

NAME: _____

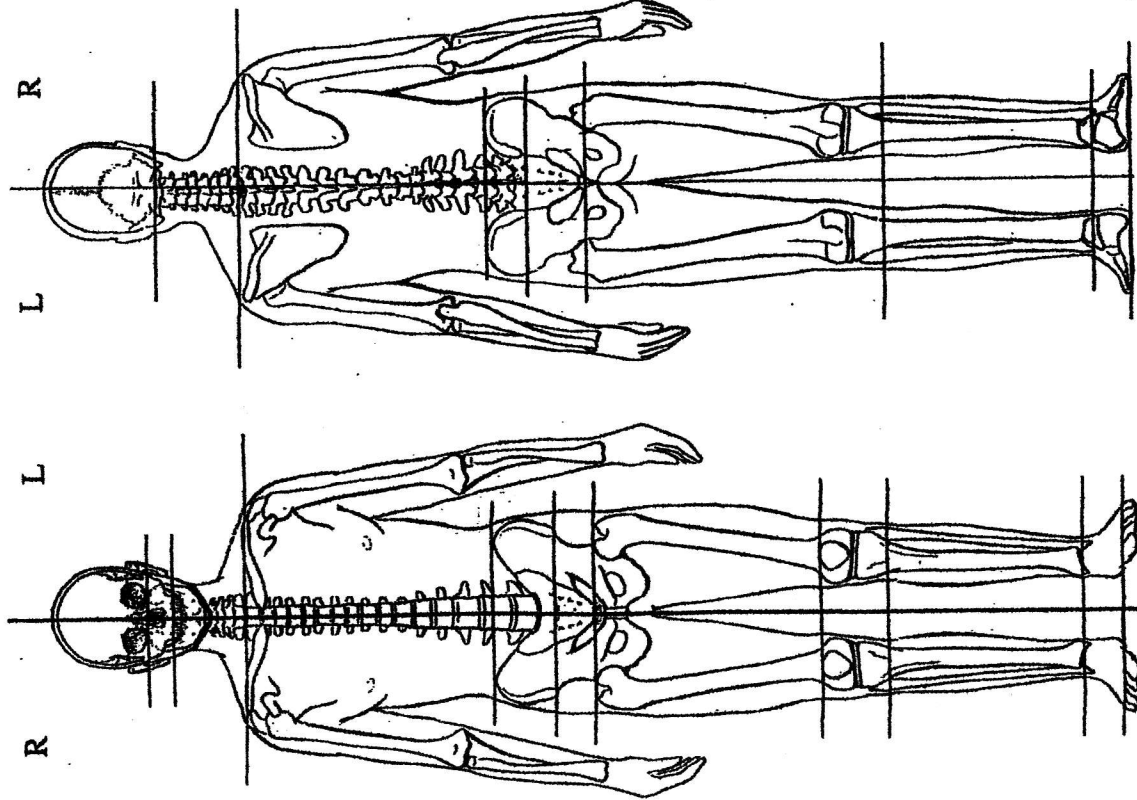
DATE: _____

POSTUROLOGY CHART

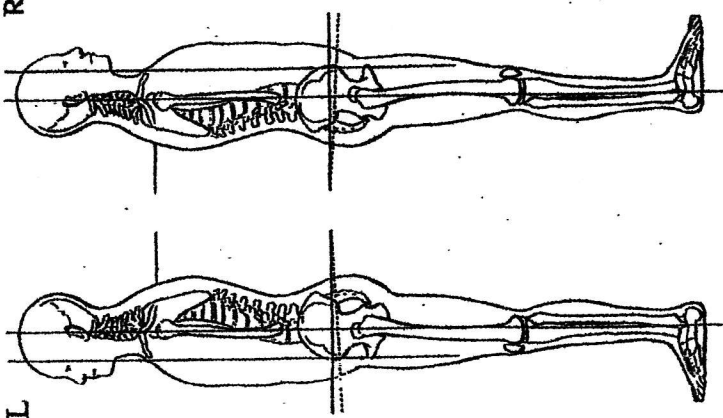
THERAPIST: _____

STANDING

R L



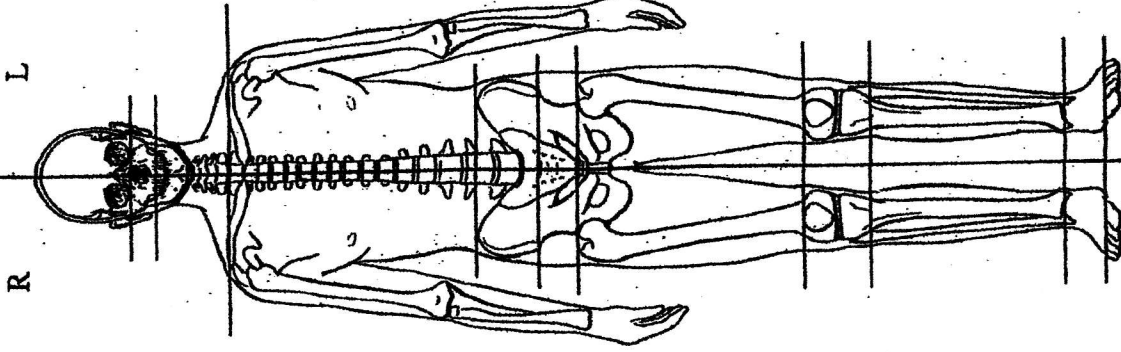
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SUPINE

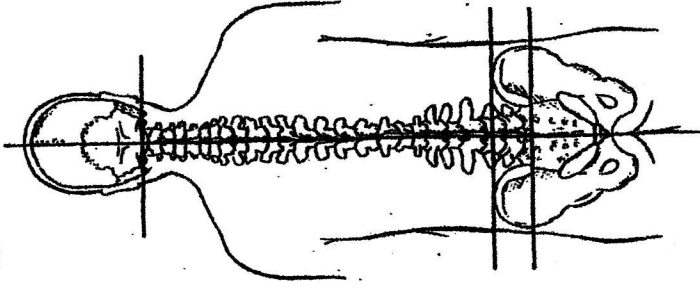
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SITTING

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LLLI?

Fixations?

SPM's?

Demands?

Handwritten notes and horizontal lines for recording observations.