

**Test 5.** Quadruped position. Transfer of the pelvis backwards and forwards (“rocking”) keeping low back in neutral. Starting position 90° hip flexion.

120° of hip flexion without movement of the low back by transferring pelvis backwards.



Hip flexion causes flexion in the lumbar spine (typically the patient not aware of this).



Rocking forwards to 60° hip flexion without movement of the low back.



Hip movement leads to extension of the low back



**Test 6.** Prone lying active knee Flexion

Active knee flexion at least 90° without movement of the low back and pelvis.



By the knee flexion low back does not stay neutral maintained but moves in extension or rotation



**Rating protocol:** As the subjects did not know the tests, only clear movement dysfunction was rated as “not correct”. If the movement control improved by instruction and correction, it was considered that it did not infer a relevant movement dysfunction.