

## Posture Evaluations, Part 6: Blending Static Posture and Functional Movement Analysis

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Do you ever feel weird when new patients come in who have been to other chiropractors and say, "Adjustments only provide temporary relief"? I'm sick of hearing it. Don't get me wrong: I love seeing new patients, but I feel bad that this person almost gave up on chiropractic care altogether! Most chiropractors I meet are warm and caring, and they have a curious presence about them. The overwhelming majority genuinely want people to get better.

There's also the business side, of course, and I'm just like you: I need new patients and I want them to stick around for the care and treatment they need. [Posture analysis](#), movement analysis and [anti-aging strategies](#) are methods I focus on in my "rehab" practice to create long-term relationships. As we walk this pathway and journey of chiropractic - engaging the study of posture - we cross the broad terrain of static posture into functional movements. Using functional movement analysis, I see more clearly who patients are and how their individual range of flexibility and strength within a single body segment is connected to the greater whole.

### Functional Movement Analysis

In case you are not aware, we have a compass in the functional movement analysis practice, a guidance system to identify, rate and rank movement limitations and asymmetries. It is called the Functional Movement Screen (FMS). [Dr. Robert George [reviewed the FMS](#) in the Dec. 2, 2010 issue. Read "An Introduction to the Functional Movement Screen" for more information.] I was fortunate to be picked by Gray Cook and Lee Burton to teach other practitioners how to perform the FMS. Another functional movement analysis system is the National Academy of Sports Medicine (NASM) corrective exercise training. I especially like functional movement pattern testing because based on the observed movement assessments, I can create corrective exercise instructions that are individualized and eventually correlate these with an outcome.

People are coming in with suppressed neural activity that generates inhibited muscles, fatigue, physical and emotional stress (discomfort, anxiety, irritability), inefficient core stabilization, and collapsed postures. If my new patient is smart enough to be working out, great; but I still find too many patients who let their workouts get routine. In other words, their workouts no longer offer much variety of movement or challenge. I think as part of our services and care, we need to learn how to create programs for flexibility, balance, strength, cardio, and *longevity*. The FMS and corrective exercise specialist (CES) programs are part of that strategy.

### Transforming Movement Patterns

Pain affects motor control in unpredictable and inconsistent ways. The FMS is an interpretive map that teaches you how to avoid repeating the same dysfunctional movement scenario over and over. I am trying to help prevent and resolve movement conflict. After I have helped my patients get out of acute pain, I offer them appointments that allow me to perform the Functional Movement Screen. The FMS is a re-examination session that allows me to gather information, organize and facilitate future corrective exercise sessions.

While you might be doing the same adjustment over and over, I am trying to get patients to understand and work with dynamic mobility, strength, balance, and power. I want to help them overcome neural and muscle inefficiency, and movement confusion. In short, I take 12-20 minutes to perform the FMS, I explain the score they achieve; then I set clear goals, objectives and appointment agendas.

I design programs that help patients actively open tight, stiff muscles and joints, balance movement asymmetries, and help them become conscious of the way they feel with movement and stillness. Corrective exercises should help patients transform the purely physical experience of going to the gym or taking a run into a muscle- and joint-rebalancing, muscle-bone-growth experience. Using the functional movement screening system, we have the ability to check and track this progress.

Maybe you already do some core training with your patients? That's great! I like to use the FMS and NASM corrective exercise continuum to clarify the body's core abilities, and if I find a weakness or asymmetry of movement, I teach my patient how to go through the sequence of reawakening growth and development: rolling, creeping, crawling, kneeling, squatting, stepping, walking, climbing and running. Treatment sessions and adjustments have taken on a broader meaning to me - my core treatment aim is improved movement patterns, muscle and bone growth, and improved lung (cardio) function, rather than "alignment" or "cure."

I hardly ever use the phrase *maintenance care* in my practice - I don't need to because it's becoming easier for patients to understand my meaning of long-term anti-aging care. In the beginning of my patient relationships, I help them look at habits that prevent them from enjoying life to the fullest. As symptoms improve, I get them to enjoy movement to the fullest.

The art of the FMS and other functional movement assessments lies within the reappraisal of the dysfunctional pattern. If I did a good job in teaching a corrective exercise and the patient does their homework, the pattern improves. If no change occurs in the movement pattern, I can give other instructions; for example, the relationship of exhaling and inhaling, forward and backward bending, movement and stillness (isometrics, static postures). I'm always looking for what changes and what stays the same.

Take the patient into the present. Within the experience of our bodies, our minds can be brought to a state of calm; as we deepen awareness of our breath and static posture, we must next take the patient into functional movements. We need to reveal the link of our performance desires with the essence of the musculoskeletal systems ability.

In this day and age, not only is posture enhancement important; emotional and energetic release and rebalancing are also allowed and encouraged. [Diet and nutrition](#) are also part of this new model of care. Look at your exam procedures; some are ancient and some are modern. Keep the static tests, but integrate in the dynamic tests and functional movement patterns, as well as diet, nutrition and exercise.

My experience in using functional movement testing is a workable coach-client (doctor-patient) relationship returning the body to reclaim our primal movement heritage. As we tap into deeper sources of bodily wisdom through creative exercises, we see renewal, re-creation and healing.

To thrive in today's demanding world, we all need full access to the things that are working in other successful practices. Functional movement testing has a track record and I feel the FMS is a step-by-step process of reclaiming and transforming the tight, numb or painful places within so our patients can feel, in each moment, our wholeness - the sense of aliveness that allows all of us to be

in a state of grace with our core.

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