



Body-in-Motion Assessment

- Overhead Squat
- Single Leg Stance
- Thoracic Rotation
- Rolling Patterns

Functional Yoga Therapy™

Always address the Hips and Ankles Before Assessing the Knees

Where
you think
it is, it
ain't.

Ida Rolf

PUNKED



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Assessing with Overhead Squat

Identifies movement dysfunctions, muscle imbalances, and inefficiencies in movement patterns. Highlights issues: excessive forward lean, arms falling forward, poor ankle mobility, and compromised lumbar spine posture.

Assess first:

- Is there one leg dominance
- Upper torso parallel to tibia
- Does pelvis rotate out of neutral
- Ankles even (supinate/pronate)
- Do ankles dorsiflex
- Tibia bones and torso similar angle



Improving Overhead Squat

ASSESS AGAIN

Release

First: Release soft tissue

- Foam roller/balls – legs/glutes/back/Pecs/feet
- Ankle mobility/Ankle Dorsiflexion work

Second

Second: Stretch Key Areas

- Pecs/Lats; Spine, Side Glutes/ITBand; Calves

Strengthen

Third: Strengthen Glutes/Thighs/Core

- Posterior: Bridge pose sequence
- Lateral: 1-leg squat, lateral bank walk
- Dying Bug, Navasana, Stork Pose, Tree Pose

Strengthen

Third: Strengthen Torso

- Posterior: Bridge, Cobra,
- Lateral: Triangle Pose
- Rotational: T-spine rotations, Standing half moon
- Other: Down Dogs/Planks/Side Plank



The Hip bone is connected to the Ankle Bone

- **Decreased ankle mobility:** Glutes will not activate as easily
- **Calves & Quads become dominant gait:** Instead of Glute dominant
- **Decreased hip mobility and glute weakness**
- **Related to:** *Falls, patellar tendinopathy, ACL injuries, Patellofemoral pain syndrome, hamstring injuries, etc.*

**WORK ON HIPS, THORACIC SPINE, BUT
ALWAYS START WITH YOUR ANKLES**



**A LOCKED-UP
ANKLE CAN BE
THE DRIVING
FORCE OF
MOVEMENT
DYSFUNCTION.**

Each Person is Unique



The Hip Joint

Trying to conform to a squat stance not right for your hips will feel a blocking or pinching sensation in their hips that is unrelieved with mobility work.

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Thoracic: Work on T-Spine rotations. Chicken wing dips



Hips/Low Back: Lizard pose;
Gomukhasana, malasana;
Bridge sequence



Shoulders:

½ dog wall; Wall clock;



Lateral Movement Ability: Stork,
1-leg squat, Lateral band walk



ALSO: ANKLE WORK

Single Leg Stance

Performance:

Have them lift their right leg up until their hip & knee are both at 90°.

Cue good posture & balance for 10 seconds.



Scoring:

1. No loss of height or slumping forward
2. Stable/balance
3. Symmetrical
4. Look for excessive effort

FN: Stable x 10" without pain

FP: Stable x 10" with pain

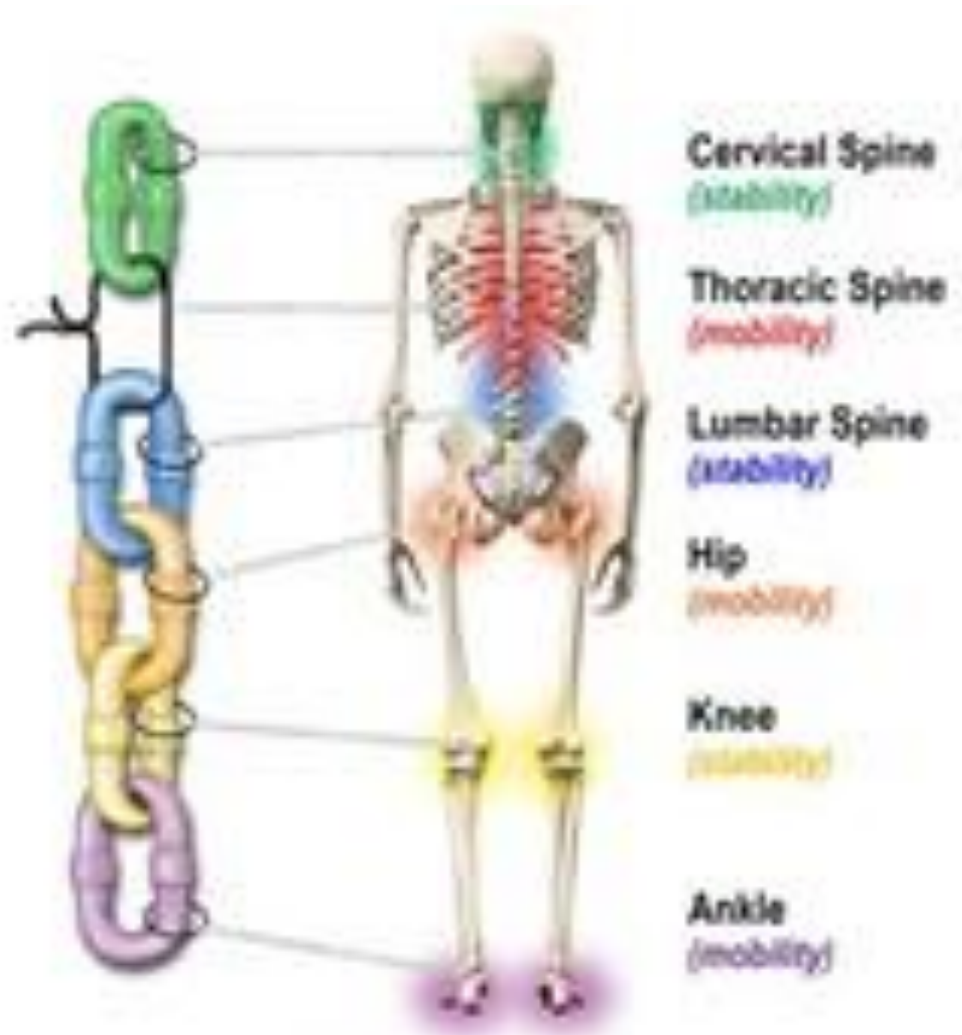
DP: Unstable < 10" with pain

Note which direction they fall out: **supination or pronation**

Supination: tight posterior tibialis; weak psoas/medial quad

Pronation: tight peroneals; weak abductors/glute medius

Thoracic Spine is often a weak link



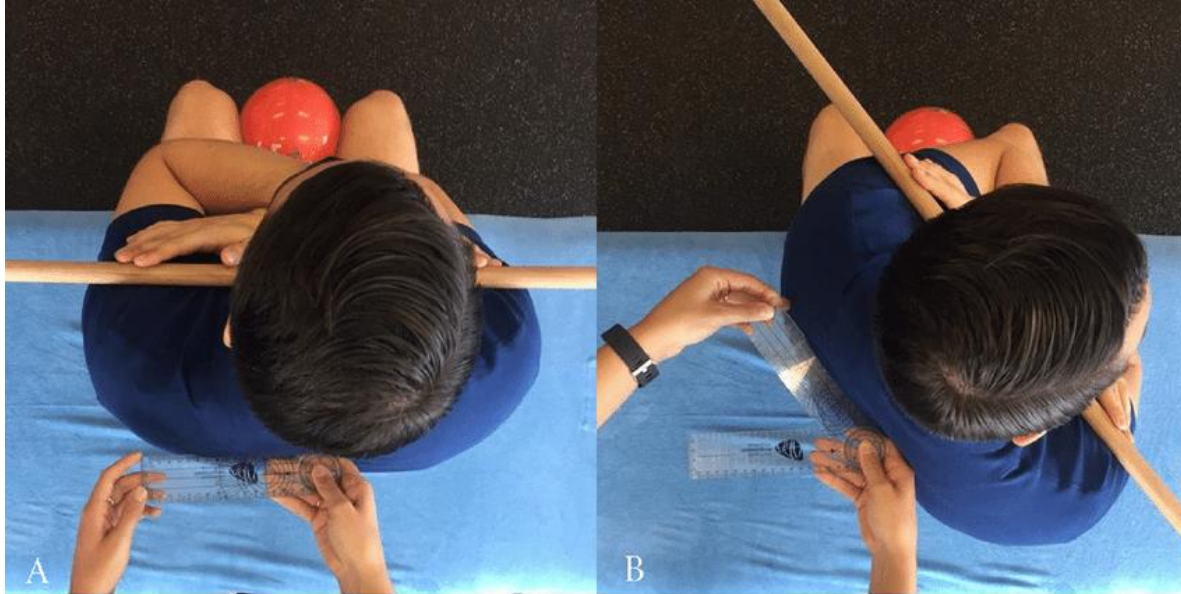
YOU MIGHT SEE:

- KYPHOSIS
- FORWARD HEAD
- SUNKEN CHEST
- POOR RESPIRATION
- DECREASED SHOULDER FLEXION
- INTERNAL ROTATION OF SHOULDERS
- SHORTENED PEC MINOR

T-SPINE MOBILITY, Core Support & ankle work

Image 1. Immobile T-spine = Weak Link ©enikstutter.com

Thoracic Rotation Assessment



ASK CLIENT TO STATE WHICH
DIRECTION IS LESS ROTATION



Increase Thoracic Mobility

1. Release Soft Tissue

- Myofascial ball rolling posterior



2. Extension Movements

- Use same ball/roll for small extensions
- Half-locust, full locust

3. Rotation Movements

- Keep lower body stable



4. Strengthen

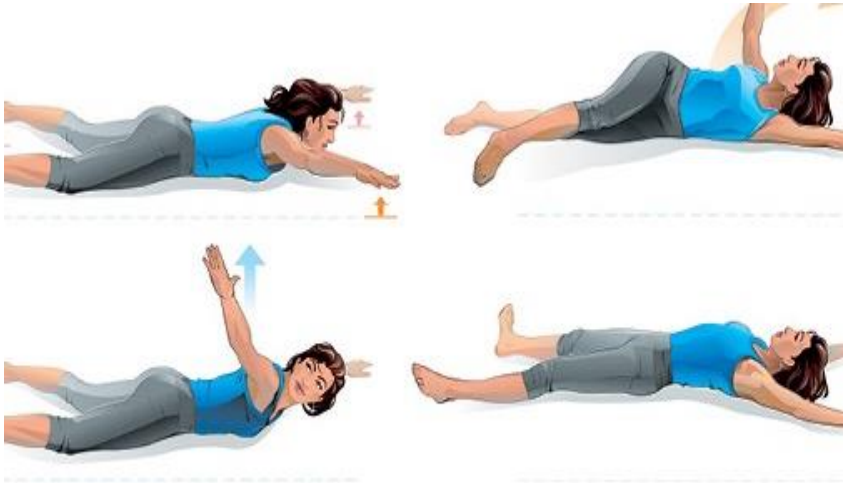
- Salabhasana, Triangle, Down Dog





Rolling Patterns – *Major Developmental Milestone*

- The body goes where the eyes/head lead
- We lose the ability to do this:
 - many compensations in the body and stuck places
- No rush –begin on back & practice daily
- Relax to do these important neural patterns
- IT'S ALL ABOUT SEQUENCING AND TIMING



Kinetic Chains Create the Roll

Anterior Chain:

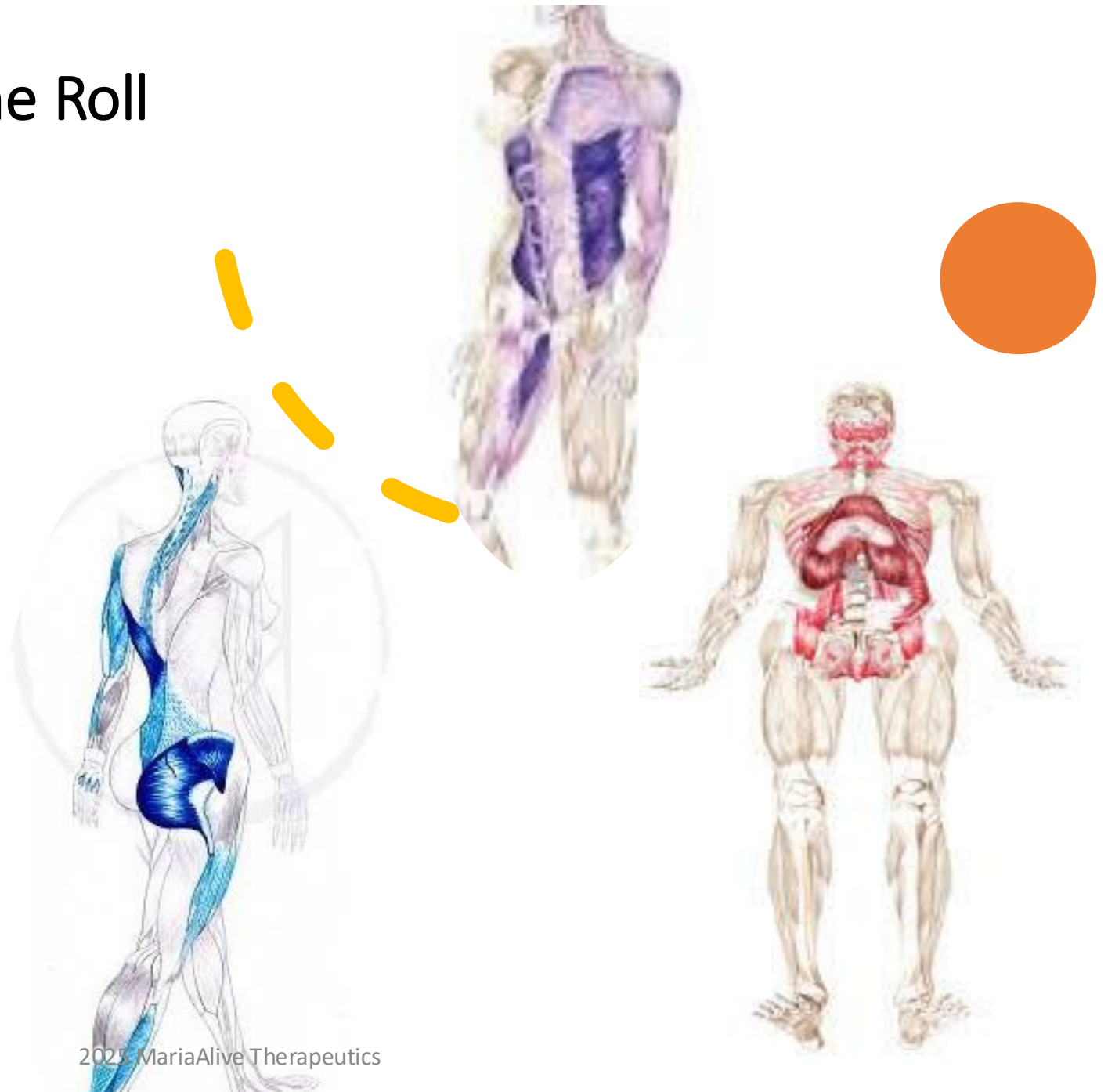
- The head/neck always leads
- Front body, opposite arm/leg

Posterior Chain:

- The head/neck always leads
- Back body, opposite arm/leg
- More challenging

Intrinsic Chain:

- Deep core stabilizers
- Diaphragmatic breathing



Key Points in Rolling



Stuck Issues:

- **Neck**

- Controls all movement
- *Release neck/upper spine*

- **Mobility issues**

- Neck, thoracic spine, hips, diaphragm
- *Thoracic Mobility practices*
- *Roll out inner thighs*

- **Stability issues**

- Poor coordination
- *“Regress to Progress”*

- **Lacking core stability**

- Inefficient movement
- *Core stabilizing practices/Breathwork*

Movement & Posture



- Heel makes contact first
- Bottom of foot tilted neither inward nor outward.
- Legs move rhythmically
- Legs move symmetrically
- Knees point forward
- Pelvis level, rotating smoothly
- Arms swing rhythmically, evenly, counterbalancing movement of the legs.
- Body maintains good posture.

There is no single proper gait
Proceed from “Headlights.”

Some Good Walking Tips

Step onto heel and over big toe



- Use your butt muscles to propel you forward
- Try not to arch your low back as your leg travels behind you. If this is difficult, try shortening your stride. Your tissues will lengthen over time.
- Keep the heel of your standing leg down as long as possible.
- Keep your hands free and swinging at your side so that your shoulders counter rotate while you walk.
- Make contact with the ground at the fleshy pad of your heel. Not the bony back end.
- When lifting the standing leg (that is now behind you) point your toes down to the ground and not turning out to the side.
- Try to walk **100-120 BPM** for optimal efficiency – Find a song at that tempo and walk to it!