|  |  |
| --- | --- |
| Movement Screen |  |

# The movement screen is a tool designed to detect movement impairments observed during functional tasks and activities that will help you decide which additional tests and measures to include in the patient and client examination. The screen is designed to be used for all populations and in all settings. It’s recommended that, where possible, the patient or client performs all tasks so you do not miss relevant issues in systems/areas that you would not automatically think to assess. Since this is a screen and not a comprehensive examination, standardized instructions are not included as to how to perform these tasks. When observing the movement, the following may be used as a guide:

|  |  |
| --- | --- |
| **Quality of Movement to Observe** | **Description** |
| Speed of Movement | Time to complete the task. |
| Amount of Movement | Amplitude, excursion, ROM of movement required to complete the activity. |
| Symmetry of Movement | There may be natural asymmetries in a task. |
| Control | Smoothness, coordination, stability, sequencing, timing initiation. |
| Symptom Alteration | Guarded, shortness of breath, pain alteration. |

| **Activity/Task** | **Instructions** | **Impaired** | **Not Impaired** | **Unable to Perform**  **(check)** | **Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms)**  **(check if present)** |
| --- | --- | --- | --- | --- | --- |
| **Head Movement** | In either sitting or standing, instruct individual to:  Look up to ceiling or sky (extension).  Look down to floor or ground (flexion).  Look over left and right shoulders (rotation).  Bring left and right ear to same side shoulders (side bending/lateral flexion). |  |  |  |  |
| **Changing and Maintaining Body Position:** |  |  |  |  |  |
| Rolling | Instruct individual from supine position to:  Roll to the right.  Roll to the left.  Roll to prone. |  |  |  |  |
| Lying to Sit to Lying | Instruct individual in supine position to rise to sitting with feet dangling off mat/bed, then return to supine from dangling position. |  |  |  |  |
| Sit to Stand to Sit | Instruct individual in a sitting position to rise to stand, then return to sitting. |  |  |  |  |
| Squatting | Instruct individual to pretend to pick up a light object from the floor. |  |  |  |  |
| **Mobility:** |  |  |  |  |  |
| Crawling/ Walking/ Running/ Wheelchair | Instruct individual to:  Move forward on hands and knees (crawling).  Walk at a comfortable pace.  Run at a comfortable pace on a treadmill or over ground.  Self-propel at a comfortable pace in wheelchair. |  |  |  |  |
| Step Up and Step Down | Instruct individual to step up and down onto a single step, leading with right foot, then with left foot. |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hand and Arm Use:** |  |  |  |  |  |
| Reaching | Instruct individual in a sitting or standing position to:  Raise both arms over head as if reaching for an object on a high shelf.  Put both hands behind head.  Put both hands behind back. |  |  |  |  |
| Grasping | Instruct individual to hold and release object first with right hand then with left hand (this can be any object, including therapist’s fingers). |  |  |  |  |
| Manipulating | Instruct individual, using first one hand and then the other, to pick up an object and manipulate it (e.g., pick up a pencil, crayon, or toy and move it to the right). |  |  |  |  |

**Summary.** Based on the history and screen, check which systems require additional examination (check all that apply):

* Musculoskeletal
* Neuromuscular
* Cardiovascular/pulmonary
* Integumentary

**Last Updated:** 06/08/2020

**Contact:** practice-dept@apta.org