









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

Total Motion Release® FAB 5 - Basic

www.totalmotionrelease.com

Follow The Numbers

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

				
Arm Raise 2 X 20 Sec.	Twist 2 X 20 Sec.	Leg Raise 2 X 20 Sec.	Sit-To-Stand 2 X 12 Reps.	Bent Knee Toe Reach 2 X 20 Sec.

Start With Knee Straight, Then Lift Leg.

This foot 1 inch off the ground

Bend Knee

1 Issue of Session: _____
 Motion That Makes It Worse: _____ %

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
							7 B=Better, W=Worse, U=Unchanged			
Arm Raise				5						
Twist										
Leg Raise										
Sit-to-Stand										
Bent Knee Toe Reach										

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

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