

Functional Movement: An Interview With Gray Cook (Part 1)

Robert "Skip" George, DC, CCSP, CSCS

On Oct. 26, 2012, I had the pleasure of speaking with the developer of the Functional Movement Screen, Gray Cook, MPT, OCS, CSCS, at the annual Perform Better / FMS Seminar in Los Angeles, regarding the purpose of the FMS and its potential role in the healing arts - especially in chiropractic. Here's what Cook had to share:

Gray, how did you come to meet Lee Burton, who co-developed the Functional Movement Screen? [My family] moved to Danville, Va., in 1975 when my dad became a Methodist minister. We moved from Virginia Beach, where my dad was a VP of a paint company and was successful. Then he got called into the ministry. Actually, we initially moved to a small town called Dryfork in rural Virginia, where my dad was minister at a church nearby in Chatham, where Lee is from. Lee's family had been going to that church for two generations and that is how I got to know Lee. Ultimately, we became friends and business partners, "team teaching" the FMS.

What motivated you to create the FMS, and would you define its purpose? I realized early in my career that every big paradigm shift in medicine or how we view the human body is not because of a treatment protocol or medication. It is because we identify something. We've known for some time that we are not functional, and we have known that acutely as far back as the late '80s and early '90s. We have known it from what we have observed in the military, for example, regarding lack of fitness and function. We have also known that from guys like Gary Gray and Vern Gambetta; even Janda talks about what happens when this dynamic wonderful body is made to work in an industrialized office environment.

So, there has been this cry that we need to make our bodies more functional and move more authentically. Many of the contemporary things we do in fitness have been influenced by body-building. Even though body-building didn't try to influence conventional fitness, many assumed that if that is the way they train, it must be good for us.

We have grown dysfunctional because of our culture, and we've compounded that with a skewed view of training someone away from that process (of being functional). I could see that we had to hold up a mirror to *show us* how dysfunctional we have become, instead of just coming up with new exercises alone that would help somewhat. But we lacked an accurate assessment. So, [without a "metric" that rates and ranks functions, then none of us could really understand what changes function. Without an objective metric, we are just being our own referee.

I am not saying that other functional approaches aren't good. I am saying that if we don't have a baseline, we will never know. So, I had to decide if I wanted to put my effort and energy into creating a good baseline, or just come up with some "neat" exercises. I realized that many of my contemporaries were very innovative in coming up with exercises, but my whole thing is: When is the exercise applied, what is the progression and where do we go next? Without having a good baseline or metric of what is good function, we really don't know where we are working.

So, when my original concept of the movement screen was forming in my head, I said [to myself],

you know what would be a wonderful thing to do? Go to a school in a community in the U.S. and run them through a battery of absolutely simple tests to see how well they do. If I went to a martial arts studio or a dance studio in Russia, or a gymnastic studio in Brazil, and showed [the FMS](#), they would say, "What do you mean people can't do these tests?" because they could do them easily. What I wanted to demonstrate is what we have significant difficulty in doing today than someone in a different time zone, or two generations before us, and because of culture they are more mobile, stable and they actually function better.

This doesn't sound like traditional physical therapy. I think traditional physical therapy helped me embody this because the one thing I got from traditional physical therapy was not just my orthopedics background, but my neurological background, to where I could appreciate the developmental "stuff." When someone falls victim to a stroke, we don't do biceps curls and triceps presses. We literally have to reintegrate that limb to a part of the brain that is going to have to take over a new role. So, you never really know motor learning until you work with someone who has a truly compromised motor system. And if you can help someone with small partial brain death to walk again, then helping someone with a bad ankle is no big deal.

I went into PT school feeling pretty good, with a sports medicine background and an athletic training background. The thing that knocked my head off was the neurological stuff, so my master's thesis at the University of Miami was on the vertical leap, the leap being the undisputed test for human power. I reference this in my book, *Movement*.

You have written countless articles and several books, including Athletic Body in Balance. Your latest book is Movement. Describe your collaboration with Dr. Greg Rose, a chiropractor and the co-founder and clinical director of Titleist Performance Institute in Carlsbad, Calif. [Dr. Rose is one of the contributors to the book.] Greg is an "outside-of-the-box" thinker. Greg has been looking into how to integrate exercise into rehabilitation and especially into golf. Greg is not stuck in one-dimensional thinking, and it was he who brought me into the world of golf and biomechanical analysis.

Greg thinks like an engineer, which is a breath of fresh air for us because as we are constructing a thought process and schemes for evaluation, the whole breakouts (algorithm) of [the SFMA](#) (Selective Functional Movement Assessment) could not have happened without Greg. We had the breakouts, but Greg and Mike Voigt took it to the next level, and it was an unbelievable contribution.

The chiropractic and physical therapy professions continue to have turf wars over patients and scope of practice, but you don't seem to adhere to a specific practice methodology or philosophy. Can you explain? I practice very eclectically, but I haven't really left my "tribe." I got here through physical therapy, but I was reading Dr. Craig Liebenson's work at the same time I was reading Vern Gambetta, Gary Gray, Cyriax and Janda. So, I dispense with all of the turf wars, etc. I think many of the things we do in physical therapy are because we have always done them that way; and I have the same criticism for chiropractic. Saying that, I am very blessed to give a workshop where chiropractors and physical therapists are in the same room.

Chiropractors are more aggressive with manual therapy and I appreciate that because I think it is a lost art in physical therapy. For a long time, physical therapists had great hands. In countries where there are fewer chiropractors on hand, the PTs are doing more joint work, but our clinicians here in the states, unless they get training out of school, don't get as good of training as they should.

Likewise, I don't think the chiropractors get the motor learning, the developmental model and the exercise stuff as much. So, I see the therapists being creative on the exercise end and the

chiropractors being very, very creative on the manual end, and I don't see it working without both. I need good manual therapy to "bump" or reset the system, but then we need to reload it with some good movement patterns. If I have a therapist who is reluctant to do aggressive manual therapy, I say "Hey, find a chiropractor to get that neck moving for you and then get back on your exercise model. Feel free to refer out if you don't have the skill set." Likewise, if a chiropractor appreciates manual work, but doesn't have the staff or time, make the referral and work together with a physical therapist, or adopt the skill set to do both and more.

Dr. George continues his interview with Gray Cook in part 2 of this article, scheduled to appear next month in *DC*.

FEBRUARY 2013