Functional Movement Screen

Wes Emmert, AT-Ret., CSCS, FMS -2

Olmsted Medical Center
Sports Medicine and Athletic Performance





What is the FMS?

- Developed by Gray Cook, Lee Burton, and Keith Fields as a simple method to identify movement pattern asymmetries and/or deficiencies.
- A simple means to rate and rank basic movement patterns needed in everyday physical activity.
- A look at an individual "from 30,000 feet".

What it is **NOT**:

- A diagnostic tool.
- An assessment.
- A test.



Before starting;

- Measure the tibia length, floor to the top center of the tibial turberosity
- Measure the hand length, distance from the distal wrist crease to the tip of the longest digit.

Scoring the FMS;

- Completed perfectly as verbally described, score a 3.
- Completed with compensation(s), score a 2.
- Unable to perform the pattern as described, score a 1.
- If there is pain with the movement pattern, score a 0 and refer them to their primary clinician.

Total Score, seven screens, 21 points

- Goal is to score a 14 reduced risk of injury with physical activity.
- Score of 13 or less, increased risk of injury with physical activity.





Functional Movement Screen Scoring Sheet

CENTER	Date:		Name: _	Age: _		Level:
Team/School:		Height:	Hand Dominance: q R	R q L	Swing Dominance: q R	q L
Sport/Position:		Weight:	Leg Dominance: q R	q L	Throw Dominance: q R	q L

Test	Score	Dysfunction	Grading Criteria III	Grading Criteria II	Grading Criteria I
Deep Squat TOE TOUCH TEST:	3 2 1 0		Upper torso is parallel with tibia or toward vertical Femur below horizontal	Upper torso is parallel with tibia or toward vertical Femur below horizontal	 Tibia and upper torso are not parallel Femur not below horizont
g Able			Knees aligned over feet	Knees aligned over feet	Knees not aligned over
q Not able			Dowel aligned over feet	Dowel aligned over feet on a 2x4	feet Lumbar flexion noted
2. Hurdle Step	3 2 1 0		The hips, knees, and ankles remain aligned in	 Alignment is lost between hips, knees, and ankles 	Contact with foot and hurdle
Inches:			the sagital planeMinimal movement in the	Movement in the lumbar spine	Loss of balance at any time
Left Leg Up	3 2 1 0		lumbar spineDowel and hurdle remain	Dowel and hurdle do not remain parallel	
Right Leg Up	3 2 1 0		parallel		
3. In-Line Lunge Inches:	3 2 1 0		Minimal to no torso movement Feet remain in sagital	 Movement noted in torso Feet do not remain in sagital plane on the 2x6 	Loss of balance at any time
Left Leg Forward	3 2 1 0		plane of the 2x6 • Knee touches 2x6 behind the heel of front foot	Knee does not touch 2x6 behind the heel of front foot	
Right Leg Forward	3 2 1 0		the neer of front foot	1001	
Shoulder Mobility Distance (tip of middle finger to distal crease):	3 2 1 0 L top: R top:		Fists should be within one hand length	Fists should be within one and a half hand lengths	Fists fall greater than one and a half hand lengths
Impingement Tests: Left Right	3 2 1 0 3 2 1 0	SCORE 6.5=9.75. 6.75=10.1, 7.0=10.5, 7.25=10.86, 7.5=11.25, 7.75=11.63, 8=12 8.25=12.38, 8.5=12.75, 8.75=13.1. 9=13.5			
5. Active Straight Leg Raise	3 2 1 0 L: R:		Malleoi resides between mid-thigh and ASIS	Malleoi resides between mid-thigh and mid-patella	Malleoi resides below mid patella
6. Truck Stability Push Up	3 2 1 0	-	Males perform one repetition with the thumbs	Males perform one repetition with thumbs in	Males unable to perform one rep with hands in line
Prone Press Up Test:	30 11 15		above head Females perform one repetition with thumbs in	line wit the chin Females perform one repetition with thumbs in	with chin Females unable to perform one rep with thumbs in lin
			line with the chin	line with the clavicle	with clavicle
7. Rotary Stability Quadruped	3 2 1 0		 Performs one unilateral rep while keeping torso parallel 	 Performs one diagonal rep while keeping torso parallel 	 Unable to perform diagonare repetitions
Kneeling Lumbar Flexion Test Left Up	3 2 1 0		to board Knee and elbow touch in	to board Knee and elbow touch in	
Right Up	3 2 1 0		line with the board	line with the board	

Total Score Tests 1-7: /21

Initials of Tester:



Scoring the Deep Squat

- 3
 - Torso is parallel with tibia or toward vertical
 - · Femur is below horizontal
 - · Knees do not track inside of feet
 - · Dowel aligned over feet





2

- Torso is parallel with tibia or toward vertical
- · Femur is below horizontal
- · Knees do not track inside of feet
- · Dowel aligned over feet
- · Heels are elevated





1

- · Tibia and torso are not parallel
- · Femur is not below horizontal
- · Knees track inside of feet
- · Dowel is not aligned over feet





An individual receives a score of zero if pain is associated with any portion of this test. A medical professional should perform a thorough evaluation of the painful area.





Scoring the Hurdle Step

3

- Hips, knees and ankles remain aligned in the sagittal plane
- · Minimal to no movement in lumbar spine
- · Dowel and hurdle remain parallel





2

- Alignment is lost between hips, knees and ankles
- · Movement in Lumbar Spine
- · Dowel and hurdle do not remain parallel





1

- Inability to clear the cord during the hurdle step
- Loss of Balance





An individual receives a score of zero if pain is associated with any portion of this test. A medical professional should perform a thorough evaluation of the painful area.





Scoring the Inline Lunge

- 3
 - Dowel contact maintained
 - Dowel remains vertical
 - · Minimal to no torso movement
 - · Dowel and feet remain in sagittal plane
 - · Knee touches the center of the board
 - · Front foot remains in start position





2

- Dowel contact not maintained
- · Dowel does not remain vertical
- Movement in torso
- Dowel and feet do not remain in sagittal plane
- · Knee does not touch center of the board
- Flat front foot does not remain in start position





1

- · Loss of balance by stepping off the board
- · Inability to complete movement pattern
- · Inability to get into set up position





An individual receives a score of zero if pain is associated with any portion of this test. A medical professional should perform a thorough evaluation of the painful area.





Scoring the Shoulder Mobility

3

· Fists are within one hand length



2

 Fists are within one and a half hand lengths



1

 Fists are not within one and a half hand lengths



An individual receives a score of zero if pain is associated with any portion of this test.

A medical professional should perform a thorough evaluation of the painful area.



Perform this clearing test bilaterally. If the individual receives a positive score, document both scores for future reference. If there is pain associated with this movement, give a score of zero and perform a thorough evaluation of the shoulder or refer out.







Scoring the Active-Straight Leg Raise

- · Vertical line of the malleolus resides between mid-thigh and ASIS
- · The non-moving limb remains in neutral position



- Vertical line of the malleolus resides between mid-thigh and joint line
- · The non-moving limb remains in neutral position



- · Vertical line of the malleolus resides below the joint line
- · The non-moving limb remains in neutral position



An individual receives a score of zero if pain is associated with any portion of this test. A medical professional should perform a thorough evaluation of the painful area.



Scoring the Trunk Stability Push-Up

3

- Men perform a repetition with thumbs aligned with the top of the forehead
- Women perform a repetition with thumbs aligned with the chin
- The body lifts as a unit with no lag in the spine



2

- Men perform a repetition with thumbs aligned with the chin
- Women perform a repetition with thumbs aligned with the clavicle
- The body lifts as a unit with no lag in the spine



1

- Men are unable to perform a repetition with thumbs aligned with the chin
- Women are unable to perform a repetition with thumbs aligned with the clavicle



An individual receives a score of zero if pain is associated with any portion of this test. A medical professional should perform a thorough evaluation of the painful area.

EXTENSION CLEARING TEST

Extension is cleared by performing a press-up in from the floor with hands under the shoulders. If there is pain associated with this motion, give a positive (+) score with a final score of zero and perform a more thorough evaluation or refer out. If the individual does receive a positive score, document both scores for future reference.





Scoring the Rotary Stability

3

- · Performs a correct unilateral repetition
- Unilateral limbs remain over the board
- Without touching down, touch the same-side elbow to the same-side knee over the board





2

- · Performs a correct diagonal repetition
- The diagonal knee and elbow meet over the board
- Without touching down, touch the opposite elbow and knee over the board







· Inability to perform a diagonal repetition





An individual receives a score of zero if pain is associated with any portion of this test. A medical professional should perform a thorough evaluation of the painful area.

FLEXION CLEARING TEST

Flexion can be cleared by first assuming a quadruped position, then rocking back and touching the buttocks to the heels and chest to the thighs, The hands should remain in the front of the body, reaching out as far as possible. If there is pain associated with this motion, give a positive (+) score with a final score of zero and perform a more thorough evaluation or refer out. If the individual receives a positive score, document both scores for future reference.







 Today was only a brief description of the FMS.

• There are still plenty of "tips" to learn through experience to becoming a proficient FMS screener.



Pros;

- Quick easy screen, takes about 10 12 mins per athlete.
- The score becomes a universal "language" among certified screeners.
- Most all athletes struggle with the same screen.

Cons;

- Assigning a number to the movement can become subjective, i.e. one screener might give them a "2" while another screener might give them a "1".
- Not real conducive to screening a large number of athletes by a solo coach.



Questions...



Thank You.

