



**MUSCULOSKELETAL SCREENING QUESTIONNAIRE**

<b>Athlete Name:</b>		<b>DOB</b> (Date of Birth)	
<b>Sport:</b>		<b>Date</b>	
<b>Assessor Name:</b>			

*(All SWAS athletes are required to honestly provide information on all injuries, withholding information will result in breach of the SWAS Athlete agreement)*

**PAST INJURY/ILLNESS**

Have you had any injuries/illness that has interfered with your sporting career?

<b>YES</b>	<b>NO</b>
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Please List:

<b>INJURY</b>	<b>DATE OF INJURY</b>	<b>HOW IS IT NOW</b>	<b>CLEARED TO RESUME SPORTS</b>
<i>E.g. Right Patella (Knee Cap)</i>	<i>June 2012</i>	<i>Play with strapping</i>	<i>Yes</i>

**CURRENT INJURY/ILLNESS**

Do you have any current injuries or symptoms?

<b>YES</b>	<b>NO</b>
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<b>INJURY</b>	<b>DATE OF INJURY</b>	<b>TREATMENT</b>

**Do you use?**

Foot orthotics Type	
Braces or tape Type	

**Groin / Lower Back / Hip Pain**

Do you suffer from Groin / Lower Back / Hip Pain during or after activity?

YES	NO
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**Please Specify**


**Family History of ACL**

Has anyone in your family injured their ACL or had an ACL reconstruction?

YES	NO	UNSURE
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**Operative History**

Have you had any operations for injuries related to your sport?

YES	NO
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WHAT WAS THE INJURY	WHAT WAS THE SURGERY	WHEN DID YOU HAVE THE SUGERY

Are you Aboriginal or Torres Strait Islander Descent?

YES	NO
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**Other Sports**

It is important to establish your total load in a week. Please list all activities you do each day in a given week. Please rate the level of intensity of each session:

- 5 Extremely high Intensity (game);
- 4 High intensity (hard training session);
- 3. Moderate intensity (standard training, hard swimming, bike boxing);
- 2. Light session (skills, light jog, swim, ride)
- 1. Extremely light (recovery session)

DAY OF THE WEEK	ACTIVITY	TIME SPENT DOING ACTIVITY	INTESNITY OF SESSION (1 -5)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

## MUSCULOSKELETAL SCREENING TESTS

<b>CORE MUSCULOSKELETAL SCREENING TESTS</b>										
TEST	RATING						Comment			
	1	2	3	4	5					
<b>Static Posture Screen</b>										
<b>Ankle Dorsiflexion</b> Standing lunge. Measure from wall to wall (cms)	Right				Left					
<b>Double leg squat</b> Check for neutral spine, pelvic alignment, depth of squat, coordination of movement										
<b>Single Leg Stance</b> 30 Seconds eye closed. Hands across chest. Instruction: stay upright, do not move foot, if lose balance put other foot down						Right	Wobbles	Hops	Touches	
						Left	Wobbles	Hops	Touches	
<b>Single Leg Squat</b> Arms crossed over chest. Squat as low as possible without lifting heel. 5 times, slowly						Right				
						Left				
<b>Standing Lunge</b> Bar behind trunk										
<b>Single Leg calf raise</b> Number of Loss of Full ROM over a step at rate of 1 every 2 sec						Right				
						Left				
<b>Hip Internal Rotation</b> Prone, passive fall out. Inclinator or goniometer measure						Right				
						Left				
<b>Hip Internal Rotation</b> Supine, passive at 90° hip flexion, Visual Estimate						Right	<20°	20-45°	>45°	
						Left	<20°	20-45°	>45°	
<b>Hip Quadrant/ Impingement Test</b> Supine position, passive full hip flexion, adduction and internal rotation						Right	Pain	Yes	No	
						Left	Pain	Yes	No	

<b>Hip internal rotation and external rotation</b> Supine, hip neutral, leg over edge of plinth, Active, Stable pelvis. Inclinometer or goniometer measure						IR	ER	TOTAL	
						IR	ER	TOTAL	
<b>Squeeze Test</b> Supine, hips at 60%, sphygmomanometer between knees (10mmHg)						Pain	/10		
						Pressure	MmHg		
Supine, hips at 0° flexion						Pain	/10		
						Pressure	MmHg		
<b>Thomas Test</b> <u>Hip Flexor (Psoas) length</u> - Passive hang						Right	Above horizontal		
							Horizontal		
							Below Horizontal		
						Left	Above horizontal		
							Horizontal		
							Below Horizontal		
<u>Quadriceps length</u> - Passive hang Goniometric measure						Right			
						Left			
Single Leg Lowering supine – Observe pelvic roll, drop or shift									
Hamstring Length – SLR						Right			
						Left			
<b>Single Leg Bridge</b>						Right	Rolling Pelvis: Wobble:		
						Left	Rolling Pelvis: Wobble:		
<b>Trunk Flexibility</b> Sit & Reach									
SLR Passive									
<b>Trunk &amp; Spine</b> Active Slump (DF)						Right			
						Left			
Thoracic Rotation						Right			
						Left			

<b>Field Events or Injury Specific</b>		
<b>Shoulder - Observation</b>	<b>Left</b>	<b>Right</b>
<b>Scapular Winging</b>		
<b>Mobility – Standing</b> (Combined elevation)		
Internal rotation @ 90 degrees		
External rotation @ 90 degrees		
Horizontal FL		
<b>Appley’s Scratch – Abd + ER</b>		
Add + IR		
<b>Lower Traps Activation</b>		
<b>Stability Tests – AP</b>		
PA		
Apprehension		
Sulcus		
<b>Impingement/Tensile – H &amp;K</b>		
Resisted Tests		
Empty Can		
Full Can		
Lift Off		
Biceps Tendon		
ER in 90 degrees elbow fl		
<b>Upper Limb Tension Tests</b>		
Median		
Radial		
Ulnar		

<b>Additional Testing</b>	<b>Results</b>
Push Ups	
Treadmill Running	
Walking Lunge	
Posture Assessment	

**Major Findings:**

1. -----

2. -----

3. -----

**Recommendations:**

1. -----

2. -----

[Please provide a copy to SWAS staff immediately after completion of form](#)