

# Level Two Musculoskeletal Screening Tests

Research Code \_\_\_\_\_

Assessor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Test	Description	Rating
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<b>Single leg stance</b>	30 seconds eyes closed. Hands across chest. Instruction: stay upright, do not move foot, if lose balance put other foot down.	No. of touches: right _____ left _____
	Comment: _____	

<b>Thomas test</b>	Modified Thomas test position													
	Hip flexor (psoas) length - passive hang:	<table border="0"> <tr> <td></td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> </tr> <tr> <td>Above horizontal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Horizontal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Below horizontal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		R	L	Above horizontal	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal	<input type="checkbox"/>	<input type="checkbox"/>	Below horizontal	<input type="checkbox"/>	<input type="checkbox"/>
		R	L											
Above horizontal	<input type="checkbox"/>	<input type="checkbox"/>												
Horizontal	<input type="checkbox"/>	<input type="checkbox"/>												
Below horizontal	<input type="checkbox"/>	<input type="checkbox"/>												
Quadriceps length - passive hang: Goniometric measure.	Right _____ Left _____													
Comment: _____														

<b>Hip quadrant / impingement test</b>	Supine position, passive full hip flexion, adduction and internal rotation.	Pain	right	yes <input type="checkbox"/>	no <input type="checkbox"/>
			left	yes <input type="checkbox"/>	no <input type="checkbox"/>
Comment: _____					

<b>Single leg hamstring bridge</b>	Foot on 60cm high stand/plinth. Hands across chest, test leg slightly bent (20°). Lift hips to full extension. Repeated to fatigue/loss of form	Right _____ Left _____
		Comment: _____

<b>Calf raise</b>	Number to loss of full ROM over a step at rate of 1 every 2 secs.	Right: _____ Left: _____
		Comment: _____