

# McMaster Golf Motor Pattern Tests



**WRITE WHAT YOU SEE!!**

**Name:** ..... **Handicap:**..... **R / L Handed** **Date:**.....

boxes where there are anomalies in specific areas      AGE:.....    CATEGORY:.....

	Check List / Comments  Compensations	Test Camera Position Front On Check Common Breakdowns	Test Camera Position Side On Check Common Breakdowns	Test Camera Position Back On Check Common Breakdowns	Comments / Abnormalities  Postural Patterns Noted
<b>1</b>	<b>Front On</b>  Ear position ..... ..... Right Shoulder Triangle / Position..... ..... Left Shoulder Triangle / Position..... ..... Arm Position ..... ..... Armpit Level ..... ..... Nipple Level ..... ..... Upper Abs/Lower Abs Ratio ..... ..... Pelvis Position ..... ..... Lower Body Position..... ..... Foot Position..... .....	<b>1 Anomaly</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>2 Anomalies</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>3 Anomalies</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....

2	Side On Arms 90° Flexion	1 Anomaly	2 Anomalies	3 Anomalies	Right	Left
2A	Posture & Dynamic Posture Alignment ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
2B	Static Position .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
2C	Arm Elevation Under Load .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Arm Elevation Under Speed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Neck Control .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Shoulder Control .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Trunk Control .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Lower Body Position .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
3	Back On	1 Anomaly	2 Anomalies	3 Anomalies	.....	.....
	Thumbs Up Drill .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Position Check of Shoulders .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Dynamic Neck Position Changes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Dynamic Shoulder Position Changes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Dynamic Spine Position Changes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
	Lower Body Position .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....

<p><b>4</b></p>	<p><b>Cervical Thoracic Isolation Test Back On</b></p> <p>Position Check of Cervio Thoracic Girdle .....</p> <p>Position Check of Shoulders .....</p> <p>Dynamic Neck Position .....</p> <p>Dynamic Shoulder Position .....</p> <p>Dynamic Spine Position .....</p> <p>Lower Body Position .....</p>	<p><b>1 Anomaly</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>2 Anomalies</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>3 Anomalies</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>5</b></p>	<p><b>Wrist Flexion      Extension Test</b></p> <p>Neck Position .....</p> <p>Spine Position .....</p> <p>Trunk Position .....</p>	<p><b>1 Anomaly</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>2 Anomalies</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>3 Anomalies</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>Right                      Left</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>6</b></p>	<p><b>Neck/Upper Body Dissociation Front On</b></p> <p>Upper Body .....</p> <p>Middle Body .....</p> <p>Lower Body .....</p>	<p><b>1 Anomaly</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>2 Anomalies</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>3 Anomalies</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>Right                      Left</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

7	<b>Pelvic Tilt with Segmented Dissociation Arms &amp; Shoulders at 90° Side On</b>  Upper Body ..... ..... Middle Body ..... ..... Lower Body ..... .....	<b>1 Anomaly</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>2 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>3 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	..... ..... ..... ..... .....
8	<b>Trunk Side Flexion Back On</b>  Upper Body ..... ..... Middle Body ..... ..... Lower Body ..... .....	<b>1 Anomaly</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>2 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>3 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	..... ..... ..... ..... .....
9	<b>Trunk Rotation Tray Test 45° Side On</b>  Upper Body ..... ..... Middle Body ..... ..... Lower Body ..... .....	<b>1 Anomaly</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>2 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>3 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	..... ..... ..... ..... .....
10	<b>Crucifix ½ Squat w. 1 Leg Balance</b>  Upper Body ..... ..... Middle Body ..... .....	<b>1 Anomaly</b>	<b>2 Anomalies</b>	<b>3 Anomalies</b>	<b>Right</b> <b>Left</b> ..... ..... ..... .....

	Lower Body .....				..... .....
<b>11</b>	<b>Position of Right Arm at Transition</b>  Upper Body ..... ..... Middle Body ..... ..... Lower Body ..... .....	<b>1 Anomaly</b>	<b>2 Anomalies</b>	<b>3 Anomalies</b>	..... ..... ..... ..... .....

<b>12</b>	<b>Contralateral Shoulder/Hip Test Back On</b>  Upper Body ..... ..... Middle Body ..... ..... Lower Body ..... .....	<b>1 Anomaly</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>2 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>3 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	..... ..... ..... ..... .....
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<b>13</b>	<b>Superman Test Back On, Side On and/or Gluteus Medius Maximus Dissociation Front On &amp; Back On</b>  Upper Body ..... ..... Middle Body ..... ..... Lower Body ..... .....	<b>1 Anomaly</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>2 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>3 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	..... ..... ..... ..... .....
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<b>14</b>	<b>Squat Test Back On &amp; Front On</b>  Upper Body ..... ..... Middle Body ..... ..... Lower Body ..... .....	<b>1 Anomaly</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>2 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>3 Anomalies</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	..... ..... ..... ..... .....
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<b>15</b>	<b>Stepper w. Posture</b>				.....
	Upper Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Middle Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Lower Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>16</b>	<b>Stepper with Bar Rotation</b>				.....
	Upper Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Middle Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Lower Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

<b>17</b>	<b>Jump Test Back On, Side On, Front On</b>	<b>1 Anomaly</b>	<b>2 Anomalies</b>	<b>3 Anomalies</b>	.....
	Upper Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Middle Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Lower Body .....				.....
	.....				.....

<b>18</b>	<b>Golf Set Up Back On</b>	<b>1 Anomaly</b>	<b>2 Anomalies</b>	<b>3 Anomalies</b>	.....
	Upper Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Middle Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Lower Body .....				.....
	.....				.....

<b>19</b>	<b>Front On Golf Set Up</b>	<b>1 Anomaly</b>	<b>2 Anomalies</b>	<b>3 Anomalies</b>	.....
	Upper Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Middle Body .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
	Lower Body .....				.....
	.....				.....

					..... ..... ..... .....
<b>20</b>	<b>Side On / Right</b> Upper Body ..... ..... Middle Body ..... ..... Lower Body ..... .....	<b>1 Anomaly</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>2 Anomalies</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>3 Anomalies</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	..... ..... ..... ..... .....

<b>21</b>	<b><math>\frac{3}{4}</math> Position in Rotation in Golf Swing Position</b> Upper Body ..... ..... Middle Body ..... ..... Lower Body ..... .....	<b>1 Anomaly</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>2 Anomalies</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>3 Anomalies</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	..... ..... ..... ..... .....
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