

The value of screening your athletes

Over the last couple of weeks I have been preparing my screening protocol for my athletes when they return to preseason training over the coming weeks. It got me thinking about the components of screening and why we screen and thought it would be a good post to write.

There are various screening protocols used extensively in the sports and fitness industry. Probably the two most well known are the FMS (Functional Movement System) and the SFMA (Selective Functional Movement Assessment), both of which I have used extensively at some point. Without going into too much detail regarding the components of these screening protocols, one thing they do have in common, as should all screens, is the process of being able to pick up movement dysfunction and/or pain with movement.



(SFMA: Multisegmental extension test - graycooklectures.com)

The one thing that a screen must do is inform your intervention. It should help guide your judgement on both treatment and exercise prescription/avoidance based upon the findings of the screen. You could develop the most robust and thorough protocol but if you dont act upon the findings then it isnt worth the paper its written on.

Tests need to be easily replicated and involve movements relative to the context. For example, any running based sport is going to need a screening protocol that screens the major joints of the lower limb and pelvis: hip, knee, ankle.

Test scoring needs to be clear and objective to allow comparison between athletes in a group setting and also providing an accurate baseline score for future testing for a single athlete.



(FMS: Hurdle step test - graycook.com)

It is important to note that although I screen may be looking for a particular movement pattern, athletes may move in a different way around the same problem. For example, in the above hurdle step test two different athletes could fail the test. Athlete A could fail as he loses balance due to a lack of hip control with his rear planted leg. Athlete B may also fail the test as he has insufficient hip flexion on his lead leg to clear the hurdle. Therefore it is important to note why the athlete has failed the test. Often videoing the testing procedure is a good way to capture how athletes move during testing.

The screening protocol that I have designed takes aspects of the two above protocols whilst including various other tests that I feel are reflective of the movements needed for that particular sport. The protocol itself may therefore not be ideally suited to another sport or individual.

What is clear however is that the components of the screen are justified and will give me information to guide intervention, profile programming and reduce incidence of injury in the athletes I work with.

Make your screen clear, accurate and concise, therefore giving you the information you require and information you can use to help your interventions.

Thanks for reading

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