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FMS and its role in predicting injury

SSISA Wellness and Fitness Convention 2016

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The Functional Movement Screen



Functional Movement Screen

– Cook et al., N Am J Sports Phys Ther 2006

Tests balance, strength and range of motion simultaneously; providing a holistic, integrative assessment of the players' quality of movement.

FMS was not designed as an injury predictor

Improves training prescription

FMS assesses **quality of movement** in discreet movement patterns with particular regard to **mobility and stability** –

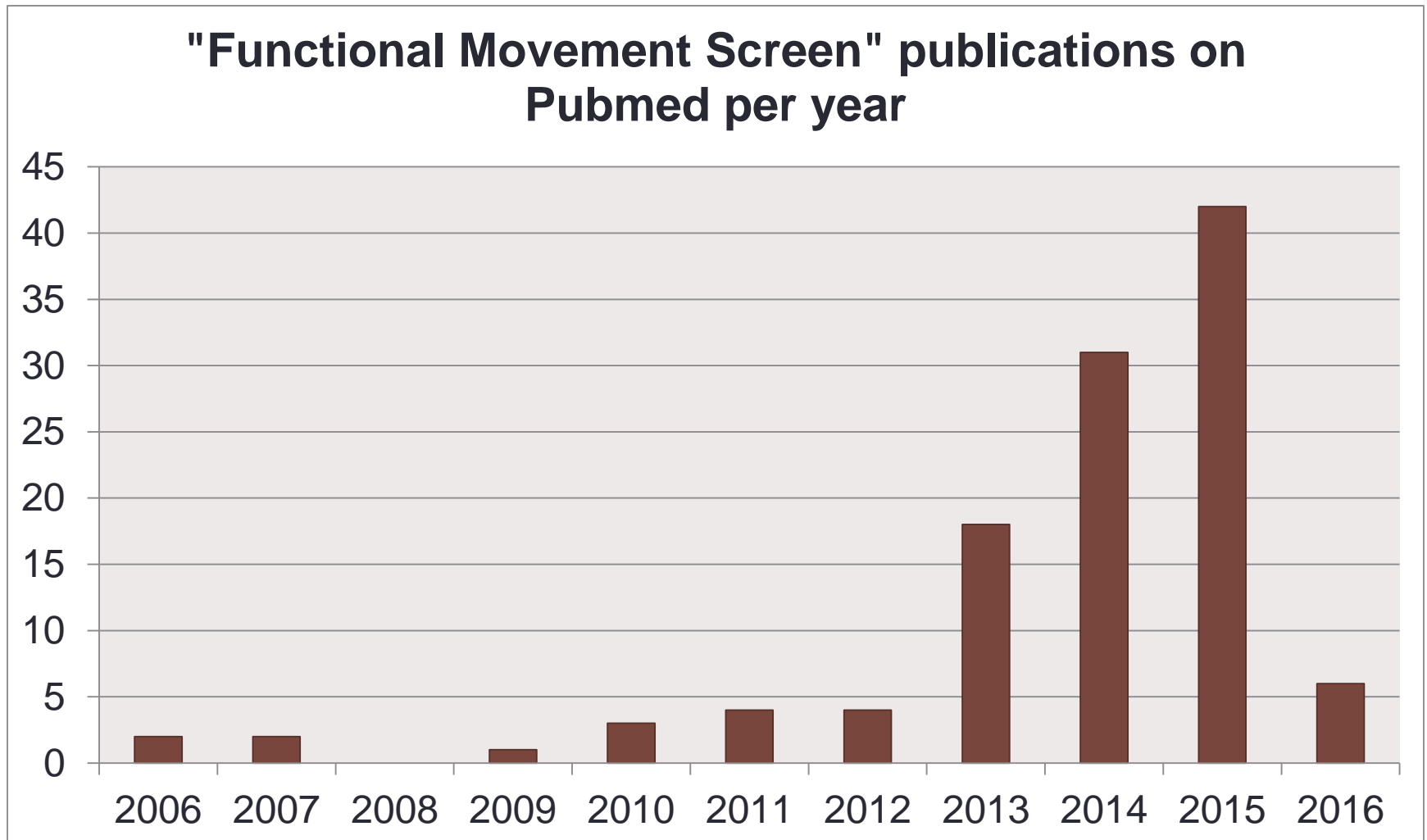
Mike Boyle, StrengthCoach.com

Assists trainers in determining to what level particular movement patterns can be trained.

Principle: Don't add strength to dysfunction



Growing scientific interest



What's the appeal?

Kiesel et al., (2007) **Can Serious Injury in Professional Football be Predicted by a Preseason Functional Movement Screen?**

N Am J Sports Phys Ther 2:3

Results. A score of 14 or less on the FMS™ was positive to predict serious injury with specificity of 0.91 and sensitivity of 0.54. The odds ratio was 11.67, positive likelihood ratio was 5.92, and negative likelihood ratio was 0.51.

Discussion and Conclusion. The results of this study suggest fundamental movement (as measured by the FMS™) is an identifiable risk factor for injury in professional football players. The findings of this study suggest professional football

Alternative to traditional screenings

BOKSMART MUSCULOSKELETAL ASSESSMENT DATA CAPTURING FORM

QUESTIONNAIRE

PERSONAL DETAILS:

DATE:

NAME:

AGE:

TEL NUMBER:

EMAIL:

ID NUMBER:

DOCTOR'S TEL:

PLAYING EXPERIENCE (HIGH SCHOOL - PRESENT):

HIGHEST LEVEL ACHIEVED:

POSITION:

TRAINING HABITS:

DO YOU WARM UP PRIOR TO:

MATCHES: YES NO

TRAINING: YES NO

DO YOU COOL DOWN AFTER:

MATCHES: YES NO

TRAINING: YES NO

OFF SEASON TRAINING HABITS:

| SPORT | X PER WEEK | TIME |
|-----------------|------------|------|
| RUNNING | | |
| SWIMMING | | |
| HIKING | | |
| CYCLING | | |
| STRETCHING | | |
| WEIGHT TRAINING | | |
| OTHER | | |

PRE SEASON TRAINING HABITS:

| SPORT | X PER WEEK | TIME |
|-----------------|------------|------|
| RUNNING | | |
| SWIMMING | | |
| HIKING | | |
| CYCLING | | |
| STRETCHING | | |
| WEIGHT TRAINING | | |
| OTHER | | |

IN SEASON TRAINING HABITS:

| SPORT | X PER WEEK | TIME |
|-----------------|------------|------|
| RUNNING | | |
| SWIMMING | | |
| HIKING | | |
| CYCLING | | |
| STRETCHING | | |
| WEIGHT TRAINING | | |
| OTHER | | |

PROTECTIVE EQUIPMENT: REGULAR USAGE (80% OR MORE) DURING TRAINING AND GAMES

| PROTECTIVE EQUIPMENT | TRAINING | COMPETITION |
|------------------------|----------|-------------|
| ANKLE BRACE | | |
| KNEE BRACE | | |
| WRIST BRACE | | |
| MOUTH GUARD | | |
| OTHER (THERMAL SHORTS) | | |

ORTHOTICS:

DO YOU WEAR ORTHOTICS: YES NO

WHEN WERE THEY LAST CHANGED: months

INJURY HISTORY:

| REGION | LEFT/RIGHT | CURRENT INJURY | Past 12 months | Resolved | Injury |
|-------------------|------------|----------------|----------------|----------|---------|
| | | Yes/No | Yes/No | Yes/No | Specify |
| SHOULDER | | | | | |
| ELBOW | | | | | |
| WRIST | | | | | |
| HAND/FINGER | | | | | |
| NECK | | | | | |
| THORACIC SPINE | | | | | |
| LOWER BACK | | | | | |
| SACRO ILIAC JOINT | | | | | |
| HIP/GROIN | | | | | |
| QUADRICEPS | | | | | |
| HAMSTRING | | | | | |
| KNEE | | | | | |
| SHIN/LOWER LEG | | | | | |
| ANKLE | | | | | |
| ACHILLES TENDON | | | | | |
| FOOT | | | | | |
| OTHER | | | | | |

POSTURAL ASSESSMENT: MARK WITH A TICK

| POSTURE COMPONENT | RATING SCALE | MILD ASYMMETRY | SIGNIFICANT ASYMMETRY |
|---------------------|-----------------------------|-----------------------|-----------------------------|
| SHOULDER SYMMETRY | NORMAL | | |
| SHOULDER ROUNDNESS | | | |
| HIP SYMMETRY | | | |
| SPINAL CURVATURE | NORMAL | SCOLOSIOS CONVEX LEFT | SCOLOSIOS CONVEX RIGHT |
| | INCREASED KYPHOSIS/LORDOSIS | NORMAL | DECREASED KYPHOSIS/LORDOSIS |
| THORACIC KYPHOSIS | | | |
| LUMBAR LORDOSIS | | | |
| | NORMAL | | KNEES HYPEREXTENDED |
| KNEE HYPEREXTENSION | | | |

FLEXIBILITY TESTS:

ACTIVE KNEE EXTENSION:

LEFT DEGREES

RIGHT DEGREES

MODIFIED THOMAS TEST:

KNEE LEFT DEGREES

RIGHT DEGREES

HP LEFT DEGREES

RIGHT DEGREES

ACTIVE INTERNAL AND EXTERNAL ROM:

INTERNAL LEFT DEGREES

RIGHT DEGREES

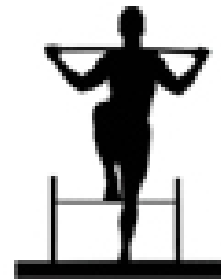
How much information can you use?

- Traditional screenings may provide more problems than solutions.
- The more you measure, the more there is to be corrected – challenges resources.
- Traditional screenings **do not quantify risk**



FMS is popular because -

- Reliable
- No fancy equipment
- Qualification
- Quick test (≈ 10 mins)
- Stratifies athletes into high and low risk groups



BUT... Does it do what it says?

| Authors | Population | FMS cut-off | Predictor | Relative Risk (95CI) |
|---------------------------|--------------------------------------|-------------|-----------|----------------------|
| Kiesel et al., (2007) | American Football Players | 14 | ✓ | 4.2 (1.8 to 9.7) |
| Kiesel et al., (2014) | American Football Players | 14 | ✓ | 1.9 (1.2 to 3.0) |
| Chorba et al., (2010) | Female College Athletes (multisport) | 14 | ✓ | 1.9 (1.0 to 3.6) |
| O'Connor et al., (2011) | Military | 14 | ✓ | 1.7 (1.1 to 2.6) |
| Letafatkar et al., (2014) | Active students | 17 | ✓ | 1.3 (0.8 to 2.0) |
| Garrison et al., (2015) | College Athletes (multisport) | 14 | ✓ | 2.2 |
| Tee et al., (In press) | Rugby Union | 13 | ✓ | 3.0 (1.6 to 5.9) |
| Butler et al., (2015) | Firefighters | 14 | ✓ | Not available |

BUT... Does it do what it says?

| Authors | Population | FMS cut-off | Injury Predictor | Risk Ratio (95CI) |
|-----------------------|------------------------------------|-------------|------------------|-------------------|
| Hoover et al., (2008) | Recreational half-marathon runners | 14 | X | Not available |
| Hotta et al., (2015) | Competitive runners | 15 | X | 0.8 (0.7 to 1.0) |
| Warren et al., (2015) | College Athletes (multisport) | - | X | < 1.0 |
| Kodesh et al., (2015) | Female Military | 14 | X | Not available |

The ability of FMS total to predict injury is supported by moderate scientific evidence

Kraus et al., (2014) Efficacy of the functional movement screen: a review. JSCR 28:12

Most FMS studies suffer from poor design

Table 2. Study quality and threats to validity

| Authors | Prospective? | Blinding of Participants | Blinding of Data Collectors | Blinding of Outcome Assessors | ROC Analysis Conducted? | AUC Reported | Threats to Validity | |
|----------------------------|--------------|--------------------------|-----------------------------|-------------------------------|-------------------------|--------------|-----------------------|-----|
| Kiesel et al ¹⁵ | No | Unreported | Unreported | Unreported | Yes | No | | |
| Kiesel et al ¹⁶ | Yes | Unreported | Unreported | | | | | |
| Chorba et al ³ | Yes | | | | | | | |
| Dorrel et al. | | | | | | | | 2/7 |
| | | | | | Yes | No | Statistical reporting | 3/7 |
| | | | | No | Yes | Yes | Limited | 5/7 |
| | | Unreported | Unreported | Unreported | Yes | No | Statistical reporting | 3/7 |

AUC, area under the curve; ROC, receiver operator characteristic.

^aUsed other statistical methodology to determine cut score.

Meta-analysis - the FMS provides a level of discriminatory accuracy only slightly above chance.

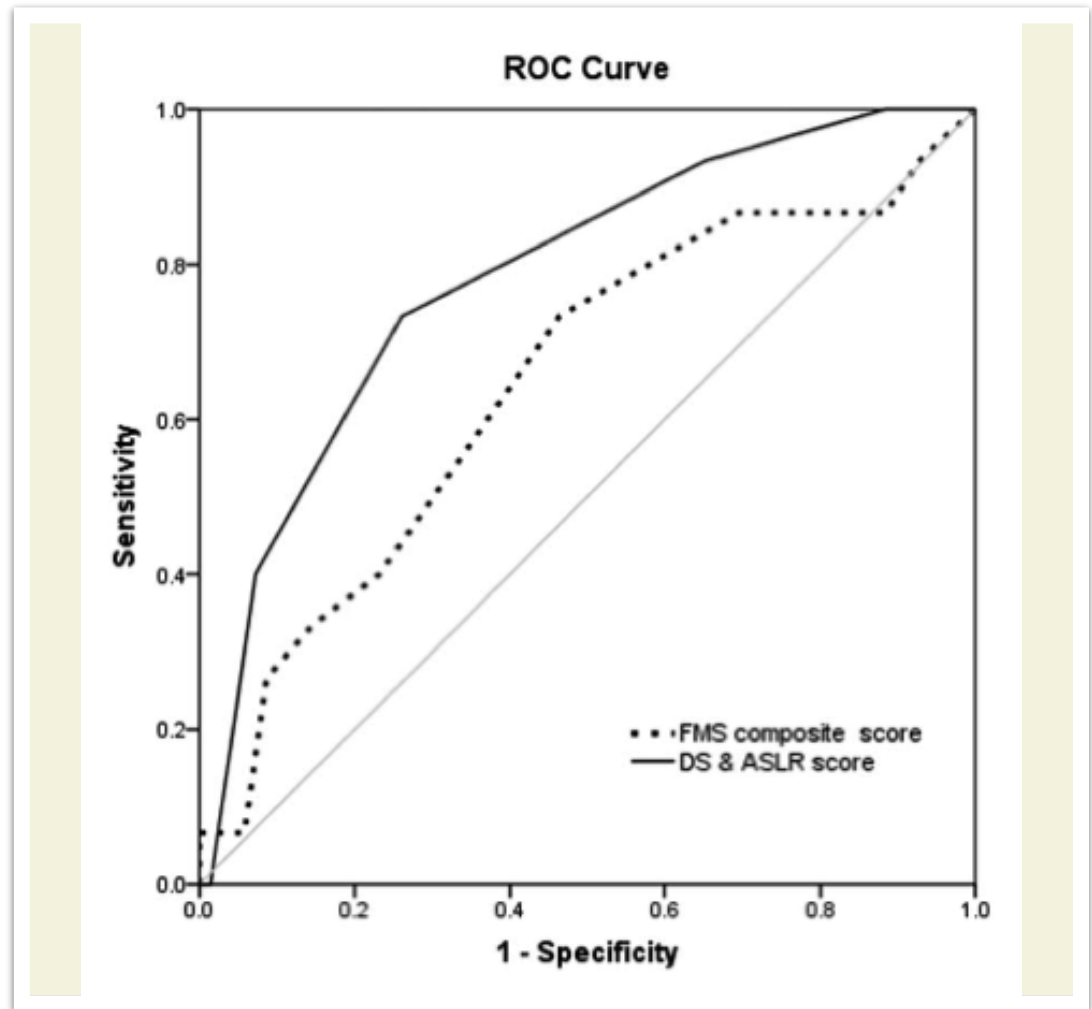
Dorrel et al., (2015) **Evaluation of the Functional Movement Screen as an Injury Prediction Tool Among Active Adult Populations: A Systematic Review and Meta-analysis.** Sports Health 7:6

Factor structure

Sum score is not a unidimensional construct, treat as 7 independent tests.

Kazman et al, (2014) JSCR 28:3

Adding non-significant data to significant data will diminish predictive power.



Hotta et al., 2015, JSCR 29:10

Using FMS across different populations



Different sports have different injury profiles.

Component tests that predict injury in one group of athletes may be irrelevant in another group.

Injury definitions

Severity

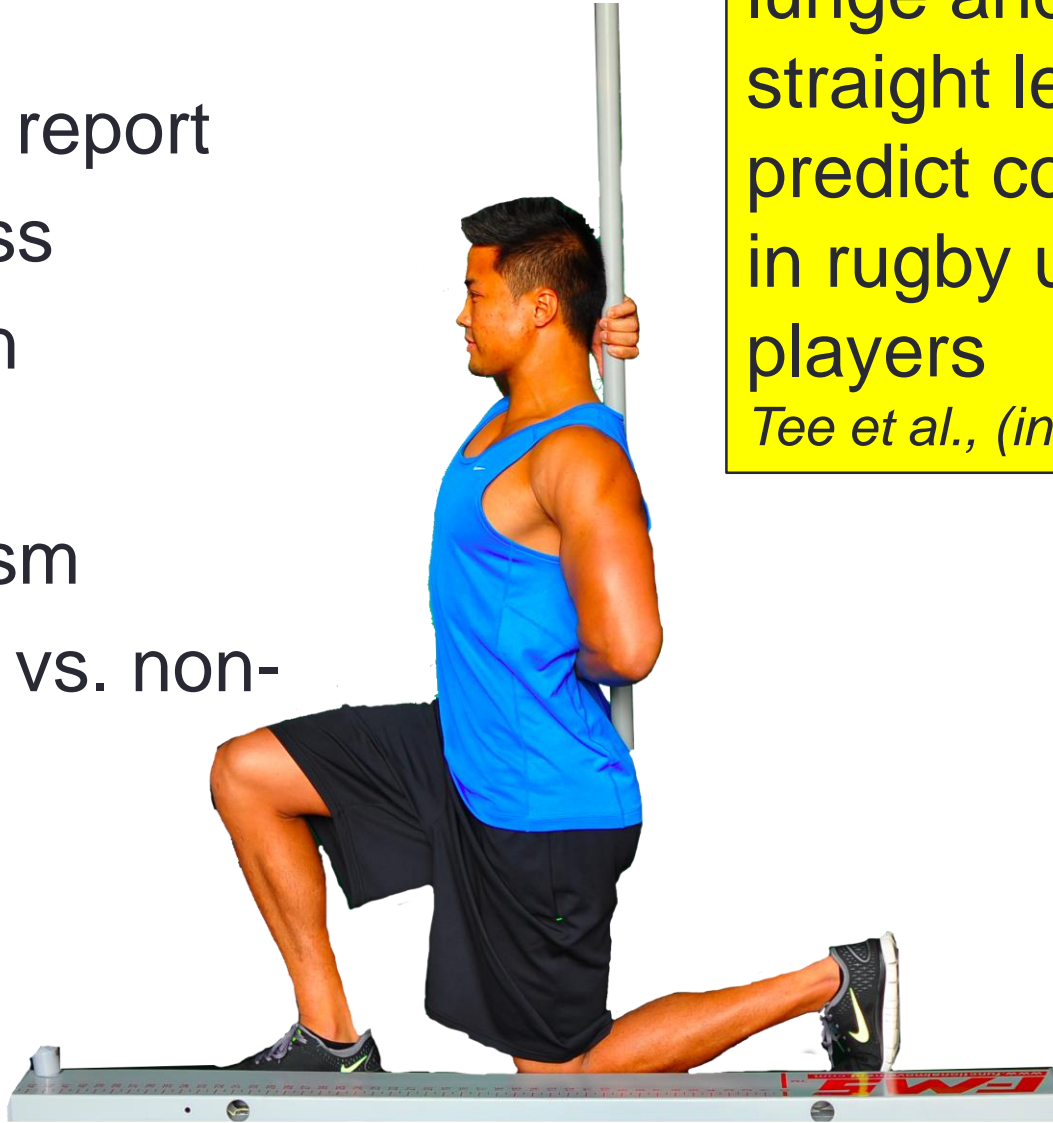
- Medical report
- Time loss
- Duration

Mechanism

- Contact vs. non-contact

Deep squat, in-line lunge and active straight leg raise predict contact injury in rugby union players

Tee et al., (in review)



How does FMS predict contact injuries?

Model: Disadvantageous tackle positions

Poor tackle technique = ↑ Risk of injury (Burger et al., 2015)

Dysfunctional movement patterns (low-FMS) may make it more difficult for players to get into the “ideal” tackle position



How does FMS predict contact injuries?

Dysfunctional movement pattern



Poor tackle technique



So use FMS?

These teams do...



ATLANTA
FALCONS



Not just injuries

FMS has been linked to long term improvements in performance.

Subjects: 121 Elite T&F athletes

Methods: Longitudinal 2010 to 2011

Results: +0.41% performance improvement in Hi-FMS group
+1.98% performance improvement in athletes who scored 3 for deep squat

Interpretation: High FMS scorers improve performance through improved ability to express force
OR
through less days missed due to injury



Improve program prescription

- Whole team analysis may reveal deficiencies in training program
- Design team program to correct trends
- e.g. – Whole team scores 2 on ASLR may indicate hamstring/hip flexor mobility insufficient



Take home messages

Scientific research has not conclusively validated the use of FMS to predict injury

This is possibly due to inadequate research design

FMS remains popular among elite S&C practitioners

Future research must focus on differentiating injury profiles in different sporting populations

Thanks for listening!



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