Screening Report

The purpose of the screening is to probe your history of injuries as this is one of the strongest predictors of future injury, as well looking at your range of movement, strength stability of your body segments to identify areas at risk of injury and in need of improvement. A suggested core program has been developed based on your screening results.

Tom	Sudano	DOB	5/06/1999	Skill	Fast Bowler
Height	Weight	Team	Michael Clark Academy	Date of screening	24/09/2014

Injuries

Left Quad injury 1.5 years ago. No issues since. Signs of hip impingement and shin pain on palpation - asymptomatic - monitor for now.

Posture	Non Dom	Dom					
Scapula prominent medial border			Thoracic spine	Kyphotic			
Scapula prominent inferior angle	✓	✓	Lumbar spine	Normal			
Scapula depressed			Pelvis position	Anterior Tilt		ïlt	
Ankle/Foot							
Knee to wall	14	14	Pain on posterior impingement				
Average	13	13	Pain on shin palpation		✓		✓
Max	15	17	Foot shape	Normal range		nge	
Min	7	1					
Knee/Hip			Hip ADDuction strength		180) 1	180
Pain on palpation tib tubercle			Average		198	3 1	L91
Pain on McMurrays Medial			Max	235 230		230	
Pain on McMurrays Lateral			Min	162 150		150	
Hamstring length (knee extension)	90	90	Thomas - Hip Abduction	5 5		5	
Average	73	72	Average		6.3	6	5.2
Мах	90	90	Max		20	2	20
Min	50	50	Min		0	()
Pain on hip quadrant	✓	✓		Neu	tral	90 0	deg fl
Pain on hip FABER			Hip Internal rotation ROM	60	60	30	30
Hip flexion before lumbar spine	100	100	Average	44	44	30	28
Average	103	103	Мах	60	70	50	40
Max	120	120	Min	20	20	20	20
Min	90	100	Hip External rotation ROM	60	60	45	45
Thomas - Hip Extension	5	5	Average	55	56	33	35
Average	5.24	5.29	Max	70	70	50	60
Max	20	20	Min	40	35	20	20
Min	-10	-10	Groin squeeze		180		
Hip ABDuction strength	250	246	Average		172		
Average	216	225	Max		275		
Мах	270	288	Min		94		
Min	153	160					

Shoulder			External rotation ROM	120	130
Hawkins impingement			Average	115	119
Empty can testing pain			Max	130	140
Full can testing pain			Min	90	90
Obrien's testing pain			Internal rotation ROM	70	80
External rotation strength	200	□ 210 □	Average	73.5	66.9
Average	178	179	Max	95	80
Max	233	239	Min	45	50
Min	50	50	Thoracic spine		
Internal rotation strength	200	□ 216 □	Rotation	80	80
Average	181	181	Average	79	79
Max	239	0	Max	90	90
Min	40	-1	Min	65	65
Lumbar Spine			Combined elevation	15	
Pain on 1 leg extension			Average	14	
Pain on quadrant			Max	36	
Slump test knee extension	80	80	min	0	
Average	58	58	Calf raises	15	15
Max	90	90	Average	14	14
Min	0	0	Max	20	20
Slump test back pain			Min	10	10
Hyper mobility			Core control - Abdominals (/5)	4	
Elbow			Average	4.09	
Thumb			Max	34	
Knees			Min	1	
1 leg stability Non dominant		nant	Dominant		
1 leg squat knee control	Normal		Normal		
1 leg squat pelvic control	Excessive n	novement	Excessive movement		
1 leg hop knee control	Excessive n	novement	Excessivemovemet		
1 leg hop pelvic control	Excessive n	novement	Excessive movment		
Core control - Gluteal bridge	Good		Good		
Calf raise control	Good		Good		
Notes					

Posture - shoulder blades back together a focus. Your large shoulder range of movement needs good strength and throwing technique to limit injury risk. 1 leg stability needs improvement.

Please continue to work hard on your bowling technique and be mindful of your bowling workload this season. Don't hesitate to call me to discuss any of your screening results or injuries in the future. The exercises suggested are a starting point and can be further developed with us or your local physiotherapist. Kind regards, Dan Redrup 0431911615

Mobility

Tom







Stength/Stability

















Clam Shell Bent knee

Lying on your side, push top heel into bottom heel by using muscles in lower part of your gluteals, do not allow trunk to twist backwards, lift top knee away from lower knee slowly, do not use hamstrings or hip flexors to do this, rep 15-30 sets 2-4

Clam shell Straigh knee

Push top heel into bottom legs knee by using muscles in lower part of your gluteals, do not allow trunk to twist backwards, lift top knee away from lower leg slowly, do not use hamstrings or hip flexors to do this, rep 15-30 sets 2-4

2 leg Bridge

Using your gluteals, not hamstrings or lower back - Lift your pelvis so you form a bridge position with a straight line running from your shoulders to your knees. 5 sec hold x 5

1 leg bridge static

Using your gluteals, not hamstrings or lower back - Lift your pelvis to a 2 leg bridge position, take 1 leg out in line with the other thigh, 5 sec hold, repeat other side, return to ground. X 5

Lower abdominal - feet supported

Using your abdominal muscles - do not let your lower back raise off the floor as your leg extends away from your body. Hold end position for 3 sec, repeat each leg x 5.

Lower abdominal - feet unsupported

Starting with both feet off the floor. Using your abdominal muscles - do not let your lower back raise off the floor as 1 leg extends away from your body +/- opposite arm and leg. Repeat each leg x 5.



Posterior pelvic tilting

Initially start wth knee bent as this is an easier position to do this in, rotate pelvis so i) font of shorts move towards ceiling, do this without moving your upper back $x ext{ 5 } x ext{ 3 sets}$.

Crunches

Starting in slight peeled up position so bottom tips of shoulder just touch the ground. Crunch up so shoulder bladed lose contact with gound, return to starting position (not flat), repeat 10-20 reps or fatigue.

Roll up

As slow as possible start peeling up from the starting position without lifting your feet off the ground. Return to starting postion twice as slow - ensure

1 leg squat

Start on one leg and lower to 45-60 degrees of knee bending (not 90), keep pelvis (pant line) level, keep shoulders in line with hips (don't lean to side), keep spine in nice straight alignment (don't bend or hyper extend). Repeat 5-10

2 leg squat

Lower to a maximum of 90 degrees of knee bending. keep shoulders in line with hips (don't lean to side), keep spine in nice straight alignment (don't bend or hyper extend). Repeat 5-10

Posture

Example of an ideal posture for efficient movement

Blackburns

The important element of all this postions is that the movement is generated from the shoulder blades as they together.