

Normative Data for the Functional Movement Screen in Collegiate Male Lacrosse Players

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The Functional Movement Screen (FMS) is a 7-step screen that evaluates the quality of fundamental movement patterns to determine potential injury risk. Previous reports have presented normative data for FMS scores, as well as prospectively identified that low scores (≤ 14) and pattern asymmetry are associated with increased risk of injury in professional football players. However, limited normative data exists for other athlete populations and we are unaware of any descriptive FMS data for collegiate male lacrosse players. **PURPOSE:** To determine normative values for the FMS in collegiate male lacrosse players. **METHODS:** A total of 35 collegiate male lacrosse players completed the FMS following the 2013 season. FMS testing included deep squat (DS), push-up (PU), shoulder mobility (SM), in-line lunge (ILL), hurdle step (HS), active straight leg raise (ASLR), and rotary stability (RS), which were scored on a 0-3 scale with a maximum score of 21. A score of 3 on any test indicated full movement completion without compensation. A score of 2 indicates movement completion but with compensation; a score of 1 indicates the movement was not completed; and a score of 0 was recorded if pain was reported with the movement. Descriptive statistics were calculated for FMS results. FMS composite scores were dichotomized as low (≤ 14) versus high (> 14) whereas movement asymmetry was defined as the presence of 1 or more right/left differences on any of the 5 tests scored unilaterally (HS, ILL, SM, ASLR, RS). **RESULTS:** The mean composite FMS score was 15.7 ± 1.4 (range 13 – 18), with 15 being the most frequent score among players (22.9 %). More than 20% (8 of 35) of participants scored ≤ 14 . Over two-thirds of players (25 of 35) had 1 or more asymmetries on any of the movements scored unilaterally; 28.6% (10 of 35) had 2 or more asymmetries. The highest frequency of 1s was recorded on the ASLR (17.1%); the highest frequency of 3s was noted for the PU (85.7%). The DS was the test with the highest frequency of 2 as a score (88.6%). RS and SM were the tests that exhibited the highest number of asymmetries (31.4 and 22.9%, respectively). **CONCLUSION:** This study provides FMS normative values for collegiate male lacrosse players. Further work is warranted to determine if low FMS scores and/or pattern asymmetry are associated with increased injury incidence in this population.