FITNESS TESTING AFTER INJURY

DENNIS WRIGHT, M.C.S.P., Dip.T.P.
Area Superintendent Physiotherapist
Rochdale Area Health Authority

Testing for fitness after injury is devised to cater for 3 main considerations:

1. The stage of the inflammatory process;
2. The sport involved;
3. The playing position or role of the participant.

Suggested procedures following a knee-joint injury in a soccer player, in order to chart progress and to assess his relative fitness, are:

Test — for effusion
(i) patellar tap;
(ii) girth around the knee at mid-patellar and suprapatellar levels (compare with other knee)

Test — for ability to extend fully
(i) without resistance;
(ii) against resistance (e.g. 4 kg).

Test for returning mobility and strength with free and resisted active exercises in non-, partial- and full-weight bearing situations.

Accessory movement is tested in the sub-acute and chronic stage.

Co-ordination is tested in static and dynamic running situations to detect any impairment in gait by
(i) even timing;
(ii) even pacing.

Functional activities are now assessed, when the components of fitness are tested in their entirety
(i) running sideways;
(ii) pushing a plastic ball, a football, then possibly a medicine ball with the inside of the injured leg to test valgus stability, firstly with a straight knee then slightly flexed;
(iii) hopping skills are always useful for ultimate testing initially in a straight direction forwards and backwards, then in a series of decreasing concentric circles and finally, around a square whilst facing one direction;
(iv) a final test before allowing the player to participate in a full training routine would be to test both physical and mental confidence in a progressively vigorous block tackle against a wall and then the physiotherapist’s braced foot.