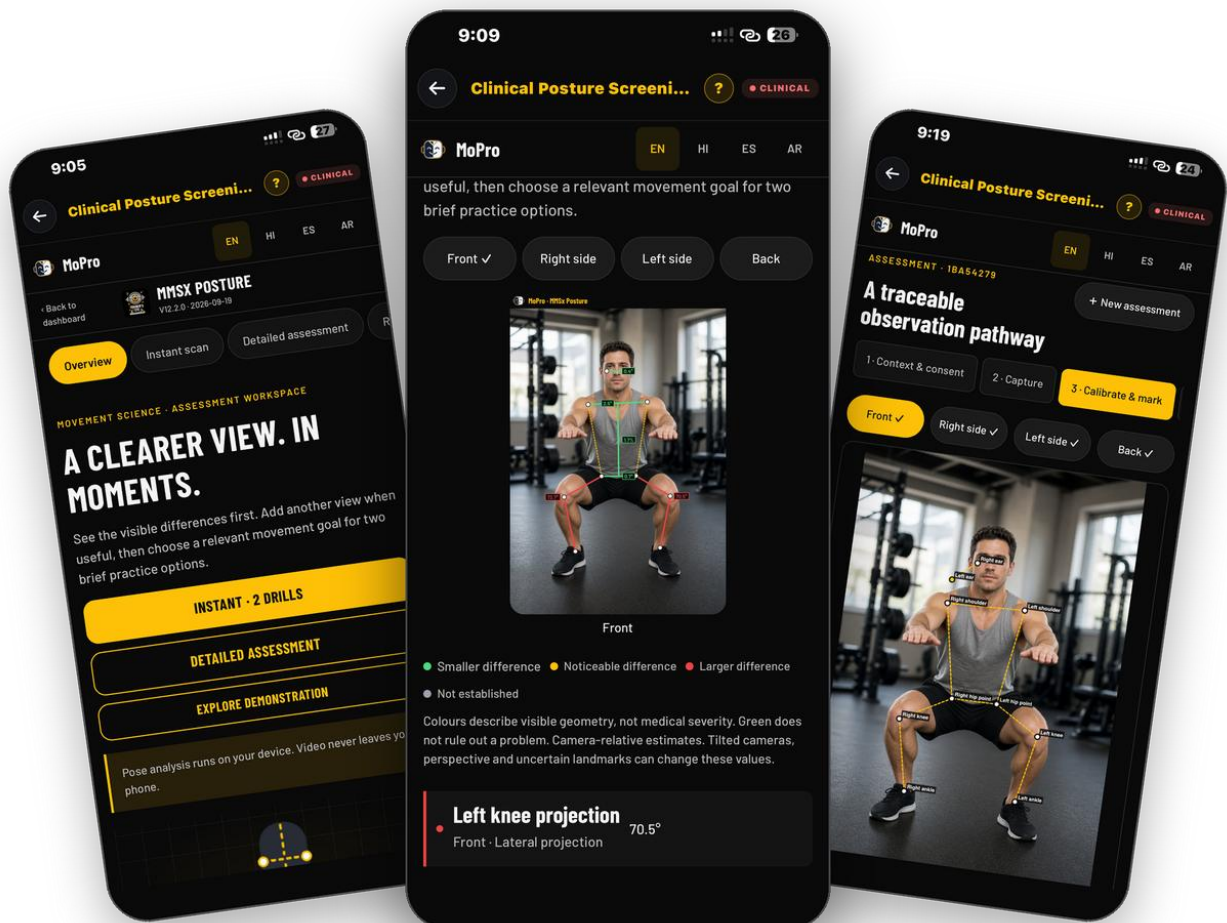


USER GUIDE

Clinical Posture Screening

A four-view posture screen from photographs – visible differences first, then a traceable clinical assessment and an A4 record.

How to use the tool, step by step – in the TrainersEye app



What is Clinical Posture Screening?

Clinical Posture Screening is the TrainersEye posture workspace, run by the MMSx Posture engine. Instant scan starts with a photograph: capture the front, right side, left side and back, and the on-device pose model draws the ear, shoulder, hip and knee lines on each view, colours every difference green, amber or red by its visible size, and writes a Posture Observation & Movement Guide on one A4 page. Detailed assessment runs a traceable pathway — context and consent, capture, calibrate and mark — with a method and instrument behind every one of its nineteen measurements and a one-page observation card. Pose analysis runs on the phone; video never leaves it. Colours describe visible geometry, not medical severity: every finding needs qualified clinical review.

Four views from photographs

Front, right side, left side and back, each drawn with ear, shoulder, hip and knee lines and the measured differences.

Colour by visible size

Green, amber and red mark smaller, noticeable and larger differences; grey means not established. Geometry, not severity.

A traceable pathway

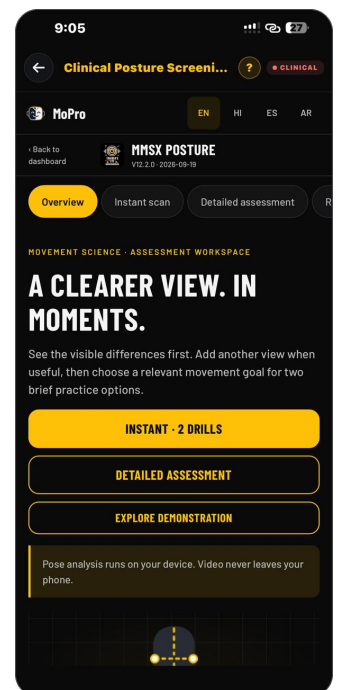
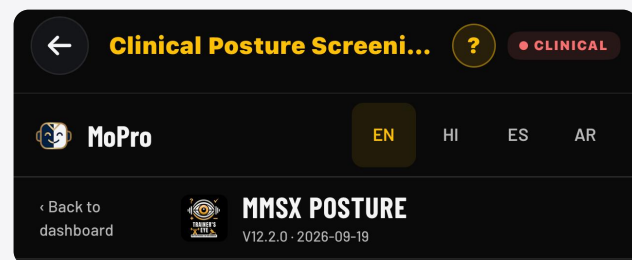
Detailed assessment records context and consent, capture, calibration and marking, and the method behind every measurement.

A4 records

The instant scan prints a Posture Observation & Movement Guide; the assessment prints a one-page observation card.

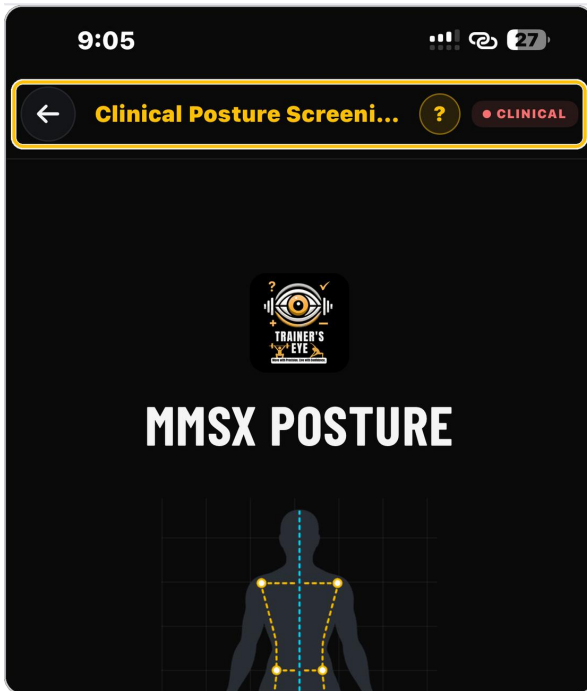
Where to find it

Open the TrainersEye app, go to the Dashboard and tap Clinical Posture Screening. It is a Clinical-plan tool — the CLINICAL badge sits beside the title.



This guide in thirteen steps

- 1 Open the tool
- 2 Choose your language
- 3 Three ways in
- 4 Consent first
- 5 Capture the views
- 6 Read a view
- 7 Read the findings
- 8 Your observation summary
- 9 Start the traceable pathway
- 10 Calibrate and mark
- 11 The measurement cards
- 12 Print or save the report
- 13 The one-page observation card


PART 1 · GETTING STARTED

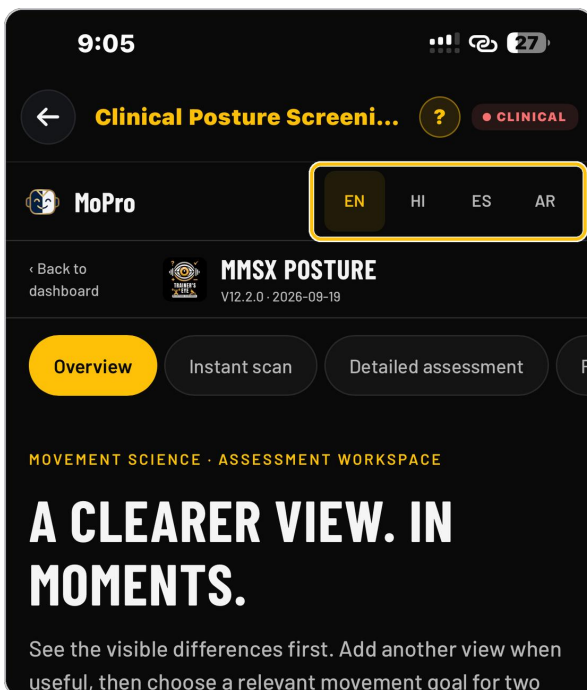
STEP 1

Open the tool

From the Dashboard, tap Clinical Posture Screening. The MMSx Posture engine starts – you can play the start-up sound – and the tool opens on its Overview. It is a Clinical-plan tool; the CLINICAL badge sits beside the title, with the question mark for help.

TIP

The back arrow at the top left returns to the Dashboard from any screen; the question mark opens help.


PART 1 · GETTING STARTED

STEP 2

Choose your language

Pick EN, HI, ES or AR beside the MoPro header. Back to dashboard sits under it, and the tabs – Overview, Instant scan and Detailed assessment – run across the top of the workspace.

TIP

The line under MMSx Posture shows the engine version and build date – quote it when you report a problem.

A CLEARER VIEW. IN MOMENTS.

See the visible differences first. Add another view when useful, then choose a relevant movement goal for two brief practice options.

INSTANT · 2 DRILLS

DETAILED ASSESSMENT

EXPLORE DEMONSTRATION

Pose analysis runs on your device. Video never leaves your phone.

PART 1 · GETTING STARTED

STEP 3

Three ways in

The Overview explains the method — see the visible differences first, add another view when useful, then choose a relevant movement goal for two brief practice options — and offers three doors: Instant · 2 drills, Detailed assessment and Explore demonstration. Pose analysis runs on your device; video never leaves your phone.

TIP

New to the tool? Explore demonstration walks the whole flow on sample photographs, with no participant needed.

INSTANT SCAN

START WITH A PHOTOGRAPH

Consent first. You can complete the movement checks after the scan.

Participant reference



The participant is 18 or older, agrees to this observation and authorises these photographs.

► Movement checks — optional before capture

Pose analysis runs on your device. Video never leaves your phone.

OPEN CAMERA

PART 2 · INSTANT SCAN

STEP 4

Consent first

Instant scan starts with a photograph, but consent comes first. Enter a participant reference and tick the box confirming the participant is 18 or older, agrees to the observation and authorises the photographs. Movement checks are optional before capture and can be completed after the scan.

TIP

Use a reference code rather than a name — the reference prints on every report.

after the scan.

Participant reference

✓ The participant is 18 or older, agrees to this observation and authorises these photographs.

► Movement checks — optional before capture

Pose analysis runs on your device. Video never leaves your phone.

OPEN CAMERA

TRY INSTANT DEMONSTRATION

PART 2 · INSTANT SCAN

STEP 5

Capture the views

Tap Open camera and photograph the participant from the front, the right side, the left side and the back. Try instant demonstration runs the same steps on sample photographs.

TIP

Level the camera at hip height and keep the whole body in frame: tilted cameras, perspective and uncertain landmarks change the values.

useful, then choose a relevant movement goal for two brief practice options.

Front ✓

Right side

Left side

Back



Front

● Smaller difference ● Noticeable difference ● Larger difference

PART 2 · INSTANT SCAN

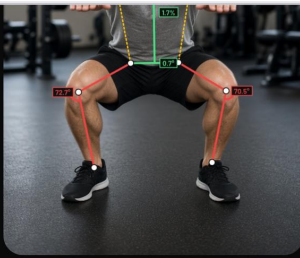
STEP 6

Read a view

Each captured view shows the pose lines drawn on the photograph — ear line, shoulder line, trunk shift, hip line and the two knee projections — with the measured value on each. Green means a smaller difference, amber a noticeable one, red a larger one; grey means not established. Tap the view chips to move between Front, Right side, Left side and Back.

TIP

Colours describe visible geometry, not medical severity. Green does not rule out a problem.



Front

- Smaller difference ● Noticeable difference ● Larger difference
- Not established

Colours describe visible geometry, not medical severity. Green does not rule out a problem. Camera-relative estimates. Tilted cameras, perspective and uncertain landmarks can change these values.

● **Left knee projection** 70.5°
 Front · Lateral projection

PART 2 · INSTANT SCAN
STEP 7

Read the findings

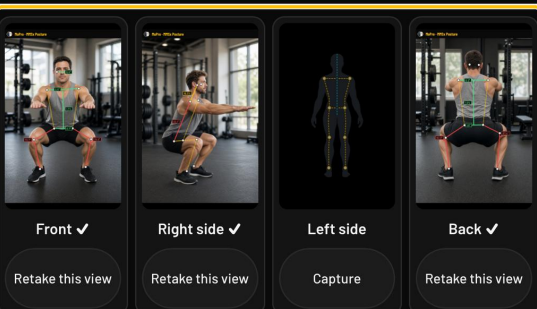
Under the photograph, every finding is a tile: its name, the view and projection it comes from, the value and its colour bar – Left knee projection, Front · Lateral projection, 70.5°, for example. The note above the tiles reminds you that these are camera-relative estimates.

TIP

Read the tiles view by view; a red tile is a prompt to look, not a diagnosis.

YOUR OBSERVATION SUMMARY

Complete the context and consent check first.

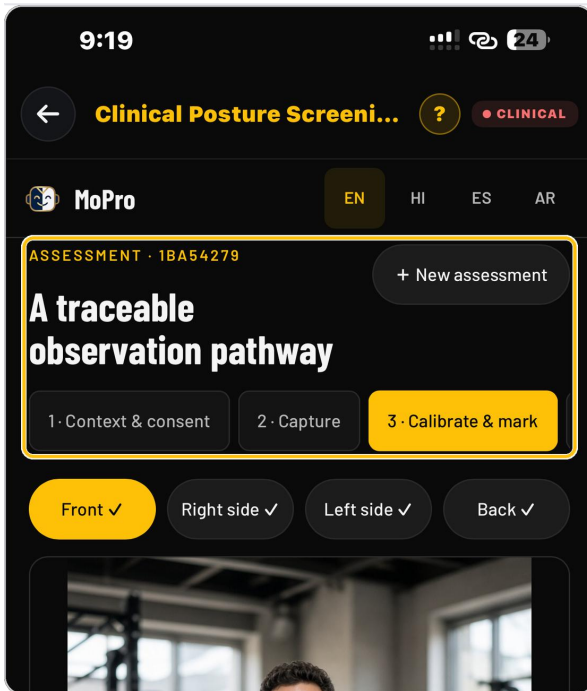

NEXT VIEW
**PRINT / SAVE A4
 PDF**
PART 2 · INSTANT SCAN
STEP 8

Your observation summary

The summary shows the four views with a tick on each one captured, Retake this view under each and Capture under any still missing. Next view continues the capture; Print / Save A4 PDF makes the report. The banner tells you what is still required, such as completing the context and consent check.

TIP

A missing view is recorded as View not captured on the report – capture all four when you can.



PART 3 · DETAILED ASSESSMENT

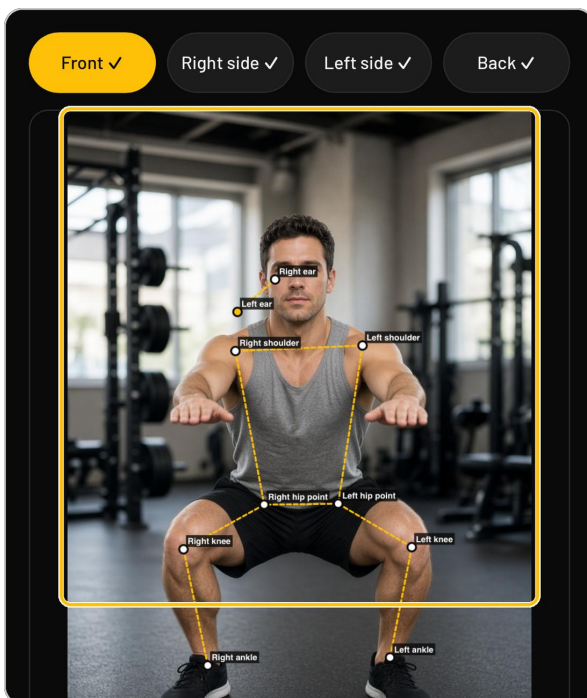
STEP **9**

Start the traceable pathway

Detailed assessment records an assessment with its own ID and walks a numbered pathway: 1 · Context & consent, 2 · Capture, 3 · Calibrate & mark. New assessment starts another participant.

TIP

The assessment ID appears on the observation card, so a printed card can always be matched to its record.



PART 3 · DETAILED ASSESSMENT

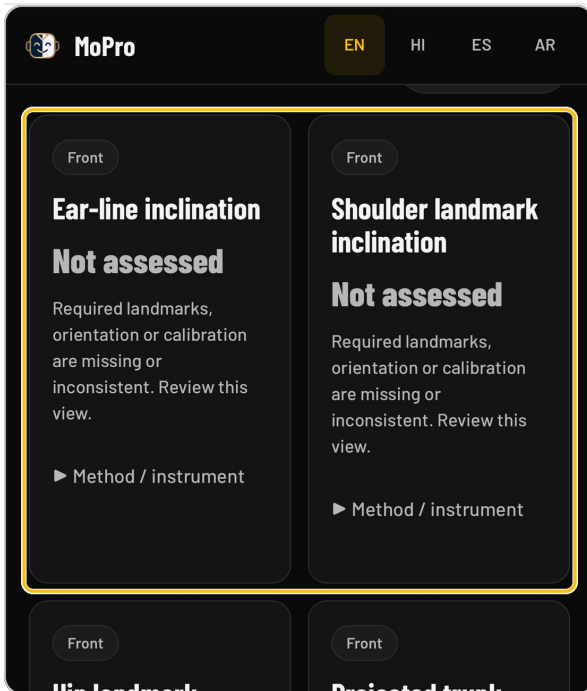
STEP **10**

Calibrate and mark

In Calibrate & mark, each view carries named landmarks — right and left ear, shoulder, hip point, knee and ankle — placed by the model and shown on the photograph. Check them view by view; the calibration trace records the image size and the landmark method for each.

TIP

Landmarks, orientation and calibration must be consistent before a measurement can be assessed.

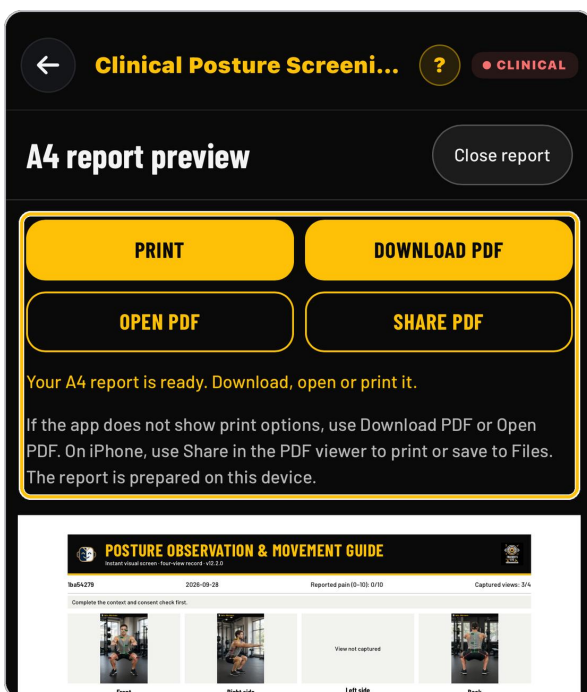

PART 3 · DETAILED ASSESSMENT
STEP 11

The measurement cards

Every measurement is a card by view – Ear-line inclination, Shoulder landmark inclination, Hip landmark inclination, Projected trunk offset and more, nineteen in all. A card reads Not assessed until its landmarks, orientation and calibration are consistent; Method / instrument opens how it is measured.

TIP

Protocol coverage on the card counts how many of the nineteen measurements were assessed.


PART 4 · REPORT AND PRINT
STEP 12

Print or save the report

Print / Save A4 PDF opens the A4 report preview with four buttons: Print, Download PDF, Open PDF and Share PDF. If the app shows no print options, use Download PDF or Open PDF; on iPhone, use Share in the PDF viewer to print or save to Files. The report is prepared on the device.

TIP

Close report returns you to the summary without losing the record.

OPEN PDF

SHARE PDF

Your A4 report is ready. Download, open or print it.

If the app does not show print options, use Download PDF or Open PDF. On iPhone, use Share in the PDF viewer to print or save to Files. The report is prepared on this device.


MMSX POSTURE
 One-page posture observation card - v12.2.0

Nbd4279: 2020-09-28 geometry-7.0.0
 Observations may be documented. Individual clinical review is needed before a movement plan.
 Assessment goal:
 Reported pain (0-10): 0/10 Symptoms and relevant context:

0/19
 Protocol coverage: — MMSx supplied screening index

View	Measurement	Result
Front	Ear-line inclination	Not assessed
Front	Shoulder landmark inclination	Not assessed
Front	Hip landmark inclination	Not assessed
Front	Projected trunk offset	Not assessed
Front	Left projected knee angle	Not assessed
Front	Right projected knee angle	Not assessed
Right side	Projected trunk lean	Not assessed
Right side	Projected sagittal knee angle	Not assessed
Right side	Marker-based coronomedial angle	Not assessed
Right side	Marker-based pelvic inclination	Not assessed
Right side	Trapezius-CT horizontal offset	Not assessed
Left side	Projected trunk lean	Not assessed
Left side	Projected sagittal knee angle	Not assessed
Left side	Marker-based coronomedial angle	Not assessed
Left side	Marker-based pelvic inclination	Not assessed
Left side	Trapezius-CT horizontal offset	Not assessed
Back	Shoulder landmark inclination	Not assessed
Back	Hip landmark inclination	Not assessed
Back	Projected trunk offset	Not assessed

Calibration trace
 Front 78% x 100%px — / — Model-assisted landmarks

PART 4 · REPORT AND PRINT

STEP 13

The one-page observation card

The detailed assessment prints its own card: protocol coverage out of nineteen and the MMSx screening index, the findings table by view and measurement, the calibration trace, the assessor observations and functional assessment log, next steps and follow-up, and the assessor identifier and review date. Movement planning is withheld until context, functional assessment and referral requirements are addressed.

TIP

MMSx screening bands are decision-support bands, not diagnostic cut-offs; structural findings need clinical confirmation or referral.



You're ready

That's it. Open Clinical Posture Screening and capture the first view.

Reading the A4 report

The instant scan prints one A4 Posture Observation & Movement Guide. Here is what each part means.



POSTURE OBSERVATION & MOVEMENT GUIDE
 Instant visual screen - four-view record - v12.2.0

1ba54279 2026-09-28 Reported pain (0-10): 0/10 Captured views: 3/4

Complete the context and consent check first.

Front Right side Left side Back

Visible posture findings

Front	Right side	Left side	Back
Ear-line tilt Near level in this image	Side-view trunk lean Anterior projection	View not captured	Shoulder-line tilt Near level in this image
Shoulder-line tilt Left point higher	Side-view knee angle Not established	10	Hip landmark tilt Right point higher
Hip landmark tilt Left point higher	Ear-shoulder offset / trunk length Anterior projection	5	Trunk shift / shoulder width Towards anatomical left
Trunk shift / shoulder width Towards anatomical right			Left knee projection Lateral projection
Left knee projection Lateral projection			Right knee projection Lateral projection
Right knee projection Lateral projection			

● Smaller difference ● Noticeable difference ● Larger difference ● Not established

Colours describe visible geometry, not medical severity. Green does not rule out a problem. Camera-relative estimates. Tilted cameras, perspective and uncertain landmarks can change these values.

Movement programme
 Complete the safety questions first. Confirm comfortable readiness above. Choose one to three movement goals. Record the relevant comfortable task checks.

Method: on-device landmark estimates; 2D camera-relative geometry. Confirm important findings with a qualified professional. PMSx screening bands are decision-support bands, not diagnostic cut-offs. Structural findings require clinical confirmation or referral. Summary card. The full export retains every view, value, method and note.

- 1 Report masthead**
 Posture Observation & Movement Guide – instant visual screen, four-view record and the engine version, with the MoPro and Trainer's Eye marks.
- 2 Record line**
 Assessment ID, date, reported pain out of 10 and how many of the four views were captured.
- 3 Status banner**
 What the record still needs – for example the context and consent check.
- 4 Four views**
 Front, right side, left side and back as captured; a missing one reads View not captured.
- 5 Visible posture findings**
 Each view's findings with the colour bar, the measurement, a plain note and the value.
- 6 Legend**
 Smaller, noticeable and larger difference; not established.
- 7 Geometry note**
 Colours describe visible geometry, not medical severity; green does not rule out a problem; camera-relative estimates.
- 8 Movement programme**
 The rules before any drills – safety questions, comfortable readiness, one to three movement goals, the task checks.
- 9 Method line**
 On-device landmark estimates, 2D camera-relative geometry; confirm findings with a qualified professional; screening bands are decision support, not diagnostic cut-offs.
- 10 Not established**
 A dash where a value could not be measured from the photograph, such as the side-view knee angle.

Move with **Precision.** Live with **Confidence.**

CLINICAL POSTURE SCREENING IS PART OF TRAINERSEYE

Support: support@trainerseye.com · trainerseye.com

MMSx Posture engine · Suggested by the professional team of experts from MMSx Authority Institute

Screening, not diagnosis — colours describe visible geometry, not medical severity, and MMSx screening bands are decision-support bands, not diagnostic cut-offs. Findings need qualified clinical review; not medical advice.