# 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.

| | | | | | |
|---|---|---|---|---|---|
| Josh | Tyson | **DOB** | 15/05/1998 | **Skill** | Fast Bowler |
| **Height** | **Weight** | **Team** | Michael Clark Academy | **Date of screening** | 24/09/2014 |

## Injuries

Left ankle sprain 2 months ago, wearing brace now for bowling.  4 year ago stress fracture L4.  Hinges into extension. Asthma. Old ankle injury - as discussed, calf stretching to improve your knee to wall measure to over 10cm is crucial.

## Posture

| | Non Dom | Dom |
|---|---|---|
| Scapula prominent medial border | ☑ | ☑ |
| Scapula prominent inferior angle | ☑ | ☑ |
| Scapula depressed | ☐ | ☐ |

| | |
|---|---|
| Thoracic spine | Kyphotic |
| Lumbar spine | Lordotic |
| Pelvis position | Anterior Tilt |

## Ankle/Foot

| | | |
|---|---|---|
| **Knee to wall** | 14 | 1 |
| *Average* | 13 | 13 |
| *Max* | 15 | 17 |
| *Min* | 7 | 1 |

| | | |
|---|---|---|
| Pain on posterior impingement | ☐ | ☐ |
| Pain on shin palpation | ☐ | ☐ |
| Foot shape | Supinated | |

## Knee/Hip

| | | |
|---|---|---|
| Pain on palpation tib tubercle | ☐ | ☐ |
| Pain on McMurrays Medial | ☐ | ☐ |
| Pain on McMurrays Lateral | ☐ | ☐ |
| **Hamstring length (knee extension)** | 60 | 60 |
| *Average* | 73 | 72 |
| *Max* | 90 | 90 |
| *Min* | 50 | 50 |
| Pain on hip quadrant | ☐ | ☐ |
| Pain on hip FABER | ☐ | ☐ |
| **Hip flexion before lumbar spine** | 100 | 100 |
| *Average* | 103 | 103 |
| *Max* | 120 | 120 |
| *Min* | 90 | 100 |
| **Thomas - Hip Extension** | 0 | 0 |
| *Average* | 5.24 | 5.29 |
| *Max* | 20 | 20 |
| *Min* | -10 | -10 |
| **Hip ABDuction strength** | 200 | 200 |
| *Average* | 216 | 225 |
| *Max* | 270 | 288 |
| *Min* | 153 | 160 |

| | | |
|---|---|---|
| **Hip ADDuction strength** | 178 | 181 |
| *Average* | 198 | 191 |
| *Max* | 235 | 230 |
| *Min* | 162 | 150 |
| **Thomas - Hip Abduction** | 5 | 5 |
| *Average* | 6.3 | 6.2 |
| *Max* | 20 | 20 |
| *Min* | 0 | 0 |

| | **Neutral** | | **90 deg flex** | |
|---|---|---|---|---|
| **Hip Internal rotation ROM** | 40 | 40 | 30 | 30 |
| Average | 44 | 44 | 30 | 28 |
| *Max* | 60 | 70 | 50 | 40 |
| *Min* | 20 | 20 | 20 | 20 |
| **Hip External rotation ROM** | 70 | 70 | 45 | 45 |
| *Average* | 55 | 56 | 33 | 35 |
| *Max* | 70 | 70 | 50 | 60 |
| *Min* | 40 | 35 | 20 | 20 |

| | | | |
|---|---|---|---|
| **Groin squeeze** | 198 | ☐ | ☐ |
| *Average* | 172 | | |
| *Max* | 275 | | |
| *Min* | 94 | | |

## Shoulder

| | | |
|---|---|---|
| Hawkins impingement | ☐ | ☐ |
| Empty can testing pain | ☐ | ☐ |
| Full can testing pain | ☐ | ☐ |
| Obrien's testing pain | ☐ | ☐ |
| **External rotation strength** | 220 ☐ | 169 ☐ |
| *Average* | 178 | 179 |
| *Max* | 233 | 239 |
| *Min* | 50 | 50 |
| **Internal rotation strength** | 230 ☐ | 248 ☐ |
| *Average* | 181 | 181 |
| *Max* | 239 | 0 |
| *Min* | 40 | -1 |

| | | |
|---|---|---|
| **External rotation ROM** | 120 | 130 |
| *Average* | 115 | 119 |
| *Max* | 130 | 140 |
| *Min* | 90 | 90 |
| **Internal rotation ROM** | 80 | 70 |
| *Average* | 73.5 | 66.9 |
| *Max* | 95 | 80 |
| *Min* | 45 | 50 |

## Thoracic spine

| | | |
|---|---|---|
| **Rotation** | 80 | 80 |
| *Average* | 79 | 79 |
| *Max* | 90 | 90 |
| *Min* | 65 | 65 |

## Lumbar Spine

| | | |
|---|---|---|
| Pain on 1 leg extension | ☐ | ☐ |
| Pain on quadrant | ☐ | ☐ |
| **Slump test knee extension** | 55 | 55 |
| *Average* | 58 | 58 |
| *Max* | 90 | 90 |
| *Min* | 0 | 0 |
| Slump test back pain | ☐ | ☐ |

| | |
|---|---|
| **Combined elevation** | 10 |
| *Average* | 14 |
| *Max* | 36 |
| *min* | 0 |

## Calf raises

| | | |
|---|---|---|
| | 15 | 15 |
| *Average* | 14 | 14 |
| *Max* | 20 | 20 |
| *Min* | 10 | 10 |

## Hyper mobility

| | | |
|---|---|---|
| Elbow | ☐ | ☐ |
| Thumb | ☐ | ☐ |
| Knees | ☐ | ☐ |

| | |
|---|---|
| **Core control - Abdominals (/5)** | 2 |
| *Average* | 4.09 |
| *Max* | 34 |
| *Min* | 1 |

## 1 leg stability

| | **Non dominant** | **Dominant** |
|---|---|---|
| 1 leg squat knee control | Excessive movement | Excessive movement |
| 1 leg squat pelvic control | Excessive movement | Excessive movement |
| 1 leg hop knee control | Excessive movement | Excessivemovemet |
| 1 leg hop pelvic control | Excessive movement | Excessive movment |
| Core control - Gluteal bridge | Excessive spine extension | Excessive spine extension |
| **Calf raise control** | Excessive supination | Excessive supination |

## Notes

Posture - shoulder blades back together plus neutral spine a focus. Your large shoulder range of movement needs good BALANCED strength and throwing technique to limit injury risk. 1 leg stability needs improvement. Continue your hamstring stretches.

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

**Josh** **Tyson** **24/09/2014**

## Mobility

## Stength/Stability

**Clam Shell Bent knee**

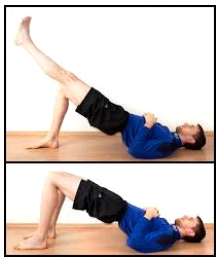
Lying on your side, push top heel into bottom heel by using muscles in lower part of your gluteals, do not allow trunk to twist backwards, lift top knee away from lower knee slowly, do not use hamstrings or hip flexors to do this, rep 15-30 sets 2-4

**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

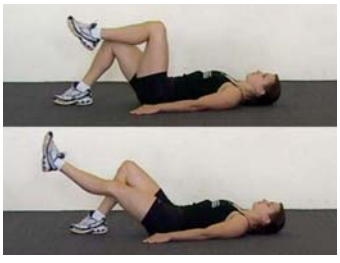
**2 leg Bridge**

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 5 x 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.

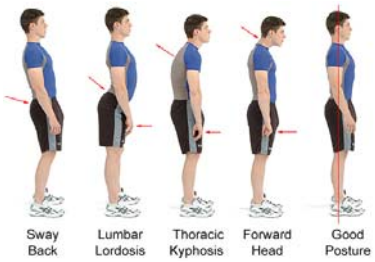


**Roll up**

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

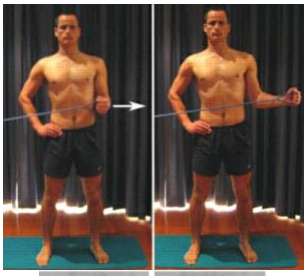
**1 leg squat**

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




**Posture**

Example of an ideal posture for efficient movement



**External cuff strength - theraband**

With your shoulder blade set 'up and back' move into external rotation against the resistance of the band. You should fatigue in th back of your shoulder. There should be no shoulder pain when you do this.

**Blackburns**

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