

Level One Musculoskeletal Screening Tests

Research Code: _____ DOB: _____ Assessor Name: _____ Date: _____

| Test | Description | Rating |
|--|--|---|
| Ankle dorsiflexion | Standing lunge. Measure from toe to wall (cms). | 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: _____ | |
| 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: _____ | |
| Hip internal rotation | Supine, passive at 90° hip flexion. Visual estimate. | Right: <20° <input type="checkbox"/> 20-45° <input type="checkbox"/> >45° <input type="checkbox"/> Left: <20° <input type="checkbox"/> 20-45° <input type="checkbox"/> >45° <input type="checkbox"/> |
| | Prone, passive fall out. Inclinometer measure. | Right: _____ Left: _____ |
| Hip internal rotation and external rotation | Supine, hip neutral, leg over edge of plinth. Active. Stable pelvis. Inclinometer measure. | Right: IR _____ ER _____ Total _____ Left: IR _____ ER _____ Total _____ |
| | Comment: _____ | |