

MUSCLE STRENGTH TEST

Client Name

Start Date

Muscle/Muscle Group Tested

Type of Test Performed

Ⓐ side dominant

Ⓑ side dominant

Date	Ⓐ %	Ⓑ %	Comments/Observations

Muscle/Muscle Group Tested

Type of Test Performed

Ⓐ side dominant

Ⓑ side dominant

Date	Ⓐ %	Ⓑ %	Comments/Observations