

# Movement Analysis of Task(s) Template

When assessing & documenting tasks, ask yourself: **Does the patient demonstrate appropriate...**

Task initial conditions:

Progression/Regression:

Preparation:

Initiation:

**Construct Observations:**

**Hypothesis:**

**Tests & Measures:**

- Coordination?
  - Sequencing and Timing?

- Smoothness?

- Postural Control?

- Verticality?

- Stability?

- Alignment?

- Amplitude?

- Speed?

- Symptom Provocation?

Execution

**Termination:**

Quinn L, Riley N, Tyrell CM, et Al. A Framework for Movement Analysis of Tasks: Recommendations from the Academy of Neurological Physical Therapy's Movement System Task Force. Physical Therapy. 2021;101(9). doi: <https://doi.org/10.1093/pts/pzab154>

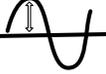
Tyrell CM, Judd D, Riley N, Herman L D, Kleinschmidt L, Doyle L, Lambert M, Quinn L. Movement Analysis of Tasks: An Update From the Academy of Neurological Physical Therapy's Taskforce. J Neurological Physical Ther. 2025 Dec 22. doi: 10.1097/NPT.0000000000000542. Epub ahead of print PMID: 41428396.

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## How to use form:

- During an evaluation choose patient relevant tasks and observe first, prior to implementing any tests and measures.
- While you observe a task take note of atypical movement patterns; jot down your observations under the associated movement construct.
  - Take note in which stage of the movement continuum the observation occurred.
- Formulate potential hypotheses for the atypical movement observation(s).
- Determine what test & measure you want to perform to confirm/reject your hypothesis.
- Repeat for as many tasks as you need to get a full clinical picture.

Coordination		<b>Sequencing &amp; Timing</b>	The spatial organization and temporal structure of different body segments to complete a task. Including: Initiation, execution, and termination.	Ex: Delayed initiation; delayed stepping strategy; 180 degree phasing for arm swing.
		<b>Smoothness</b>	The ability to complete a task in a continual fashion without interruptions in velocity or trajectory.	Ex: Hesitancy during reach task; jerkiness of limb advancement during swing phase; intention tremor.
	Postural Control		<b>Verticality</b>	The ability to orient the body in relation to the line of gravity.
		<b>Stability</b>	The ability to control the body's center of mass in relation to the base of support.	Ex: Increased sway; loss of balance during reach.
		<b>Alignment</b>	Biomechanical relationship of body segments to one another as well as to the base of support, in order to achieve the task.	Ex: Elevated shoulder, genu varus/valgus; retracted pelvis; scoliosis.
		<b>Amplitude</b>	The extent or range of movement, either whole body or body segments, used to complete a task.	Ex: Low amplitude of arm swing; asymmetric step length in individuals with stroke.
		<b>Speed</b>	Rate of change or velocity of segment or body displacement for task execution.	Ex: Time to walk 10 meters turn and walk back; time to complete reaching tasks.
		<b>Symptom Provocation</b>	An observation or patient report of symptoms; movement that evokes a particular response.	Ex: Change in oxygen saturation, heart rate; patient reported measures pain, dizziness, fear.

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	Construct Observations:	Hypothesis:	Tests & Measures:
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	<input type="checkbox"/> <u>Smoothness?</u>		
	<input type="checkbox"/> <u>Verticality?</u>		
	<input type="checkbox"/> <u>Stability?</u>		
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