

## **Scores for the Modified Functional Movement Screen™ in Active Older Adults**

MARTIN DIETZE-HERMOSA, SAMUEL MONTALVO, LANCE GRUBER, LIZETTE TERRAZAS, MATTHEW GONZALEZ and SANDOR DORGO.

Fitness Research Facility; College of Health Sciences; University of Texas at El Paso; El Paso, TX

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*Category: Doctoral*

*Advisor / Mentor: Dorgo, Sandor (sdorgo@utep.edu)*

### **ABSTRACT**

The modified Functional Movement Screen™ (mFMS), an adapted form of the traditional FMS for older adults, consists of a battery of tests aiming at identifying areas of movement deficiency. Prompt identification of movement deficiency can help exercise practitioners create a tailored program to improve these limitations. **PURPOSE:** To establish normative values for the mFMS in healthy active older adults. **METHODS:** There were 141 individuals (56 males and 85 females; mean age  $\pm$  SD: age  $69.51 \pm 7.41$  years) who participated in the study. Participants performed an 8-10 minute warm-up at a self-selected pace on a treadmill or stationary bike then completed some dynamic stretches. Following the warm-up protocol, the mFMS screening test was administered, including the deep squat (DS), shoulder mobility screen (SM), lower body motor control screen (LB-MCS), active straight leg raise (ASLR), shoulder and ankle clearing tests. Due to the range of the mFMS scoring criteria (0-3) for screens and (pass/fail) for the clearing tests, all screens (DS, SM, LB-MCS, ASLR) and clearing tests (shoulder and ankle) were analyzed as categorical and not continuous variables. Consequently, percent counts were reported for each variable. **RESULTS:** The DS, which requires extensive mobility and motor control, presented a challenge for many subjects: only 17.0% of older adults were able to achieve a perfect score during the DS test. The majority of older adults (95%) did not report any pain during the ankle clearing tests. Similarly, a large proportion of older adults did not report any pain during the shoulder clearing tests (95.7% for the right and 96.3% for the left). More than half of the older adult subjects (53.9%) were able to pass both the right and left LB-MCS. A greater percentage of subjects (41.1%) were able to achieve a perfect score on the right SM compared to (26.2%) for the left. Lastly, the majority of subjects completed the ASLR with a perfect score, 68.8% and 68.1% for the right and left legs, respectively. **CONCLUSION:** This study highlights areas of mobility, stability, and movement proficiency that seem to be of concern across the active older adult population. Mobility among inactive, physically frail or untrained older adults may display lower scores and therefore screening should be approached with caution. Additionally, exercise practitioners working with active older adults may use values reported in this study as a reference point for comparison.