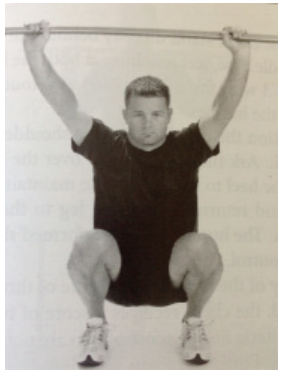
The FMS is an assessment technique, which attempts to identify imbalances in mobility and stability during fundamental movement patterns. This assessment tool is thought to exacerbate the individual's compensatory movement problems, allowing for easy identification. If you do have pain, the SFMA testing (a sister to FMS which uses a more clinical diagnostic) would be better used to better rehabilitate or determine a plan of action for getting you moving better. This is also because pain can mask the true outcomes of FMS. Talk to Cheryl our myotherapist about booking one in.

TEST 1: DEEP SQUAT



The squat is a movement needed in most athletic events. It is the ready position and is required for most power and lifting movements involving the lower extremities. The deep squat is a test that challenges total body mechanics when performed properly. It is used to assess bilateral, symmetrical and functional mobility of the hips, knees and ankles. The dowel held overhead assesses bilateral, symmetrical mobility of the shoulders as well as the thoracic spine. The ability to perform the deep squat requires appropriate pelvic rhythm, closed-kinetic chain dorsiflexion of the ankles, flexion of the knees and hips and extension of the thoracic spine, as well as flexion and abduction of the shoulders.

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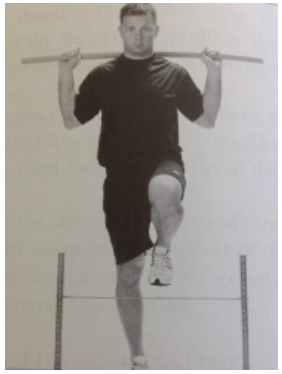
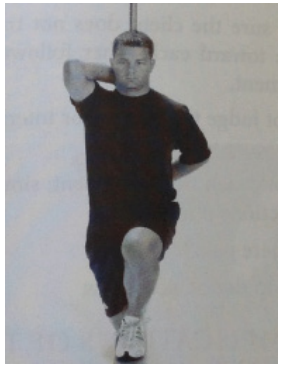
TEST 2: HURDLE STEP



The hurdle step is designed to challenge the body's proper stride mechanics during a stepping motion. The movement re- quires proper coordination and stability between the hips and torso during the stepping motion as well as single leg stance stability. The hurdle step assesses bilateral functional mobility and stability of the hips, knees and ankles. Performing the hurdle step test requires stance- leg stability of the ankle, knee and hip as well as maximal closed-kinetic chain extension of the hip. The hurdle step also requires step-leg open-kinetic chain dorsiflexion of the ankle and flexion of the knee and hip. In addition, the subject must also display adequate balance because the test imposes a need for dynamic stability.

TEST 3: IN-LINE LUNGE

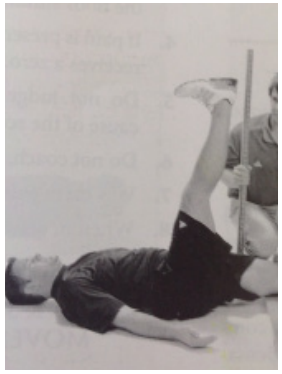


This test attempts to place the body in a position that will focus on the stresses as simulated during rotational, decelerating and lateral-type movements. The in line lunge is a test that places the lower extremity in a scissored position, challenging the body's trunk and extremities to resist rotation and maintain proper alignment. This test assesses torso, shoulder, hip and ankle mobility and stability, quadriceps flexibility and knee stability. The ability to perform the in-line lunge test requires stance-leg stability of the ankle, knee and hip as well as apparent closed kinetic-chain hip abduction. The in-line lunge also requires step-leg mobility of the hip, ankle dorsiflexion and rectus femoris flexibility. The subject must also display adequate stability due to the rotational stress imposed.

TEST 4: SHOULDER MOBILITY

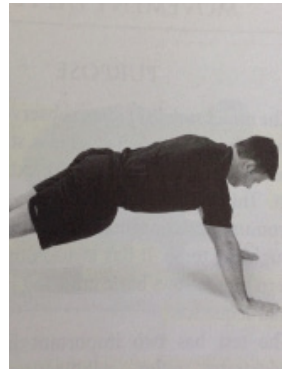
The shoulder mobility screen assesses bilateral shoulder range of motion, combining internal rotation with adduction and external rotation with abduction. It also requires normal scapular mobility and thoracic spine extension. The ability to perform the shoulder mobility test requires shoulder mobility in a combination of motions including abduction/ external rotation, flexion/ extension and adduction/internal rotation. It also requires scapular and thoracic spine mobility.

TEST 5: ACTIVE STRAIGHT-LEG RAISE



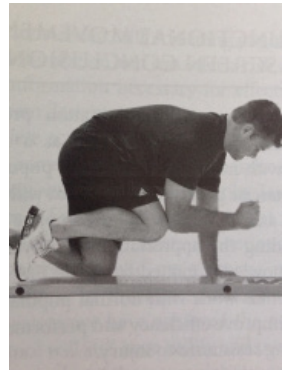
The active straight-leg raise tests the ability to disassociate the lower extremity while maintaining stability in the torso. The active straight-leg raise test assesses active hamstring and gastrocnemius, soleus flexibility while maintaining a stable pelvis and active extension of the opposite leg. The ability to perform the active straight-leg raise test requires functional hamstring flexibility, which is the flexibility that is available during training and competition. This is different from passive flexibility, which is more commonly assessed. The subject is also required to demonstrate adequate hip mobility of the opposite leg as well as lower abdominal stability.

TEST 6: TRUNK STABILITY PUSH-UP



The trunk stability push-up tests the ability to stabilise the spine in an anterior and posterior plane during a closed-chain upper body movement. It assesses trunk stability in the sagittal plane while a symmetrical upper-extremity motion is performed. The ability to perform the trunk stability push-up requires symmetric trunk stability in the sagittal plane during a myotherapyandmassage.com. au symmetric upper extremity movement. Many functional activities require the trunk stabilisers to transfer force symmetrically from the upper extremities to the lower extremities and vice versa. Movements such as blocking in football and jumping for rebounds in basketball are common examples of this type of energy transfer. If the trunk does not have adequate stability during these activities, kinetic energy will be dispersed, leading to poor functional performance as well as increased potential for micro traumatic injury.

TEST 7: ROTARY STABILITY



This test is a complex movement requiring proper neuromuscular coordination and energy transfer from one segment of the body to another through the torso. The rotary stability test assesses multi-plane trunk stability during a combined upper and lower extremity motion. The ability to perform the rotary stability test requires asymmetric trunk stability in both sagittal and transverse planes during asymmetric upper and lower extremity movement. Many functional activities require the trunk stabilisers to transfer force asymmetrically from the lower extremities to the upper extremities and vice versa. Running and exploding out of a down stance in football and moving and carrying heavy equipment or objects are examples of this type of energy transfer. If the trunk does not have adequate stability during these activities, kinetic energy will be dispersed, leading to poor performance as well as increased potential for injury.