

The Movement Science Center

Selective Functional Movement Assessment Screen

The Selective Functional Movement Assessment is the movement based diagnostic system, designed to assess movement patterns in those with known musculoskeletal pain. This assessment provides an efficient method to find the cause of symptoms by breaking down dysfunctional patterns and diagnosing their root cause as a mobility or stability control problem. This process allows clinicians to clearly match their intervention to the main problem of the patient. -"FMS." SFMA. Web. 02 Feb. 2016.

Each Assessment of the SFMA must be scored with one of four possible answers:


1. Functional and Non-Painful [FN]
2. Functional and Painful [FP]
3. Dysfunctional and Non-Painful [DN]
4. Dysfunctional and Painful [DP]





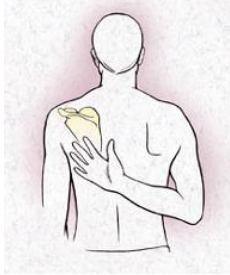
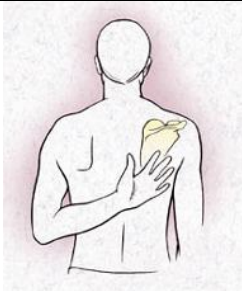
- The term **Functional** will describe any unlimited or unrestricted movement.
- The term **Dysfunctional** will describe movements that are limited or restricted in some way demonstrating a lack of mobility or stability within a given functional movement.
- The term **Painful** will denote a situation where the selective functional movement reproduces symptoms, increases symptoms, or brings about secondary symptoms that need to be noted. For painful movements, side notes may be used to help describe the nature and severity of the abnormality identified.

To complete the SFMA screen, perform each functional movement as described. For each movement, you will pick one answer from 4 possible answers: functional and non-painful [FN], functional and painful [FP], dysfunctional and non-painful [DN], and dysfunctional and painful [DP]. Once you have determined your SFMA outcome, mark an X in the box that corresponds with the appropriate selection. E-mail completed SFMA to _____@____.




Example:


Troy has just completed the active cervical flexion movement. Troy was not able to touch his chin to his chest; however, he did not experience any symptoms causing him pain. Troy's assessment can best be described as Dysfunctional and Non-painful [DN]. In the chart below, he will place an X under DN.

		FN	FP	DN	DP
<p>Active Cervical Flexion Stand erect with feet together and toes pointing forward. Attempt to touch your chin to your chest.</p>				X	

Name: E-mail: Phone:					
SFMA WELLNESS SCREEN		FN	FP	DN	DP
ACTIVE CERVICAL FLEXION Stand erect with feet together and toes pointing forward. Attempt to touch your chin to your chest.					
ACTIVE CERVICAL EXTENSION Stand erect with feet together and toes pointing forward. Tilt your head backwards, looking up toward the ceiling.					
CERVICAL ROTATION Stand erect with feet together and toes pointing forward. Rotate your head to the RIGHT, looking over your RIGHT shoulder.					
CERVICAL ROTATION Stand erect with feet together and toes pointing forward. Rotate your head to the LEFT, looking over your LEFT shoulder.					
UPPER EXTREMITY PATTERN 1 Stand erect with feet together and toes pointing forward. With the back of your RIGHT hand, attempt to touch your LEFT shoulder blade.					
UPPER EXTREMITY PATTERN 1 Stand erect with feet together and toes pointing forward. With the back of your LEFT hand, attempt to touch your RIGHT shoulder blade.					

Name: E-mail: Phone:					
SFMA WELLNESS SCREEN		FN	FP	DN	DP
UPPER EXTREMITY PATTERN 2 Stand erect with feet together and toes pointing forward. Reach overhead with your RIGHT hand, attempting to touch your LEFT shoulder blade.					
UPPER EXTREMITY PATTERN 2 Stand erect with feet together and toes pointing forward. Reach overhead with your LEFT hand, attempting to touch your RIGHT shoulder blade.					
MULTI-SEGMENTAL FLEXION Stand erect with feet together and toes pointing forward. Bend forward at the hips while reaching your fingertips to your toes.					
MULTI-SEGMENTAL EXTENSION Stand erect with feet together and toes pointing forward. Raise your hands above your head, elbows in line with your ears, and palms facing forward. Bend backward as far as possible, making sure hips go forward and arms go back simultaneously.					

Name: E-mail: Phone: <p style="text-align: center;">SFMA WELLNESS SCREEN</p>	FN	FP	DN	DP
<p>MULTI-SEGMENTAL ROTATION</p> <p>Stand erect with feet together and toes pointing forward. Rotate the entire body-hips, shoulders, and head- as far as possible to the RIGHT while your foot position remains unchanged.</p>				
<p>MULTI-SEGMENTAL ROTATION</p> <p>Stand erect with feet together and toes pointing forward. Rotate the entire body-hips, shoulders, and head- as far as possible to the LEFT while your foot position remains unchanged.</p>				
<p>OVERHEAD DEEP SQUAT</p> <p>With feet shoulder width apart and facing forward, extend hands overhead, with palms facing forward. Slowly descend as deep as possible into a squat position. Heels should remain on the floor with head and chest facing forward.</p>				

Name: E-mail: Phone: <p style="text-align: center;">SFMA WELLNESS SCREEN</p>	FN	FP	DN	DP
<p>SINGLE LEG STANCE Stand erect with feet together and toes pointing forward. Lift your RIGHT leg so your hip and knee are both at 90°. Hold for 10 seconds. Repeat for 10 seconds with eyes closed. (Movement from the original foot position, loss of balance, or flailing of arms are considered non-functional.)</p>				
<p>SINGLE LEG STANCE Stand erect with feet together and toes pointing forward. Lift your LEFT leg so your hip and knee are both at 90°. Hold for 10 seconds. Repeat for 10 seconds with eyes closed. (Movement from the original foot position, loss of balance, or flailing of arms are considered non-functional.)</p>	