

STATIC OBSERVATION SHEET

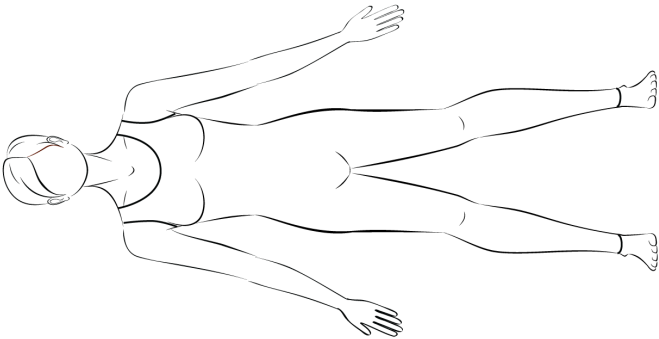
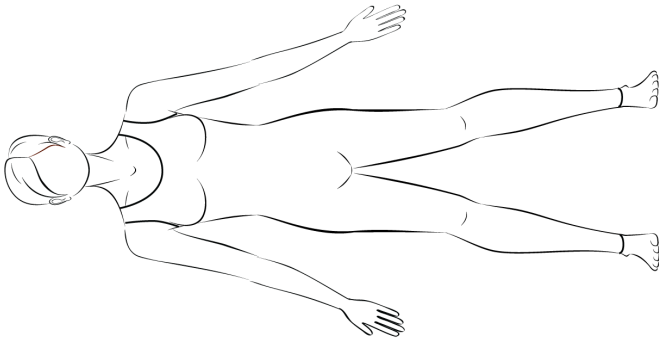
Name _____ Date _____

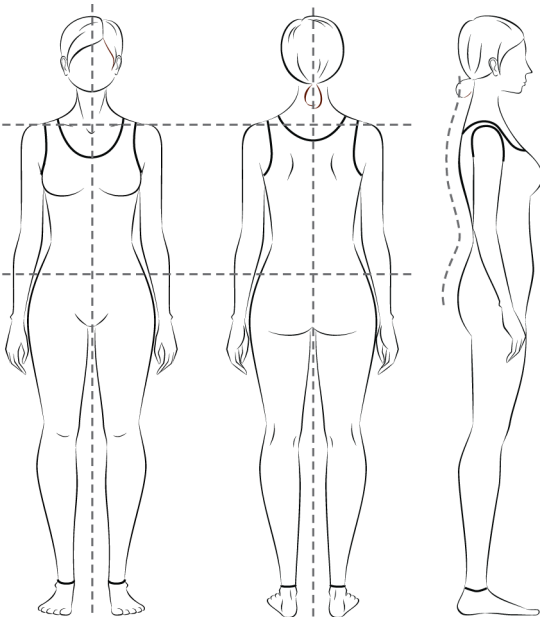
Challenges _____

SUPINE

Teacher's Observations

Student's Observations





- Cervical curve _____
- Thoracic curve _____
- Lumbar curve _____
- Head _____
- Shoulders _____
- Arms _____
- Pelvis _____
- Hips _____
- Knees _____
- Ankles/Feet _____

