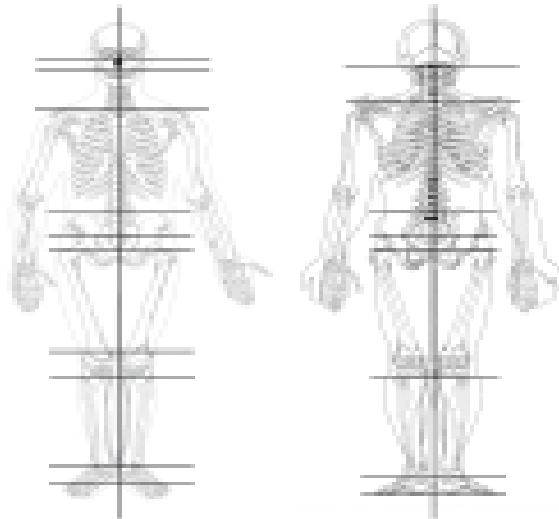


Chiropractic Posture Chart

Date: _____ Doctor: _____
 Patient's Name: _____ Ref #: _____
 Date of Birth: _____ Age: _____ Gender: Male Female
 Insurance Details: _____



Standing Posture		
Body Parts	Scoring	
	L	R
Head		
Neck		
Shoulders		
Upper Back		
Lower Back		
Spine		
Torso		
Abdomen		
Hips		
Knees		
Ankles		

Prone Posture		
Body Parts	Scoring	
	L	R
Head		
Neck		
Shoulders		
Upper Back		
Lower Back		
Spine		
Torso		
Abdomen		
Hips		
Knees		
Ankles		

Supine Posture		
Body Parts	Scoring	
	L	R
Head		
Neck		
Shoulders		
Upper Back		
Lower Back		
Spine		
Torso		
Abdomen		
Hips		
Knees		
Ankles		