








Name: _____ Date: _____ Visit #: _____ % Better _____ Und _____ HEP _____ Therapist: _____

Total Motion Release® FAB 5 - Advanced

Follow The Numbers

www.totalmotionrelease.com

 1 Find Issue And Motion That Makes It Worse	 2 Perform Motion On Opposite Side Until Issue Plateaus	 2 Awareness of Issue Intensity, Touch R.O.M., Speed	 3 Test All 5 Motions. Compare Left to Right	 4 Rank: 1 thru 5 1 = Greatest Difference 5 = Least Difference	5 RETEST	 6 FAB 5 Issue Exercise the Good Side Until The Issue Is Fixed, Plateaus, or Increases	 7 Re-Check Awareness of Issue
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S: _____

A: Need Help:
 Step 1, Step 2, Step 3, Step 4, Step 5,
 Step 6, Step 7

P: _____
 Units: _____

2 Awareness of Issue

Intensity: (Hi, Med., Low)

Touch: _____
 Where: _____
 How: _____

R.O.M.: (Full, Good, Fair, Poor)

Speed: (Fast, Med., Slow)

1 Issue of Session: _____
 Motion That Makes It Worse: _____ %
 Perform to Opposite Side: _____ % _____ % _____ % _____ % _____ % _____ %

3 Test All 5	Bad Side	% 0-100	4 Rank	RETEST	Re-check FAB5 Bad Side %	6 Re-check The Issue %	Intensity	Touch	R.O.M.	Speed
Arm Raise				5						
Twist										
Leg Raise										
Sit-to-Stand										
Bent Knee Toe Reach										

7 B=Better, W=Worse, U=Unchanged

What did you learn new today? _____
 What do you feel about our session Today? _____