

Core Musculoskeletal Screening Tests

Player name: _____ DOB: _____ Assessor Name: _____ Date: _____

Test	Description	Rating
Ankle dorsiflexion	Standing lunge. Measure from toe to wall (cms).	Right: _____ Left: _____
	Comment: _____	
Single leg stance	30 seconds eyes closed. Hands across chest. Instruction: stay upright, do not move foot, if lose balance put other foot down.	No. of touches/hops: right _____ left _____
	Comment: _____	
Single leg squat	Arms crossed over chest. Squat as low as possible without lifting heel. 5 times, slowly.	Right: poor <input type="checkbox"/> average <input type="checkbox"/> good <input type="checkbox"/> Left: poor <input type="checkbox"/> average <input type="checkbox"/> good <input type="checkbox"/>
	Comment: _____	
Single leg calf raise	Number to loss of full ROM over a step at rate of 1 every 2 secs.	Right: _____ Left: _____
	Comment: _____	
Hip internal rotation	Prone, passive fall out. Inclinator or goniometer measure.	Right: _____ Left: _____
	Comment: _____	
Squeeze tests	Supine, hips at 60° flexion. Sphygmomanometer between knees (10mmHg).	Pain: /10 Pressure: _____ mmHg
	Supine, hips at 0° flexion.	Pain: /10 Pressure: _____ mmHg
	Comment / location of pain: _____	