TEST #1 DEEP SQUAT

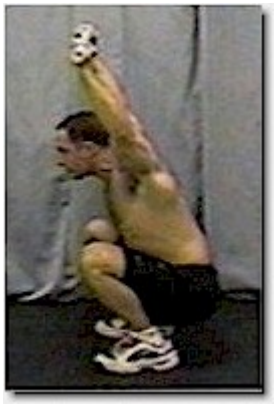
Purpose - The Deep Squat is used to assess bilateral, symmetrical, mobility of the hips, knees, and ankles. The dowel held overhead assesses bilateral, symmetrical mobility of the shoulders as well as the thoracic spine.

Description - The individual assumes the starting position by placing his/her shoulder width apart. The individual then adjusts their hands on the dowel to assume a 90-degree angle of the elbows with the dowel overhead. Next, the dowel is pressed overhead with the shoulders flexed and abducted, and the elbows extended. The athlete is then instructed to descend slowly into a squat position. As many as 3 repetitions should be performed. The squat position should be assumed with the heels on the floor, head and chest facing forward, and the dowel maximally pressed overhead.

If the criteria for a score of III are not achieved, the athlete is then asked to perform the subsequent test as indicated in the FMS Manual (Heels Elevated Deep Squat).

Criteria To Score A III

- Upper torso is parallel with tibia or toward vertical
- Femur below horizontal
- Knees aligned over feet
- Dowel aligned over feet



Clinical Implications For Deep Squat

The ability to perform the Deep Squat requires closed-kinetic chain dorsi-flexion of the ankles, flexion of the knees and hips, extension of the thoracic spine, as well as flexion and abduction of the shoulders.

Poor performance of this test can be the result of several factors. Limited mobility in the upper torso can be attributed to poor glenohumeral and/or thoracic spine mobility. Limited mobility in the lower extremity including poor closed-kinetic chain dorsi-flexion of the ankle and/or poor flexion of the hip may also cause poor test performance.