

2004 Functional Movement Screen notes

Posture exam,

Shoes and Socks off and in shorts.

Standing and Walking

Check: Ankle, Knee, Hips, Back, Shoulders, Head Position

Feet: High arch, Flat foot, Right vs. Left, Internal Rotation, External rotation.

Leg Length: Back, Lordotic, Kyphotic, Shoulders: Protraction, Retraction, Elevation, Depression,

Head: Straight, Forward.

Palpate: Hips, Back and View from all sides

Lordosis

Tight: Iliopsoas, Low back, and Hamstrings

Weak: Abdominals Muscles

Kyphosis

Tight: Pectorals

Weak: Rhomboids and Trapezius

Balance Exam

Single leg 90 degrees, then 20 degrees into the squat position.

Watch the hip elevation, Drive with the Knee, Upper body up-right, for time.

Functional Test

1) **Overhead Squat** (dowel on head at 90 then straight overhead, feet slightly wider than shoulders and parallel, head and chest up, squat as deeply as possible maintaining feet and hands).

Pronation or External Rotation of foot:

Tight: Soleus, Lateral Gastrocnemius, Peroneals, Biceps Femoris, and Piriformis.

Internal Rotation or Adduction of Knee:

Tight: Gastroc/Soleus, Adductor Complex and ITB complex.

Weak: Frontal Plane Stabilization (Gluteus Medius).

Increased Lumbar Lordosis:

Tight: Erector Spinae, Psoas, and Lats Dorsi.

Weak: Deep Stabilization (Transverse Abdominus, Internal Oblique and Lumbar Transversospinalis Complex).

Increased Upper Extremity Flexion:

Tight: Lats, Pec, Major/Minor, Anterior Deltoid and/or Teres Major.

Weak: Scapular Stabilizers (Lower Traps and Rhomboids) and Posterior RC (Teres Minor and Infraspinatus).

Increased Cervical Lordosis:

Tight: Cervical Extensors and SCM.

Weak: Deep Neck Stabilizers (Longus Coli and Longus Capitus).

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2) Hurdle Step (hurdle height to tibial tuberosity, holding a dowel high and low in-line with the spine, head and chest up, touching heel and not transfers weight step over hurdle 3 times with each leg).

Forward Flexion and Lumbar Spine:

Tight: Psoas and lack of Mobility.

External or internal rotation of elevated hip.

Tight and Weak: Hips.

3) In-Line Lunge (measure distance from ground to tibial tuberosity, step forward on a straight line measured distance, with dowel touching back of head and against lower spine, head up and chest out, back stays perpendicular to the floor touch back knee right behind front foot, three attempts each side).

Loss of Balance: Lack of stability in the stance leg.

Bending forward: Lack of mobility in the support leg.

Heel Elevation: Lack of mobility in the stance leg.

4) Shoulder Mobility (Measure hand from base to tip of middle finger, try and touch both hands behind back with one coming down from the head and one coming up from the lower back, hands should have thumbs in, with in one hands length is a score of three). Three attempts both sides.

Non-symmetrical movement: Tight pectoralis minor and latissimus dorsi.

Winging Scapula: Tight front-side and Weak Shoulder Stabilizers.

5) Active Straight Leg Raise (Person lays supine, both toes in dorsiflexion, raise one leg with knee locked as high as possible, other leg remains locked).

Elevation of active Hip:

Tight: Hamstrings

Flexion of opposite Knee: Lack Mobility in non-active leg.

6) Truck Stability Push-up (Lay prone, hands shoulder width apart, thumbs even with forehead then chin, attempt one push-up).

Anterior Pelvic tilt or collapsing of Pelvis:

Tight: Hip Flexors

Weak: Inner Unit

Winging of Scapula

Tight: Front Side

Weak: Scapular Stabilizers

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7) **Rotary Stability** (in the crawl position, using a 2X6 to align the hands and feet, hands and knees perpendicular to the floor, balance on R or L side and touch opposite hand and knee then extend to the front and rear then bring back to touch then back to the ground, repeat for the other side).

Collapsing of the Pelvis:

Weak: Inner unit

Loss of Balance: Lack of symmetrical stability

Winging of Scapula:

Weak: Scapular Stabilizers

8) **Thomas** (lying on the edge of a table, both knees to the chest, straighten one leg then bend that knee to 90 degrees, attempt both legs).

Knee not inline with the body: tight rectus femoris

Thigh off table and rotated externally: Tight Psoas and Hip Flexor Complex

Leg Medial or Lateral: tight Adductors or tight ITB

Leg Rotated Internally: Tight ITB and TFL

9) **Hip Abduction** (Lay lateral and bring up-side foot to the ceiling).

Palpate Quadratus Lumborum and the TFL and Gluteus Medius firing sequence should be Gluteus Medius then Tensor Fascia Latae/quadratus lumborum.

Characteristics of an altered firing pattern:

Weak: Gluteus Medius

Overactive: Adductors, Tensor Fascia Latae, Quadratus Lumborum and Piriformis.

Symptoms of altered firing pattern:

Low back pain, SI joint pain, Lateral knee pain, anterior knee pain, shin splints, and plantar fasciitis.

Supine straight leg lowering

SL squat

Checking Mobility, Stability and Flexibility.