

AGILITY TEST

Today's Date: _____

PARTICIPANT/PATIENT NAME		DATE OF BIRTH	AGE
HEIGHT	WEIGHT	BMI	WAIST DIAMETER (at umbilicus in inches)

LIFT TYPE	Weight Used	Able	Unable	*If unable, what is weight able to lift?
Floor to Waist				
Waist to Shoulder				
Floor to Shoulder				
GRIP TESTING (JAMAR)	1 st	2 nd	3 rd	
Right				
Left				
Dominant Hand?	R	L		

All repetitions at _____ lbs were in repetitions of _____ total.

Floor to shoulder repetitions at _____ lbs were 10 total.

- Cleared for **heavy** work
- Cleared for **very heavy** work
- Not cleared for lifting

Definitions

Heavy work:
50 – 100 lbs occasionally
25 – 50 lbs frequently
10 – 20 lbs constantly

Very heavy work:
over 100 lbs occasionally
over 50 lbs frequently
over 20 lbs constantly

Proper body mechanics were explained and used during testing

Test conducted by: _____

Date: _____

Provider reviewed: _____

Date: _____