

3 Plane Self-Assessment

Name: _____

Date: _____

Sagittal Plane: forward and back

Culprit	Step Forward	Mobility	Stability	Symptoms
	Right leg still			
	Left leg still			
	Step Backward			
	Right leg still			
	Left leg still			

Frontal Plane: Step out to side and step across

Culprit	Step out to side	Mobility	Stability	Symptoms
	Right leg still			
	Left leg still			
	Step across			
	Right leg still			
	Left leg still			

Transverse Plane: turn away and toward

Culprit	Turn away	Mobility	Stability	Symptoms
	Right leg still			
	Left leg still			
	Turn toward			
	Right leg still			
	Left leg still			

Homework

Sagittal: _____

Frontal: _____

Transverse: _____
