<$ neutral)

25/26. This individual has no restriction of **upper extremity** range of motion (i.e. does not assume a posture such as shoulder adduction and internal rotation, elbow flexion, forearm pronation and wrist and finger flexion or have upper extremity contractures; Figs 28-30).

		0 YES	→	
Left	Right	NO		
_____	_____			
				1 Flexible – passive
				2 Fixed – mild
				3 Fixed – moderate
				4 Fixed – severe

Please note any other areas of joint malalignment or limitations in range of motion (e.g. knee hyperextension or angular or torsional deformities).

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Note variations to testing protocols or positions here:

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### Graph

*Plot the mean values for each section to obtain a visual representation of the scores*

