

Movement Assessment Solutions Table

CHECKPOINT	VIEW	MOVEMENT IMPAIRMENT	POTENTIAL CONTRIBUTORS	SUGGESTED MOBILITY ASSESSMENTS*
Foot and Ankle	Anterior	Feet turn out	Overactive/shortened Biceps femoris (short head) Gastrocnemius (lateral) Soleus Underactive/lengthened Anterior tibialis Gastrocnemius (medial) Gluteus maximus Gluteus medius Hamstrings complex (medial) Posterior tibialis	 Active knee extension Ankle dorsiflexion Hip abduction and external rotation Modified Thomas test Seated hip internal and external rotation
	Lateral	Heel rise	Overactive/shortened	Active knee flexionAnkle dorsiflexion
	Posterior	Excessive pronation	Overactive/shortened Fibularis (peroneal) complex Gastrocnemius (lateral) TFL Underactive/lengthened Anterior tibialis Gastrocnemius (medial) Gluteus maximus Gluteus medius Intrinsic foot muscles Posterior tibialis	 Ankle dorsiflexion Modified Thomas test Seated hip internal and external rotation
Knee	Anterior	Valgus (inward)	Overactive/shortened Adductor complex Biceps femoris (short head) Gastrocnemius Soleus TFL Vastus lateralis Underactive/lengthened Anterior tibialis Gluteus maximus Gluteus medius Hamstrings complex (medial) Posterior tibialis Vastus medialis oblique (VMO)	 Active knee extension Ankle dorsiflexion Hip abduction and external rotation Modified Thomas test Seated hip internal and external rotation



Knee (continued)		Varus (outward)	Overactive/shortened Adductor magnus (posterior fibers) Anterior tibialis Biceps femoris (long head) Piriformis Posterior tibialis TFL Underactive/lengthened Adductor complex Gluteus maximus Hamstrings complex (medial)	 Active knee extension Lumbar flexion Modified Thomas test Passive hip internal rotation Seated hip internal and external rotation
	Lateral	Knee dominance	Overactive/shortened^ Adductor magnus Piriformis Quadriceps complex Soleus Underactive/lengthened Core stabilizers Gluteus maximus	 Active knee flexion Ankle dorsiflexion Hip abduction and external rotation Modified Thomas test Passive hip internal rotation
LPHC	Anterior or Posterior	Asymmetric weight shift	Overactive/shortened Same side as shift Adductor complex TFL Opposite side of shift Biceps femoris Gastrocnemius/soleus Piriformis Underactive/lengthened Core stabilizers Same side as shift Gluteus medius Opposite side of shift Adductor complex	 Active knee extension Ankle dorsiflexion Hip abduction and external rotation Modified Thomas test Seated hip internal and external rotation
		Excessive trunk movement during testing (Davies test)	Overactive/shortened: N/A Underactive/lengthened: Local core stabilizers	N/A



LPHC (continued)	Lateral	Excessive anterior pelvic tilt (increased lumbar extension)	Overactive/shortened Adductor complex (anterior fibers) Latissimus dorsi Psoas Rectus femoris Spinal extensor complex (erector spinae, quadratus lumborum) TFL Underactive/lengthened External obliques Gluteus maximus Hamstrings complex Local core stabilizers Rectus abdominis	 Active knee flexion Hip abduction and external rotation Lumbar flexion and extension Modified Thomas test Shoulder flexion
	Lateral	Excessive posterior pelvic tilt (increased lumbar flexion)	Overactive/shortened Adductor magnus External obliques Hamstrings complex Piriformis Rectus abdominis Underactive/lengthened Gluteus maximus Latissimus dorsi Local core stabilizers Psoas Rectus femoris Spinal extensor complex (erector spinae, quadratus lumborum) TFL	 Active knee extension Hip abduction and external rotation Lumbar flexion and extension Seated hip internal and external rotation
		Excessive forward trunk lean	Overactive/shortened Adductor complex (anterior fibers) External obliques (if observed w/ lumbar flexion) Gastrocnemius Psoas Rectus abdominis (if observed w/ lumbar flexion) Rectus femoris Soleus TFL	 Active knee flexion Ankle dorsiflexion Modified Thomas test



LPHC (continued)	Lateral (continued)		 Underactive/lengthened Anterior tibialis Gluteus maximus Hamstrings complex Local core stabilizers Spinal extensor complex (erector spinae, quadratus lumborum) 	
	Anterior	Inward trunk rotation (single-leg and split squat)	Overactive/shortened Adductor complex TFL Underactive/lengthened Gluteus maximus Gluteus medius Local core stabilizers	 Hip abduction and external rotation Modified Thomas test Seated hip internal and external rotation
		Outward trunk rotation (single-leg and split squat)	Overactive/shortened Adductor magnus (posterior fibers) Hamstrings complex (lateral) Piriformis Underactive/lengthened Adductor complex (anterior fibers) Gluteus maximus Gluteus medius Local core stabilizers	 Hip abduction and external rotation Modified Thomas test Seated hip internal and external rotation
	Anterior or Posterior	Scapular elevation	Overactive/shortened Levator scapulae Pectoralis minor Upper trapezius Underactive/lengthened Lower trapezius Serratus anterior	 Cervical flexion and extension Cervical lateral flexion Cervical rotation Seated thoracic rotation Shoulder retraction Thoracic extension
Shoulders and Thoracic Spine	Lateral	Scapular winging (Davies test and push assessment)	Overactive/shortened Latissimus dorsi Pectoralis minor Upper trapezius Underactive/lengthened Lower trapezius Middle trapezius Serratus anterior	 Seated thoracic rotation Shoulder flexion Shoulder retraction Thoracic extension



Shoulders and Thoracic Spine (continued)		Arms fall forward	Overactive/shortened Latissimus dorsi Pectoralis major Pectoralis minor Teres major Underactive/lengthened Infraspinatus Lower trapezius Middle trapezius Posterior deltoids Rhomboids Teres minor	 Cervical flexion and extension Cervical rotation Cervical lateral flexion Shoulder extension Shoulder flexion Shoulder internal and external rotation Shoulder retraction Seated thoracic rotation Thoracic extension
Head and Cervical Spine	Lateral	Excessive cervical extension (forward head)	Overactive/shortened Cervical extensors (suboccipital) Levator scapulae Sternocleidomastoid Upper trapezius Underactive/lengthened Deep cervical flexors Lower trapezius Middle trapezius Rhomboids	 Cervical flexion and extension Cervical lateral flexion Cervical rotation

^{*}It is not necessary to perform all of the listed mobility assessments associated with each movement impairment. The mobility assessments provided are a starting point that is narrowed down based on the results of the OHSA, Modified OHSA, and other movement assessments. It is likely that only a few mobility assessments will be needed.

^Movement competency, pain avoidance, or balance strategies should be ruled out prior to assuming over- and underactive muscles as contributing factors to knee dominance.