



ProSport Chiro Conference
Movement Directed Correctives

Goal: create exercises that have objective impact on single leg stability (core to foot) and which mitigates the risk for MSK/ACL injury.

Exercise Prescription: Exercises we know will impact the key movement deviations that we have identified in the assessment

Methodology: Build a foundation of strength, control under slow stability stresses, control under ballistic movements

- Repetitions to substitution
 - Regression in a progression
- Rapid neuromuscular response
- Fatigue state training

Single leg squat – analysis of athletic position

- Pelvic control
 - Trendelenburg/Retro/Corkscrew
 - Pelvic positioning
- Dynamic Valgus
- Pronation
- Which link is the driver? – weak link
 - Falls first
 - Largest magnitude

Spiral technique

- Technique with CLX band – creation of dynamic valgus
- Sliders
- SL squat
- Standing Gmed contralateral

BRF Routine

- 30 sec over-view of what it is
 - Localized affect
 - Systemic affect – impact of nutrition
- Low load – high rep

Side plank demo

- Proper position
 - What you can tell
- Side plank with CLX – why
 - UE movement

- LE Movement
- UE/LE movement
- BFR plank
 - Side plank hip abd (15 R/15 L)
 - Plank arm reaches (15R/15 L)
 - SL Stance with rotation (15R/15L)

BFR gmed fatigue routine (30/30/30)

- Side bridge with hip adduction
- Side step with TB
- Standing hip abd (abd, ext, ER)
- Remove BFR – single leg squat

RNMR (Rapid Neuromuscular Response) –

- Perturbations – good vs. bad
- Firing glut in SL Stance

LHD (lumbar hip disassociation)

- Level I
- Level II
- Level III

Rotational strength

- SL with diagonal patterns
- SL with rotational stretches

Ballistic movements

- Single leg plyos
- Plyos with perturbation
- Plyos with unanticipated perturbations