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Stability vs Mobility

Brian Richey, Balanced Body Faculty

Stability



THE WORLD IS BEAUTIFUL OUTSIDE WHEN THERE IS STABILITY INSIDE.

- ♦ The quality or state of something that is not easily changed or likely to change
- ♦ The quality or state of something that is not easily moved
- ♦ The quality or state of someone who is emotionally or mentally healthy

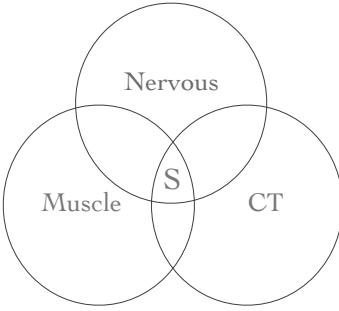
Definition courtesy of Merriam-Webster Dictionary

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Joint Stability



- ♦ **Joint stability** refers to the resistance offered by various musculoskeletal tissues that surround a skeletal **joint**.
- ♦ Several subsystems ensure the **stability** of a **joint**.
- ♦ These are the passive (Connective Tissue, ligaments, bones, joints), active (muscle tone) and neural subsystems (nervous system)


Definition courtesy of Merriam-Webster Dictionary

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Mobility



- ♦ Capable of moving or being moved
- ♦ The ability to move in one's environment with ease and without restriction.

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Pain Patterns



- ♦ Pain in a joint can be caused by **either** a lack of stability or mobility.
- ♦ We need to look not only at the joint involved but the surrounding joints

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Joint Stability



- ♦ If pain is in a stable joint, ask
 - ♦ Is there enough stability in this joint?
 - ♦ Is there a lack of mobility in the above or below joint?
- ♦ If it is in a mobile joint, ask
 - ♦ Is this joint too mobile?
 - ♦ Are my surrounding joints stable enough?

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Lack of Mobility Patterns



- ♦ Loss of mobility in the Ankle = Knee Pain
- ♦ Loss of mobility in the Hip=LBP, Knee Pain
- ♦ Loss of mobility in the Thoracic Spine=Cervical, Shoulder or LBP

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Davis's Law



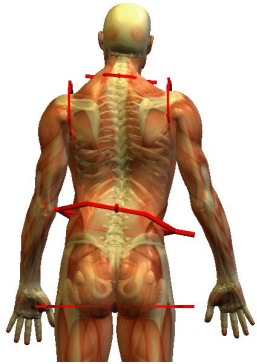
- ♦ Ligaments, muscle and other soft tissue when placed under appropriate tension will adapt over time by lengthening and conversely, when maintained in a loose or shortened state over a period of time with gradually shorten.

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Do We Need to Assess?



- Assessment is vital, if you don't know what and why you are doing release work you are wasting the clients time and money.
- Assessments can be done as part of your general assessment
- Can also be done during each session
- Watch them move!!!**

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Assessment

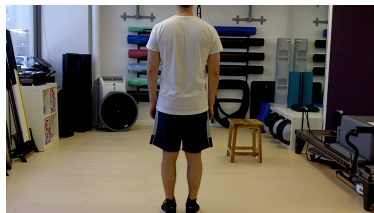
- Trendelenburg Test
 - Hip Sway?
 - Body Lean?
 - Anterior Drawer Test
 - Any movement?
 - Squat Test
 - Femoral Rotation
- Scapular Humeral Rhythm
 - Even side to side?
 - Frontal and Sagittal
 - 2:1 rhythm?
 - Quad 1 Arm Raise
 - Scapular Stability
 - Collapse? Even?
 - Forward Lean Test
 - Both sides firing?
 - Firing at the same time?

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Trendelenburg Test



- Stand on 1 foot (may need balance assist)
- Note:
 - Difference between sides
 - Leaning toward standing leg
 - Slinging out or rotation of hips
 - Weak glute med
 - Hiking of hips
 - Overactive/Tight QL

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Squat Test



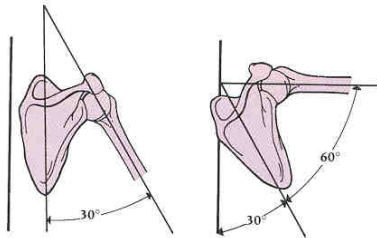
- Perform a squat 3 x
- Note:
 - Difference between sides
 - Does one patella point inward=internally rotated femur
 - Weak Glute Med/Tight Adductors
 - Balance between each side
 - Heels coming up
 - Tight/Overactive Calves

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Scapulo-Humeral Rhythm



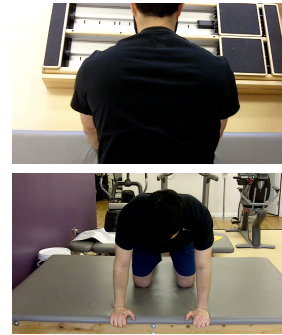
- Humerus to Scapula movement ratio is 2:1.
- In upward rotation it becomes apparent after 30°.
- In GH Flexion it becomes apparent after 60°.
- Normal Movement: balanced upper and lower trap activation = no unwanted elevation.
- Proper serratus anterior activity for upward rotation while remaining stable to the thorax.



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Quad/Hover 1 Arm Raise



- In quadruped, with good scapular stability, lift one arm
- Inferior angle needs to be spread wide
- Trap 1 need to be relaxed



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Forward Lean



- With fingers in the groove between the erectors and spinous processes, feel your multifidus.
- As you lean forward, do they fire evenly? Same force?
- If not, the one that is firing late, place that leg behind the other and repeat. Keep adjusting leg position until they are even or the lagging one is now in firing first.
- 10 reps, then bring feet slightly closer together and repeat keeping them firing as close together as possible,
- Repeat until feet are together



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Assessments - Mobility

Assessments:

- Faber Test
 - Even on both sides?
- Thomas Test
 - IT Band, Hip Flexor, Quadriceps
- Ankle ROM
- Cervical ROM
- Appley Test
 - Rotator Cuff
- Compare Sides
- Standing Roll Down
 - Where is flexion coming from
- Telescoping Arms
 - Thoracic Rotation
 - Compare Sides



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Faber Test



- ♦ Watch for:
- ♦ Difference between sides
- ♦ Any areas that hang up or cause pain

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Thomas Test



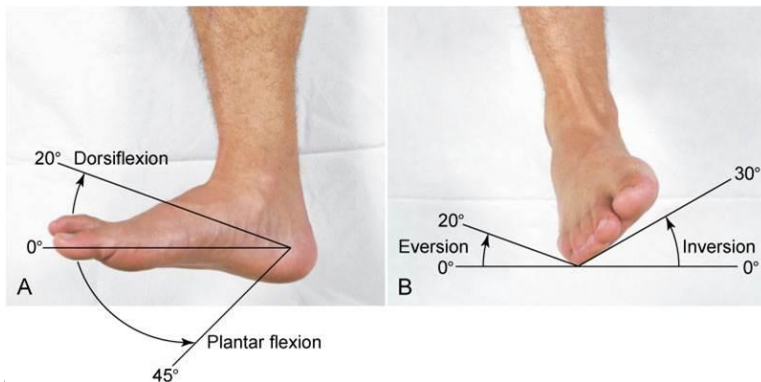
- ♦ Watch for:
- ♦ Hip above the table= Tight Hip Flexors
- ♦ Femur Ext. Rotation= Tight IT Band
- ♦ Knee bend >90= Tight Quads

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Ankle ROM

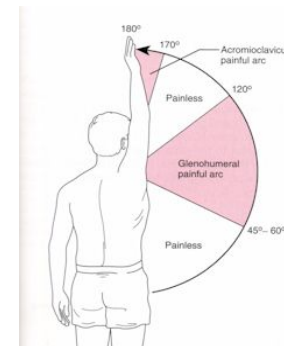


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Painful Arch



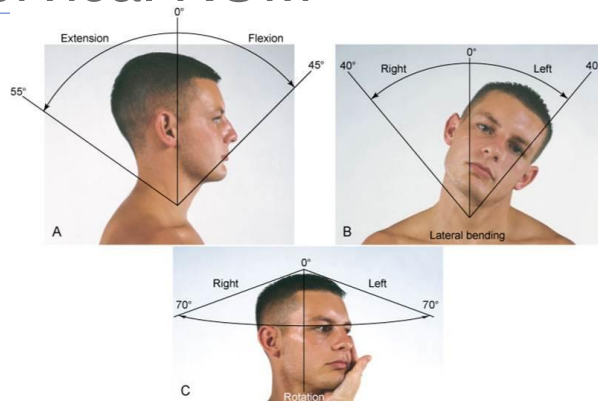
- ♦ Pain between 60°-120° = Rotator Cuff Impingement
- ♦ Pain above 170° = AC Joint impingement

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Cervical ROM



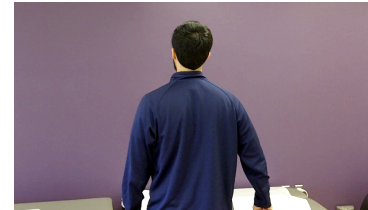
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Appley's Test (Scratch)



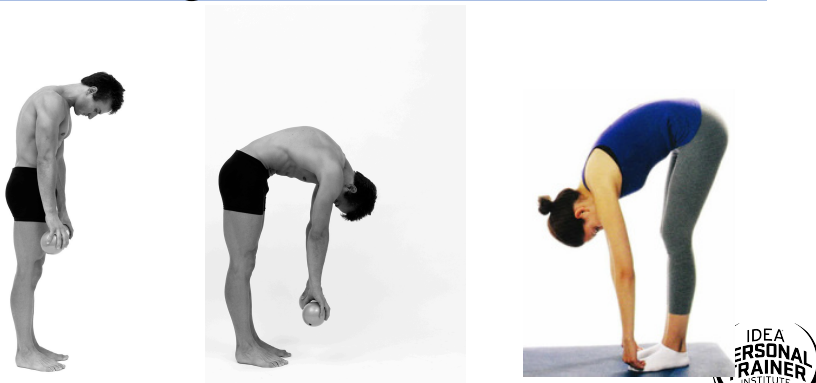
- One arm overhead, elbow flexed & opposite arm behind back, try to touch.
- Difference between sides
- Demonstrates Rotator cuff weakness
- Upper arm**=Ext Rot Strength, Int Rot Flex **Lower arm**=Int Rot Strength, Ext Rot Flex

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Standing Roll Down



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Telescope Arms



- Side lying, top leg on Foam Roll, arms extended, top arm slightly beyond lower, head supported.
- Slowly trace your top arm along bottom arm and chest while rotating your thorax so your head and chest are facing up.

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Muscle Anatomy



- There are 2 categories of muscle in terms of functional movement: (1)
- Mobilizing
- Stabilizing
- When talking about imbalance or dysfunction, both need to be addressed.



Mobilizing Muscles

- Superficial
- Fast Twitch
- Often Bi-Articular
- Source of Torque
- Build Tension Rapidly
- Fatigue Quickly
- Better Activated at High Levels of Resistance
- More Effective in Open Chain Movements
- In Muscle Imbalance, Tends to Tighten and Shorten



Stabilizing Muscles

Primary

- Deep, Close to the Joint
- Slow Twitch
- Usually Mono-articular
- No Significant Torque
- Short Fibers

Secondary

- Intermediate Depth
- Slow/Intermediate Twitch
- Usually Mono-articular
- Often a Source of Torque
- Attachments are Multipennate



Stabilizing Muscles



- Builds Tension Slowly
- More Fatigue Resistant
- Better Activated at Low Levels of Resistance
- More Effective in Closed Chain Movement
- In Muscular imbalance tends to Weaken and Lengthen



Stability Exercises

- ♦ Forward Lean
- ♦ Pregnant Cat
- ♦ FR Knee over Navel
- ♦ Hip Ext Holds
- ♦ Quad 1 Arm Lift
- ♦ Seated Statue
- ♦ FR Shoulder Flexion
- ♦ FR Shoulder Abduction
- ♦ FR Ext Rotation
- ♦ 1 Foot Balance w/ Band Arm abduct
- ♦ Togu Ball Cervical Routine
 - a. Retraction
 - b. Rotation
 - c. Nods

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Forward Lean



- ♦ With fingers in the groove between the erectors and spinous processes, feel your multifidi.
- ♦ As you lean forward, do they fire evenly? Same force?
- ♦ If not, the one that is firing late, place that leg behind the other and repeat. Keep adjusting leg position until they are even or the lagging one is now in firing first.
- ♦ 10 reps, then bring feet slightly closer together and repeat keeping them firing as close together as possible,
- ♦ Repeat until feet are together

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Joint Stability



- ♦ Quadruped, Neutral spine. Pull belly off the floor and hold. Release and repeat.
- ♦ Add perturbation to the body.

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Joint Stability



- ♦ Foot on thigh, knee over navel.
- ♦ Activate Internal Oblique
- ♦ Add hand lift
- ♦ Both arms extended, abduct 1 arm

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Hip Ext Holds



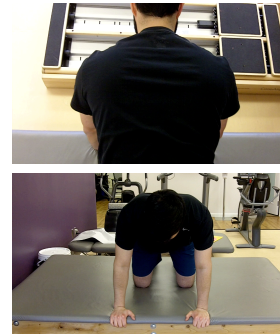
- ♦ Lying over a ball, neutral spine, squeezing the glute, extend hip and hold for 10 sec.
- ♦ Repeat 5-10x on each side. 2 Sets.

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Quad/Hover 1 Arm Raise



- ♦ In quadruped, with good scapular stability, lift one arm
- ♦ Inferior angle needs to be spread wide
- ♦ Trap 1 need to be relaxed

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Seated Statue



- ♦ Seated on a chair or ball, arms crossed at the chest. Stand behind client.
- ♦ Apply light pressure at different angles to clients shoulders.
- ♦ Flexion, Extension, Lateral Flexion, Rotation.
- ♦ Focus on speed rather than intensity.

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Foam Roller Shoulder Flexion



- ♦ Hands begin shoulder width apart, then abduct arms pulling band slightly apart
- ♦ Keeping the ribs down take hands overhead.
- ♦ If client has pain, stop at a point before the point of pain

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Foam Roll Shoulder Abduction



- ♦ Hands begin shoulder width apart, then abduct one arm, pulling band apart. Alternate sides

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Foam Roll Ext. Rotation



- ♦ Lying on the foam roll; keeping your elbows at your sides;
- ♦ Externally rotate your arms.

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Togu Cervical Work (Cervical)



Stability



Mobility



Mobility

Throughout each, gentle retraction into the ball

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Mobilizing Exercises

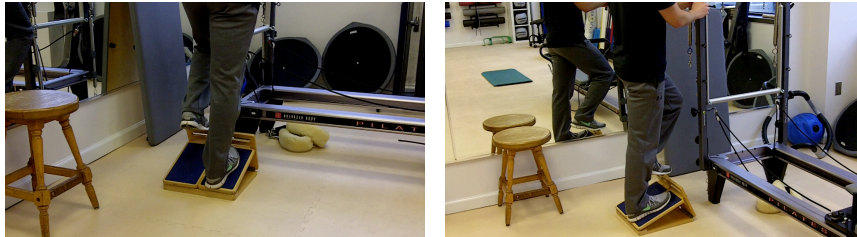
- ♦ Ankle
 - a. Slant Board w/movement
 - b. Squatted Knee Rotations
- ♦ Hip
 - c. Pelvic Rocking
 - d. Togu Pelvic Circles
 - e. Togu/FR Lumbar Flexion
- ♦ Thoracic
 - a. Chicken Wing
 - b. Telescoping Arms
- ♦ Cervical
 - c. Togu Rotations
 - d. Togu Nods

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Ankle Mob.-Slant Board

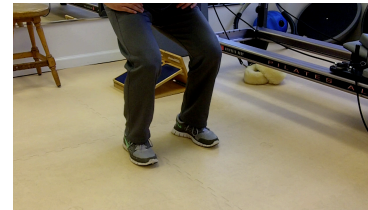


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Squatted Ankle Mobilization



- ♦ In a squatted position, rotate from the knees while keeping the ankles still

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Pelvic Rocking



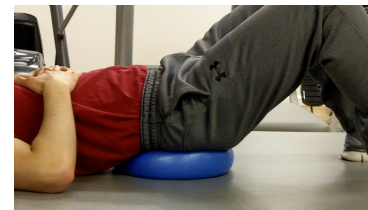
- ♦ In quadruped, one knee and hand slightly in front of the other
- ♦ In a straight line rock forward and back

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Togu Pelvic Clocks



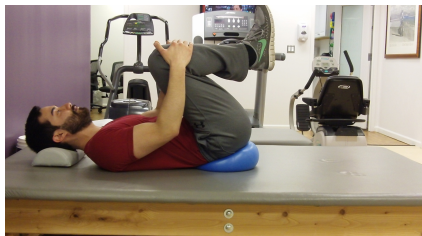
- ♦ With the Togu ball under your pelvis, imagine your pelvis is a clock. You have a marble at the center of the clock.
- ♦ Tip the clock so the marble rolls to 6 o'clock then back to center.
- ♦ You can also perform 3 and 9 o'clock.

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Togu Lumbar Stretch



- ♦ With the Togu ball under your pelvis, pull your knees into your chest.

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Quad “Chicken Wing”



- ♦ Quadruped, one hand behind head reaching elbow through. Keep Spine long and neutral.
- ♦ Rotate elbow up toward the sky, head and chest follow.

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Telescope Arms



- ♦ Side lying, top leg on Foam Roll, arms extended, top arm slightly beyond lower, head supported.
- ♦ Slowly trace your top arm along bottom arm and chest while rotating your thorax so your head and chest are facing up.

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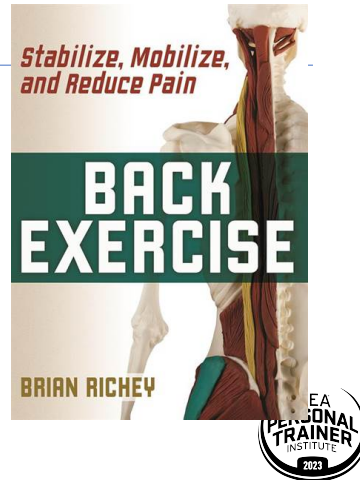
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Back Exercise: Stabilize, Mobilize and Reduce Pain

By Brian Richey

My new book deals is for anyone who has or has a client dealing with low back pain. It goes into depth on specific spinal pathologies as well as non-specific low back pain, explaining each pathology, highlighting the contraindications and prescribing specific exercise programing to train and progress them safely.



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