



LIMITLESS

Assessment & Collaboration

Making Movement Better!

PRESENTED BY

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Our experience

- Combined 50 years in the field.
- Current and past experiences includes:



Most Importantly...



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WE CARE!



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Session Objectives

1. Upon completion of this session, participants will be able to understand the **benefits of interprofessional collaboration** for their clients, athletes, patients and selves.
2. Upon completion of this session, participants will be able to **apply assessment strategies** in their client intakes and daily sessions.
3. By the end of session, participants will **understand the cardinal signs of injury** and how to apply them in their environment.
4. Participants completing this session will be able to **identify and recommend appropriate corrective exercise strategies**, exercise modifications appropriate for their individual clients needs.
5. By the end of the workshop, participants will walk away with **tools, and programming to facilitate collaboration and communication** with like minded fitness and healthcare professionals.



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Interprofessional Collaboration



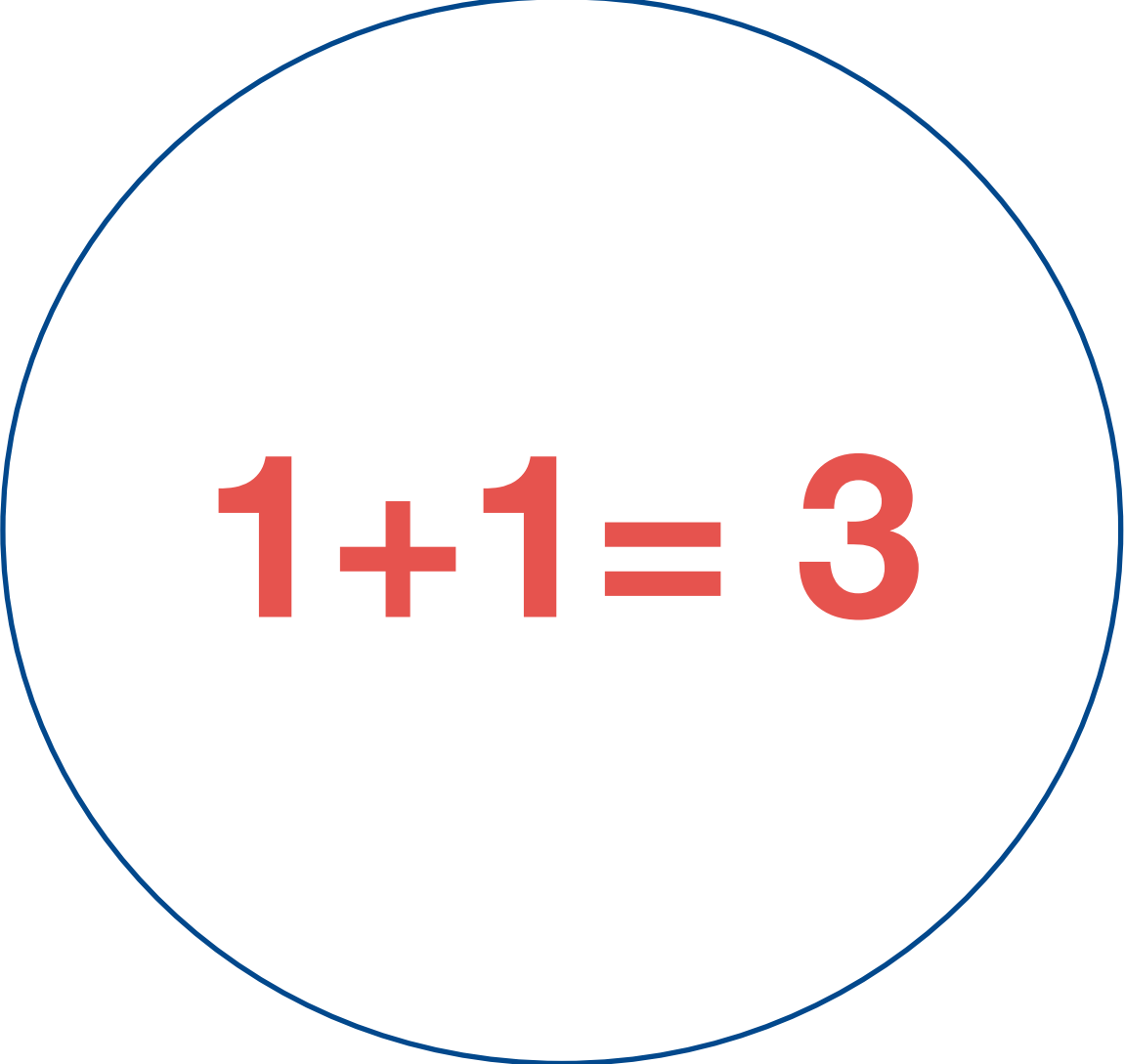
“A dynamic process involving two or more professionals with complimentary backgrounds and skills, sharing common goals, and exercising concerted effort to opening communicate and share decisions



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Collaboration: The facts...

- ➔ **Improved Outcomes**
- ➔ **Reduced Errors and Costs**
- ➔ **Increased Satisfaction**
- ➔ **Improved Cultural Competence**
- ➔ **Clients: Increasingly Complex Needs**


$$1+1=3$$



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Assessment

A hand holding a magnifying glass over a blurred background, symbolizing assessment or investigation.

“WIDE VARIETY OF METHODS OR TOOLS THAT EDUCATORS USE TO EVALUATE, MEASURE & DOCUMENT READINESS, LEARNING PROGRESS, SKILL ACQUISITION OR EDUCATIONAL NEED OF INDIVIDUAL(S)”

Teamwork:

“THE ACTIVITY OF WORKING TOGETHER IN A GROUP WITH OTHER PEOPLE, ESPECIALLY WHEN THIS IS SUCCESSFUL

Cambridge dictionary





Our industry

The Power of Collaboration: My Journey

Transactional

Show up, train my client/teach my class & go home
Investment – an hour

Transformational

Do more research
Ask more questions
Involve more people
A lot more curious

Investment = lifetime

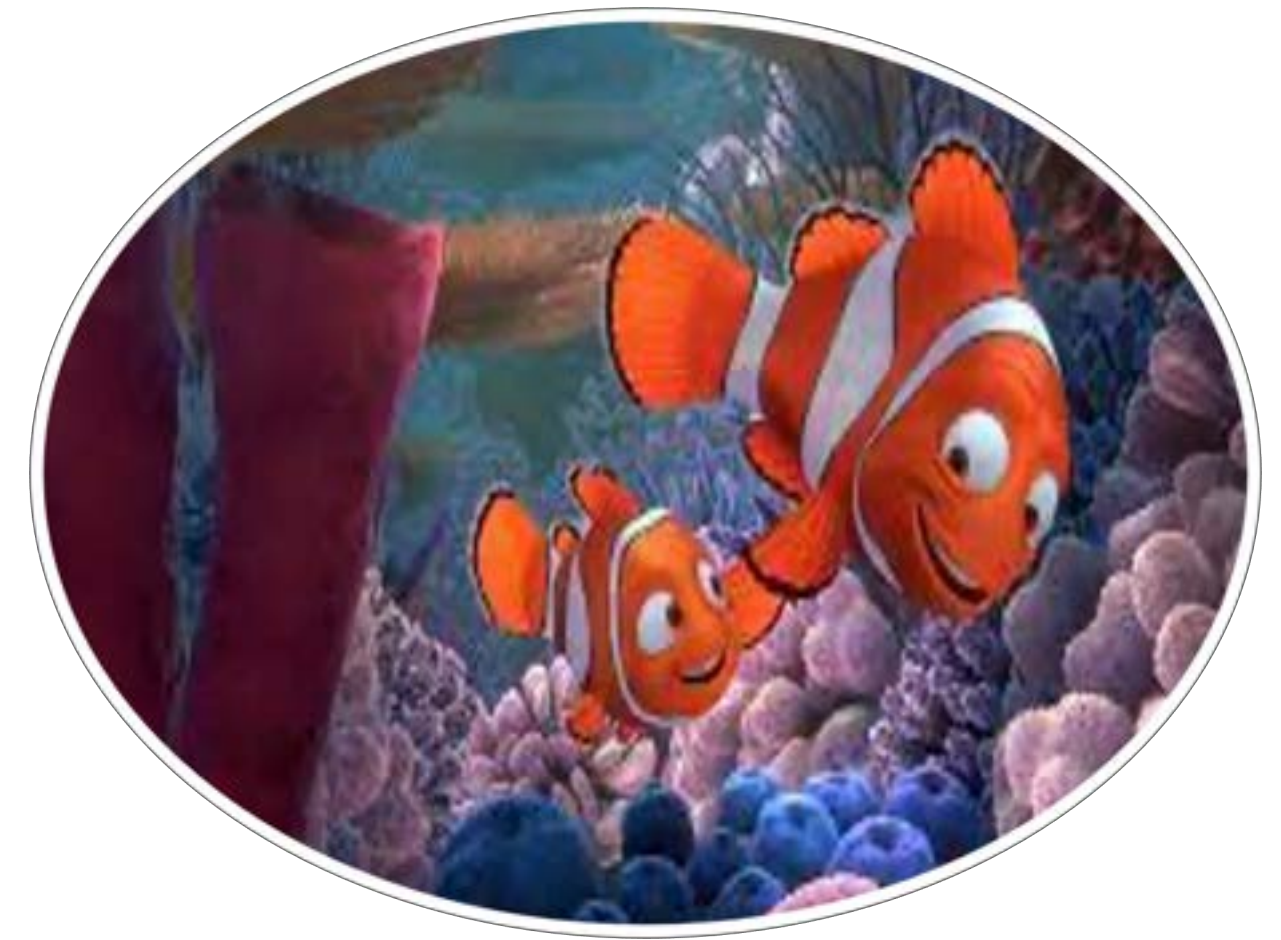


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Why don't people work together?



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Strategies for Collaboration

- Good Communication
- Respecting and Understanding Roles
- Appropriate Skill Mix
- Flexibility
- Client/Athlete Focuses



Nancarrow, S. et al. (2013). Ten principles of good interdisciplinary teamwork. *Human resources for health*, 11, 19. <https://doi.org/10.1186/1478-4491-11-19>



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Strategies for Client / Participant Success

- **Build abilities**
- **Build resilience**
- **Manage demands of sport/activity**
- **Manage demands of life!**



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Movement Continuum Theory



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To Train or Not Train, That is the question!

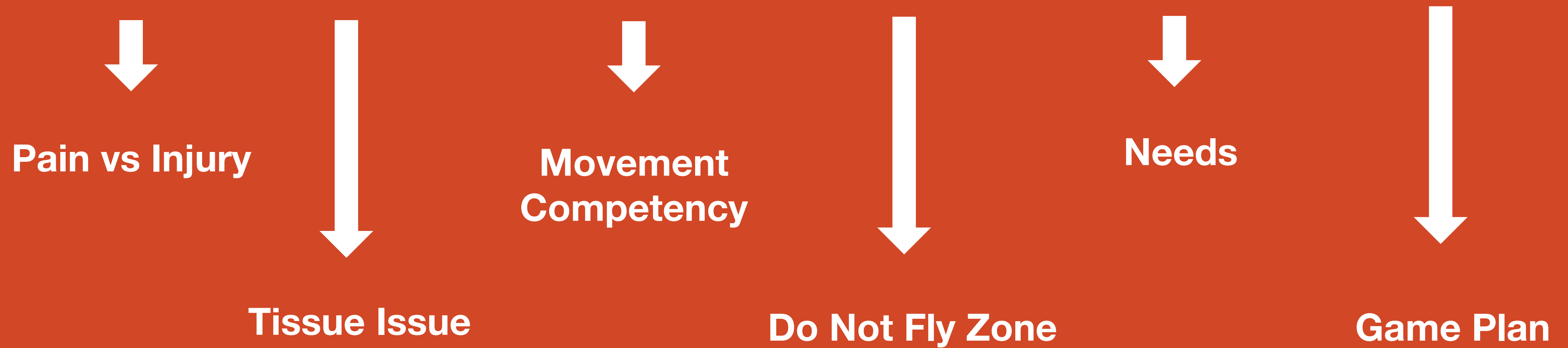


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Why Assess?

- Determines Risk
- Detects Change
- Directs Action
- Educates Client
- Strategies
 - Assess vs Screen
- Tools for assessment
 - SRQ, Movement Screens: MAPS/FMS/Fusionetics

ASSESSMENT = OUTPUT



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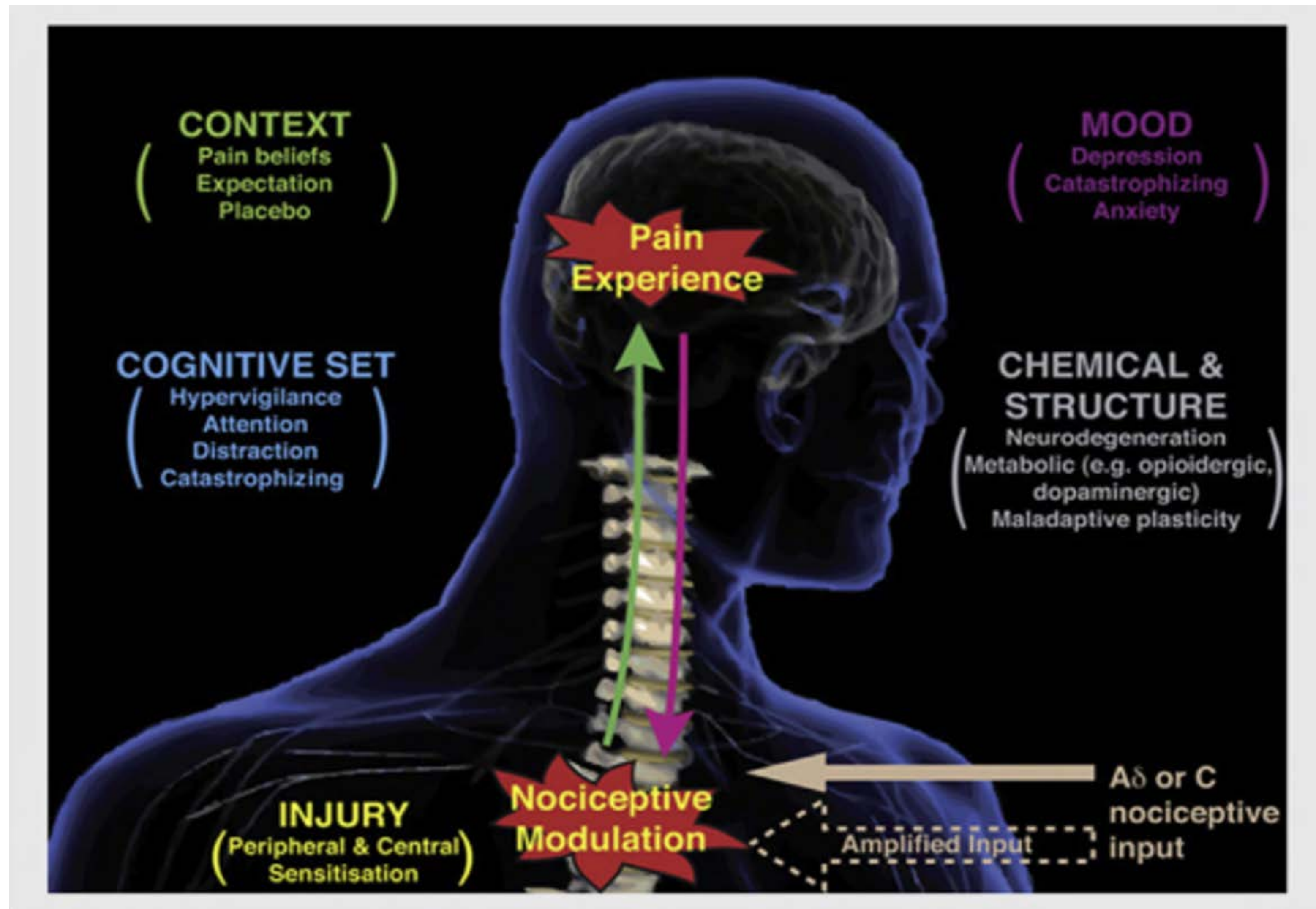
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INJURED?



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Amelia



Derek



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Amelia



Pain - Modify + Refer

Derek



Injured - Refer

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Case Scenarios



How would you assess?

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Global Mvmn't Assessment

Local Mvmn't Prep

As diagnostic as it gets



Over Head Squat

Adapting programming/load based on what you see in the moment



Movement Prep

Making them as 'available' as possible in the moment

Assessing during the session looking for: Mechanical Breakdown, skill acquisition & loss of focus/interest

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ASSESSMENT without Tools/Tech

Wellness Questionnaire !

Client A

Mood



Hydration



Soreness



Energy



Sleep



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ASSESSMENT without Tools/Tech

Wellness Questionnaire !

	Client A	Client B
Mood	↓	↑
Hydration	↓	↑
Soreness	↑	↓
Energy	↓	↑
Sleep	↓	↑

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Assessment Recap

Global Movement Assessment / Local Movement Prep

Overhead Squat

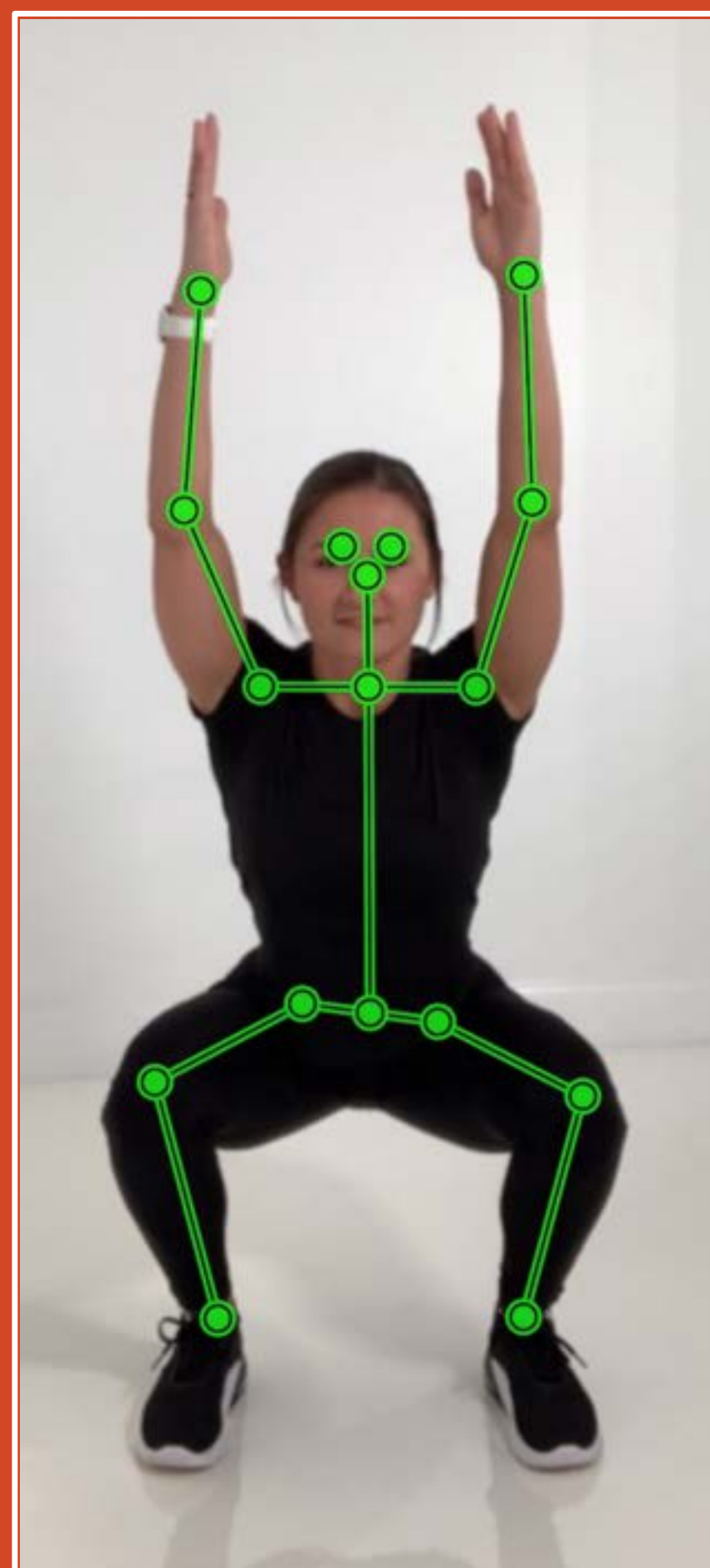
Movement Prep – Ankles, Hips & Spine

Wellness/Readiness Assessment



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The Overhead Squat



Why use it?



What is the standard?



Common Faults?

- Ankle
- Knee
- Hip
- Lumbar Spine
- T-Spine
- Shoulder

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Movement Prep as Assessment



- ➔ Positional -> Transitional Competence
- ➔ “Eyes on Floor”
- ➔ Squat vs. Hinge vs. Overhead Pressing

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ATHLETE COMMUNICATION LOG					
		DATE: 3/2/16'	DATE:	DATE:	DATE:
SUBJECTIVE		Reports overall improvements since evaluation, (L) LB remains, worse with forward bending, squatting Reports compliance with Regen protocol, breathing Chiro visit tomorrow			
ASSESSMENT		TISSUE DIAGNOSIS: Discogenic pain, facet arthropathy BIOMECHANICAL IMPAIRMENTS: flexion intolerant, pain at end range lumbar extension (+) LLNT, Right Scap dysfunction ASLR- Left-0, Right -2, toe touch- 0, segmental extension- pain at end, top->down core instability	TISSUE DIAGNOSIS: BIOMECHANICAL IMPAIRMENTS:	TISSUE DIAGNOSIS: BIOMECHANICAL IMPAIRMENTS:	TISSUE DIAGNOSIS: BIOMECHANICAL IMPAIRMENTS:
NO FLY ZONE		Pain Lumbar flexion End range lumbar extension, rib flare			
PREHAB MOBILITY NEEDS: Hinge mobility Thoracic mobility T4-7	Prim	Hinge Mobility L1			
	Secou	T/L self tissue			
PREHAB STABILITY NEEDS: multiplanar stability top->down	Prim	Core 101			
	Secou				
RECOVERY NEEDS: intermittent decompression decrease tone HS,T/L		Decompression protocol NS lumbar kinesiology tape			
PLAN		MODIFICATIONS: Load hinge as tolerated perform SL squat variants PLAN OF CARE: PT prior and post training day DC 1x/wk			
HOME PROGRAM		Edge Band HS mobility every other hour Core 101 Decompression Protocol T/L self tissue			

Athlete Communication Log- (Derek)

- **Subjective** - Derek presents with an acute low back pain and radicular symptoms
- **Assessment** - **Tissue Diagnosis:** Discogenic Pain **Biomechanical Faults:** Toe Touch: 0; ASLR: R- 1, L-0; (+) LLNT, etc.
- **No Fly Zone** - Hinge Pattern, Loaded Squat, Avoid Pain, Neutral Spine Only, Lumbar Compression etc.
- **Prep Mobility** - Hinge Mobility Level 1, T-Spine and Lat MFR
- **Prep Stability** - Deep Core L2, Glute L3
- **Recovery** - Lumbar Decompression, Pneumatic Compression, Rehab
- **Plan** - Continue REHAB, activity modifications as above, reassess in 10 days
- **Home Program** - REHAB HEP, Anti-inflammatory diet,

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PLANKING: MADE BETTER



“Feeling is believing!”

Assess:

- Bird Dog Play

Correct:

- 6 point plank
- Dead bug with co-contraction

Pro Tips:

- Go 3-D
- Use the Movement Continuum
- Mind your time
- “The hardest version you can do well”

PUSHING: MADE BETTER



“Mostability”

Assess:

- Standing plank at wall

Correct:

- Quadruped “C” Stretch
- Wall Bug
- MiniBand Series

Pro Tips:

- Respect the “Do Not Fly Zone”
- Impingement vs. Tendinopathy
- Use Vibration

PULLING: MADE BETTER



“Lats for Days”

Assess:

- Overhead mobility at wall

Correct:

- Lat Self MFR
- TRX Wall Slide

Pro Tips:

- Respect the “Do Not Fly Zone”
- Go Unilateral

SQUATING: MADE BETTER



“Respect Your Architecture”

Assess:

- Ankle Mobility at Wall

Correct:

- Self Ankle Joint Mobility
- Side lying Quad stretch
- Step-Ups

Pro Tips:

- Unload to restore and maintain mobility
- Slow Roast, Do Not Pressure Cook

LUNGING: MADE BETTER



“Elevator Not Escalator”

Assess:

- Single Leg Stance

Correct:

- Mindful Walking
- Kick Stand Stretch

Pro Tips:

- Go Backwards
- Respect the Plank

HINGING: MADE BETTER



**“A Good Hinge is the
Knee’s Best Friend.”**

Assess:

- Toe Touch

Correct:

- Hamstring Rocker Self MFR
- TRX Low Back Stretch

Pro Tips:

- Elevate the ground (decrease ROM)
- Low back pain? Think Tissue Load

Sometimes we lead

Sometimes we follow

Sometimes we need to get out of the way

A great practitioner knows when to do what

Finding the right path

focus on greatest need

coach as if last

someone wants your job

A decorative border of stylized floral and leaf motifs in blue and yellow surrounds the central text. The motifs include various leaf shapes, stems, and a small star-like flower.

What if
joy
is my only
metric for success?

What would that look like?

THANK YOU!

With gratitude & respect,

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