



*BOKSMART
MUSCULOSKELETAL
ASSESSMENT DATA
CAPTURING FORM*



Providing coaches, referees, players, and administrators with the knowledge, skills, and leadership abilities to ensure that safety and best practice principles are incorporated into all aspects of contact rugby.

BOKSMART MUSCULOSKELETAL ASSESSMENT DATA CAPTURING FORM

QUESTIONNAIRE

PERSONAL DETAILS:

DATE:

NAME:

AGE:

TEL. NUMBER:

EMAIL:

ID NUMBER:

DOCTOR'S TEL:

PLAYING EXPERIENCE (HIGH SCHOOL - PRESENT):

HIGHEST LEVEL ACHIEVED:

POSITION:

TRAINING HABITS:

DO YOU **WARM UP** PRIOR TO :

DO YOU **COOL DOWN** AFTER:

MATCHES: YES NO

MATCHES: YES NO

TRAINING: YES NO

TRAINING: YES NO

OFF SEASON TRAINING HABITS:

| SPORT | X PER WEEK | TIME |
|-----------------|------------|------|
| RUNNING | | |
| SWIMMING | | |
| HIKING | | |
| CYCLING | | |
| STRETCHING | | |
| WEIGHT TRAINING | | |
| OTHER | | |

PRE SEASON TRAINING HABITS:

| SPORT | X PER WEEK | TIME |
|-----------------|------------|------|
| RUNNING | | |
| SWIMMING | | |
| HIKING | | |
| CYCLING | | |
| STRETCHING | | |
| WEIGHT TRAINING | | |
| OTHER | | |

IN SEASON TRAINING HABITS:

| SPORT | X PER WEEK | TIME |
|-----------------|------------|------|
| RUNNING | | |
| SWIMMING | | |
| HIKING | | |
| CYCLING | | |
| STRETCHING | | |
| WEIGHT TRAINING | | |
| OTHER | | |

PROTECTIVE EQUIPMENT: REGULAR USAGE (80% OR MORE) DURING TRAINING AND GAMES

| PROTECTIVE EQUIPMENT | TRAINING | COMPETITION |
|------------------------|----------|-------------|
| ANKLE BRACE | | |
| KNEE BRACE | | |
| WRIST BRACE | | |
| MOUTH GUARD | | |
| OTHER (THERMAL SHORTS) | | |

(YES/NO)

ORTHOTICS:

DO YOU WEAR ORTHOTICS: YES NO

WHEN WERE THEY LAST CHANGED: (months)

INJURY HISTORY:

| REGION | LEFT/RIGHT | CURRENT INJURY | Past 12 months | Resolved | Injury |
|-------------------|------------|----------------|----------------|----------|---------|
| | | Yes/No | Yes/No | Yes/No | Specify |
| SHOULDER | | | | | |
| ELBOW | | | | | |
| WRIST | | | | | |
| HAND/FINGER | | | | | |
| NECK | | | | | |
| THORACIC SPINE | | | | | |
| LOWER BACK | | | | | |
| SACRO ILIAC JOINT | | | | | |
| HIP/GROIN | | | | | |
| QUADRICEPS | | | | | |
| HAMSTRING | | | | | |
| KNEE | | | | | |
| SHIN/LOWER LEG | | | | | |
| ANKLE | | | | | |
| ACHILLES TENDON | | | | | |
| FOOT | | | | | |
| OTHER | | | | | |

POSTURAL ASSESSMENT:

MARK WITH A TICK

| POSTURE COMPONENT | RATING SCALE | | |
|---------------------|-----------------------------|-----------------------|-----------------------------|
| | NORMAL | MILD ASYMMETRY | SIGNIFICANT ASYMMETRY |
| SHOULDER SYMMETRY | | | |
| SHOULDER ROUNDNESS | | | |
| HIP SYMMETRY | | | |
| | NORMAL | SCOLIOSIS CONVEX LEFT | SCOLIOSIS CONVEX RIGHT |
| SPINAL CURVATURE | | | |
| | INCREASED KYPHOSIS/LORDOSIS | NORMAL | DECREASED KYPHOSIS/LORDOSIS |
| THORACIC KYPHOSIS | | | |
| LUMBAR LORDOSIS | | | |
| | NORMAL | | KNEES HYPEREXTENDED |
| KNEE HYPEREXTENSION | | | |

FLEXIBILITY TESTS:

ACTIVE KNEE EXTENSION:

LEFT DEGREES
 RIGHT DEGREES

MODIFIED THOMAS TEST:

KNEE LEFT DEGREES
 RIGHT DEGREES

HIP LEFT DEGREES
 RIGHT DEGREES

ACTIVE INTERNAL AND EXTERNAL ROM:

INTERNAL LEFT DEGREES
 RIGHT DEGREES

EXTERNAL LEFT DEGREES
 RIGHT DEGREES

ANKLE DORSIFLEXION LUNGE:

LEFT DEGREES
 RIGHT DEGREES

SIT AND REACH:

CM

LUMBAR SPINE EXTENSION:

CM

LUMBAR FORWARD FLEXION:

CM

| | LEVEL OF SEGMENTAL STIFFNESS | YES | NO |
|--|------------------------------|-----|----|
| | LUMBAR STIFFNESS (L1-5) | | |
| | LOWER THORACIC (T7-T12) | | |

COMBINED ELEVATION TEST:

CM

SHOULDER ROTATION:

INTERNAL LEFT DEGREES
 RIGHT DEGREES

EXTERNAL LEFT DEGREES
 RIGHT DEGREES

POSTERIOR SHOULDER TIGHTNESS:

LEFT DEGREES
 RIGHT DEGREES

NEURAL MOBILITY TESTS:

ACTIVE SLUMP TEST

DEGREES

ULTT1

DEGREES

STABILITY AND STRENGTH:

4 POINT HOLD

MIN/SECS

BRIDGING HOLD

MIN/SECS

CALF HEEL RAISE

LEFT REPS
 RIGHT REPS

DEEP NECK FLEXORS

MIN/SECS

PROPRIOCEPTION:

MULTIPLE HOP TEST

Left

| | |
|--|------|
| | SECS |
|--|------|

Right

| | |
|--|------|
| | SECS |
|--|------|

SPECIAL TESTS:

ULTRASOUND OF LATERAL ABDOMINAL WALL

| CONTRACTED | | | | RELAXED | | | |
|------------|----|--|----|---------|----|--|----|
| LEFT | TA | | MM | LEFT | TA | | MM |
| RIGHT | | | MM | RIGHT | | | MM |
| LEFT | IO | | MM | LEFT | IO | | MM |
| RIGHT | | | MM | RIGHT | | | MM |
| LEFT | EO | | MM | LEFT | EO | | MM |
| RIGHT | | | MM | RIGHT | | | MM |

