LEVEL 1: ASSESSMENT SHEET

LPF Low Pressure Fitness

Name: .....

Age: ..... Weight: ..... Height: .....

	Assessment 1	Assessment 2	Assessment 3
Date and hour			
Day cycle			

PERINEAL COMPETENCE	*Standing and/or sitting*	YES		NO		YES		NO		YES		NO				
	Supine	YES		NO		YES		NO		YES		NO				
ABDOMINAL COMPETENCE	*Standing and/or sitting*	0	1	2	3	0	1	2	3	0	1	2	3			
	Supine	0	1	2	3	0	1	2	3	0	1	2	3			
ABDOMINAL CO-ACTIVATION	*Standing and/or sitting*	0	1	2	3	0	1	2	3	0	1	2	3			
	Supine	0	1	2	3	0	1	2	3	0	1	2	3			
DIASTASIS RECTI *Passive and active*	*Infraumbilical (fingers)*	*Passive:*		*Active:*		*Passive:*		*Active:*		*Passive:*		*Active:*				
	Supraumbilical (fingers)	*Passive:*		*Active:*		*Passive:*		*Active:*		*Passive:*		*Active:*				
	Effort competence	YES		NO		YES		NO		YES		NO				
ABDOMINAL TONE	*At rest*	0	1	2	3	0	1	2	3	0	1	2	3			
	Abdominal breathing	0	1	2	3	0	1	2	3	0	1	2	3			
	Difference (breathing-at rest)															
DIAPHRAGMATIC TONE	*Left side*	0	1	2	3	0	1	2	3	0	1	2	3			
	Right side	0	1	2	3	0	1	2	3	0	1	2	3			

**Legend:* *0=very little; 1=a little; 2=some; 3=much*

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WAIST CIRCUMFERENCE	*At rest (cm)*			
	Hypopressive technique (cm)			
WALL-OCCIPITAL *(fingers or cm)*	*Postive*			
	Negative			
RIBS-PELVIS *(fingers or cm)*	*Postive*			
	Negative			
PELVIC POSITION	*Neutral*			
	Anteversion			
	Retroversion			
PELVIC-THORACIC RELATIONSHIP	*Neutral*			
	Posterior			
	Anterior			

NOTES/OBSERVATIONS