

Flexibility Tests

Hamstrings

Client lays on the floor in the supine position, arms by their side

Trainer to place one hand under the clients lumbar vertebrae, with the other hand on the leg to be tested.

Trainer raises the leg being tested into hip flexion, until the client starts to go into a posterior pelvic tilt

This tilt will be felt as the spine starts to press into the trainer's hand

Assess the angle of flexion at which the pelvic tilt occurs. Repeat with the other leg, Ideal should be 80 to 90 degrees.

Iliopsoas

Client lies on the floor, supine position, with their arms by their side

Trainer places both hands on the lower leg, leaving foot relaxed; this will be the unassisted leg

Trainer raises the lower leg into the knee and then into hip flexion, pushing the knee towards the chest.

The pelvis will be taken into a posterior tilt, when the hip flexor becomes taught the assessed knee will start to lift of the floor.

Assess the angle at which this occurs, Repeat on the other side and compare with Ideal, approx 125 degree angle.

Quadriceps

Client to lie on the floor in prone position

Trainer to place one hand on the lower leg, leaving the foot relaxed, and the knee on the floor

Raise the lower leg into knee flexion, until the maximum movement can be felt.

Assess the angle, desired angle should be approx 140 degrees or the foot should touch the glutes

Adductors

Client to lie on the floor in supine position, with arms slightly out to the side

Trainer to place one hand on the assessed leg, holding just below the angle, whilst the other hand is placed on the opposite side, holding the anterior superior iliac spine (ASIS)

Pull assessed leg out toward trainer, taking the hip into abduction

Trainer to feel for the point at which the ASIS starts to move, indicating pelvic lateral tilt

Trainer to assess the angle at which this occurs, Repeat on other side. Ideal Angle should be 45 degrees

Pectoralis Major and Lattisimus Dorsi

Client to lie on floor in supine position, with a flat back (slight posterior tilt), with arms resting above head

Trainer to hold client arms at the wrist (gently), client to completely relax

Trainer to raise arms into shoulder flexion, then allow arm to gently fall into there passive state

If the pectoral muscle is tight, the arms will be pulled into extension, Ideal would be to have arms flat on floor at 180 degrees

5. Tight lats will try to pull the arms into adduction, ideal would be to have the arms lying by the side of the head at 180 degrees