

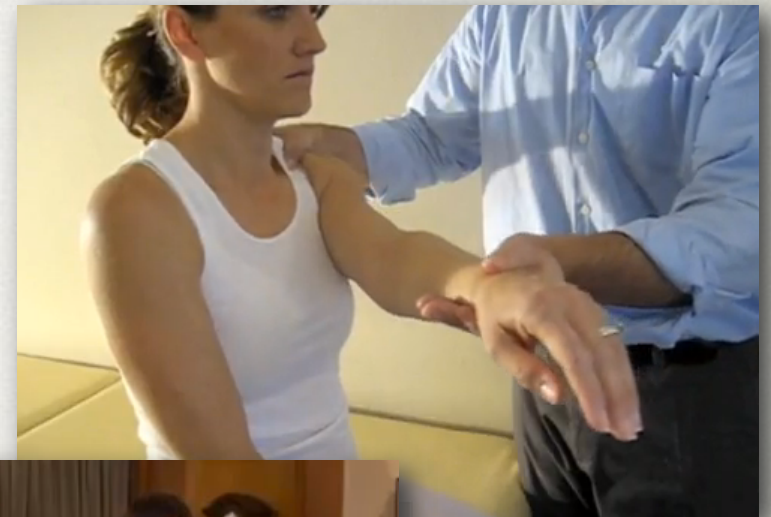
SPORTS MASSAGE

SPECIAL TESTS

HOLISTIC COLLEGE DUBLIN

SPECIAL TESTS - GENERAL

- **Crossover test** - Assesses the A/C Joint (ligaments) - stabilize the scapula, with the arm abducted to 90° than horizontally adduct.
- **Drop test** - Supraspinatus test, the arm is brought through 180° of abduction, than as the arm is lowered it drops from abducted position or there is pain from moderate to significant supraspinatus tear.
- **Speed test** - Tests Labrum of the Glenoid fossa and biceps tendon - Arm is flexed to 90° with the palm supine. client resists as the therapist presses down.



SPECIAL TESTS - ELBOW

- ***Tennis Elbow Test*** - Muscle resistance test for the forearm extensors with pressure applied to the proximal muscle tendon junction
- ***Golfers Elbow Test*** - Muscle resistance test for the forearm flexors with pressure applied to the proximal muscle tendon junction



SPECIAL TESTS - HIP

- **Ober test** - Contracture in TFL - with the client side lying the leg is abducted, extended with the knee flexed. The leg will not lower into adduction of TFL is tight.
- **Faber Test** - 'Flexion, abduction, rotation' - Passive 'figure of 4' with client supine. Vague test for hip and SI joint dysfunction. Positive is pain felt in the hip or SI joint. - further testing is required to identify the structure.



SPECIAL TESTS - HIP

- **Piriformis Test** - Muscle resistance test for Piriformis.
 - **Leg Length Discrepancy** - With the client lying supine, flex the knees and hips leaving the feet on the table with the backs of the heels level. If one knee appears higher than the other there may be a longer Tibia on the higher up knee. If one knee appears to extend further distally there may be a longer femur on this leg.
- *Note this is not definitive tests but is a useful guide.
- **Lateral Pelvic Tilt test** - Palpate the left and right Iliac (plural of ilium) and see if they are level.



SPECIAL TESTS - NECK

- **Adsons manoeuvre** - for neuro-vascular impingement - take the radial pulse, bring the arm into horizontal abduction, have the client turn the head towards you and inhale. Reduced pulse intensity indicates neuro-vascular impingement between the scalenes.
- **Cervical Compression**
- **Forward Head Posture**
- **Retracted Head Posture**



SPECIAL TESTS - LUMBAR THORACIC SACRAL

- **Straight Leg Raise (SLR)** - Sciatic nerve impingement - Client is supine, leg is raised into approximately 90° of flexion and the foot is dorsi flexed.
- **Ober test** - Contracture in TFL - side lying the clients leg is abducted, extended with the knee flexed. The leg will not drop into adduction of TFL is tight.



SPECIAL TESTS - LUMBAR THORACIC SACRAL

- **Slump test** - Spinal disc pathology - client is seated with the hip flexed, knee straight and ankle dorsiflexed. Keeping the chin up, head in neutral client rounds the back, 'slumping' forward until tension is felt in the leg. Then the head is brought into flexion. Test is positive if flexion increases pain or tension in the leg.
- **ASIS** - Palpate the bony landmark
- **PSIS**- Palpate the bony landmark



SPECIAL TESTS - KNEE

- **Anterior drawer test for the ACL** - With the client lying supine, flex the knee and hip leaving the foot on the table. Gripping the proximal end of the tibia pull the leg in an anterior direction. There should be little or no movement.
- **Posterior drawer test for the PCL**- With the client lying supine, flex the knee and hip leaving the foot on the table. Gripping the proximal end of the tibia push the leg in a posterior direction. There should be little or no movement.



SPECIAL TESTS - KNEE

- **MCL Valgus test** - Load the Medial Collateral Ligament by holding the medial aspect of the lower leg and applying pressure to the lateral aspect of the knee. Positive is pain felt in the MCL.
- **LCL Varus test** - Load the Lateral Collateral Ligament by holding the lateral aspect of the lower leg and applying pressure to the medial aspect of the knee. Positive is pain felt in the LCL.



SPECIAL TESTS - KNEE

- **Q Angle** - the Q angle is the angle formed by a line drawn from the ASIS to central patella and a second line drawn from central patella to tibial tubercle. A goniometer is used to accurately measure Q angle. In women, the Q angle should be less than 22 degrees, in men the Q angle should be less than 18 degrees. A typical Q angle is 12 degrees for men and 17 degrees for women.



SPECIAL TESTS - ANKLE

- **Anterior drawer test for the ankle** - to assess ATF and CF ligaments. Positive test - Pain on anterior draw
- **Morton's Squeeze** - To compress a Morton's Neuroma - Squeeze the distal metatarsal heads.
- **Thompson's test** - to assess for achilles tendon rupture. Positive test - no plantar flexion on squeezing Gastrocnemius and Soleus with client passive.
- **Calcaneal Squeeze** - To evaluate the Calcaneus for stress fracture squeeze the calcaneum.

