



LIMITLESS

Assessment & Collaboration

Making Movement Better!

PRESENTED BY

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Our experience

- Combined 50 years in the field.
- Current and past experiences includes:



Most Importantly...



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WE CARE!



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Session Objectives

1. Upon completion of this session, participants will be able to understand the **benefits of interprofessional collaboration** for their clients, athletes, patients and selves.
2. Upon completion of this session, participants will be able to **apply assessment strategies** in their client intakes and daily sessions.
3. By the end of session, participants will **understand the cardinal signs of injury** and how to apply them in their environment.
4. Participants completing this session will be able to **identify and recommend appropriate corrective exercise strategies**, exercise modifications appropriate for their individual clients needs.
5. By the end of the workshop, participants will walk away with **tools, and programming to facilitate collaboration and communication** with like minded fitness and healthcare professionals.



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Interprofessional Collaboration



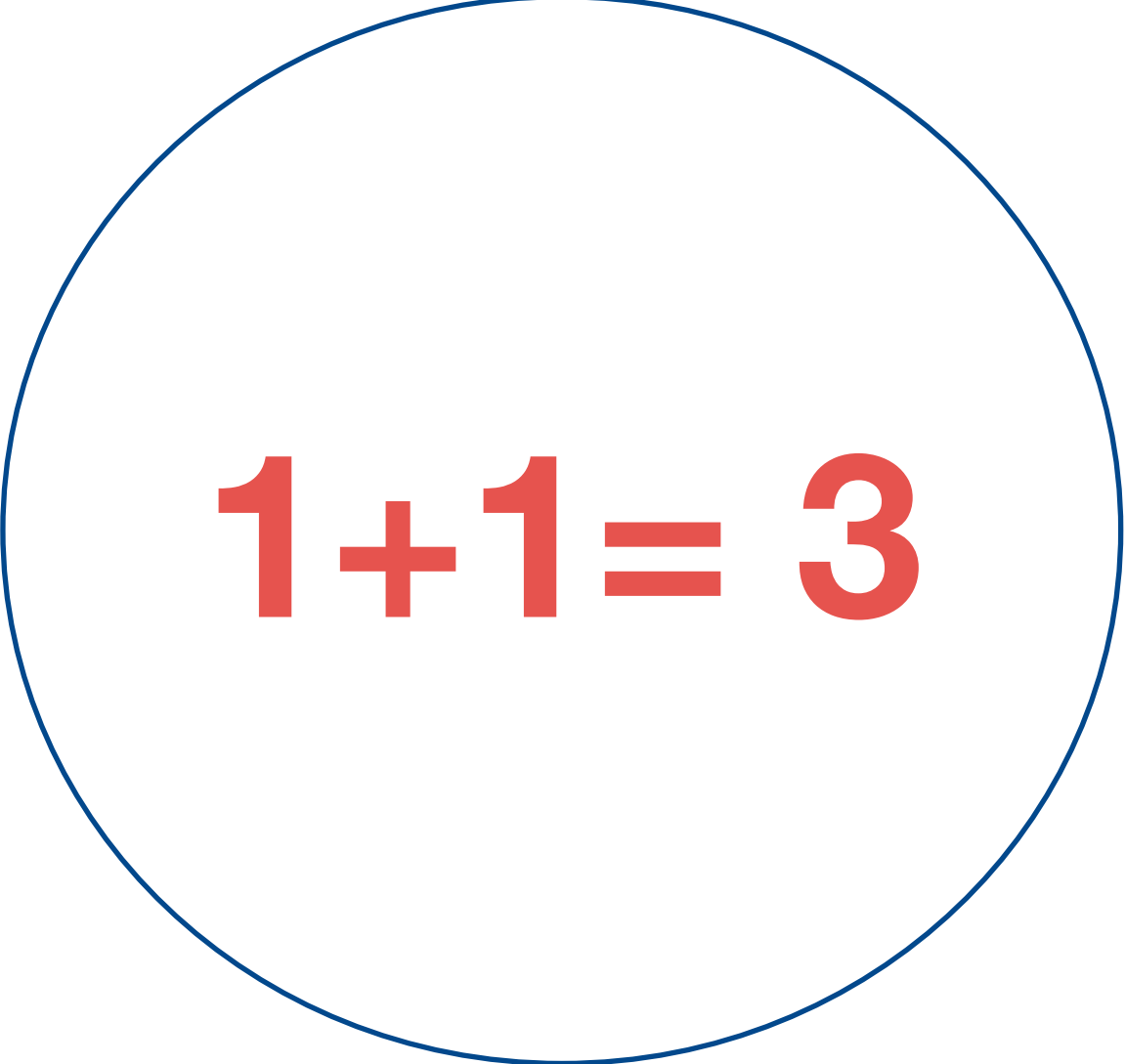
“A dynamic process involving two or more professionals with complimentary backgrounds and skills, sharing common goals, and exercising concerted effort to opening communicate and share decisions



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Collaboration: The facts...

- ➔ **Improved Outcomes**
- ➔ **Reduced Errors and Costs**
- ➔ **Increased Satisfaction**
- ➔ **Improved Cultural Competence**
- ➔ **Clients: Increasingly Complex Needs**


$$1+1=3$$



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Assessment

A hand holding a magnifying glass over a blurred background, symbolizing assessment or investigation.

“WIDE VARIETY OF METHODS OR TOOLS THAT EDUCATORS USE TO EVALUATE, MEASURE & DOCUMENT READINESS, LEARNING PROGRESS, SKILL ACQUISITION OR EDUCATIONAL NEED OF INDIVIDUAL(S)”

Teamwork:

“THE ACTIVITY OF WORKING TOGETHER IN A GROUP WITH OTHER PEOPLE, ESPECIALLY WHEN THIS IS SUCCESSFUL

Cambridge dictionary





Our industry

The Power of Collaboration: My Journey

Transactional

Show up, train my client/teach my class & go home
Investment – an hour

Transformational

Do more research
Ask more questions
Involve more people
A lot more curious

Investment = lifetime

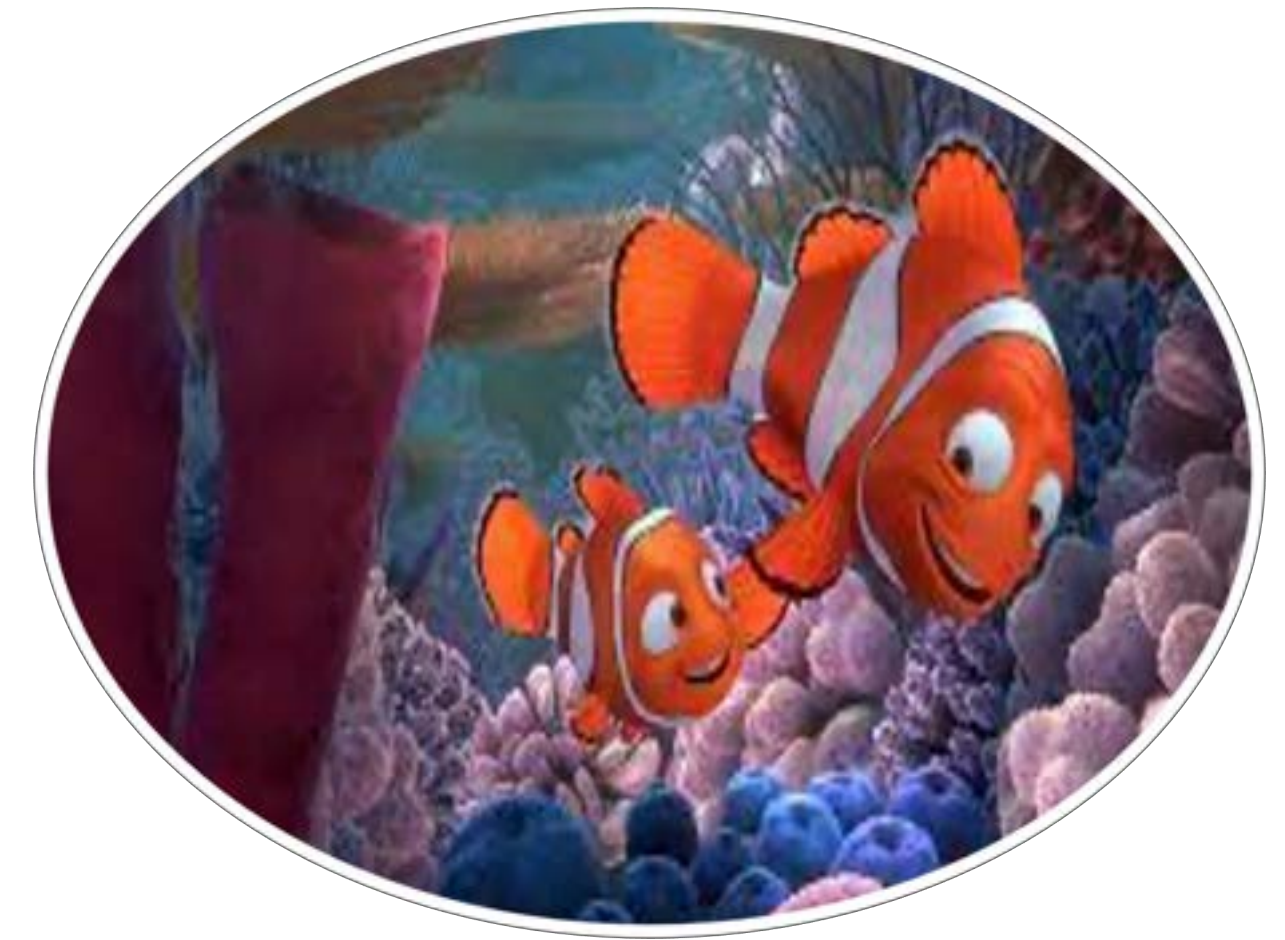


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Why don't people work together?



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Strategies for Collaboration

- Good Communication
- Respecting and Understanding Roles
- Appropriate Skill Mix
- Flexibility
- Client/Athlete Focuses



Nancarrow, S. et al. (2013). Ten principles of good interdisciplinary teamwork. *Human resources for health*, 11, 19. <https://doi.org/10.1186/1478-4491-11-19>



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Strategies for Client / Participant Success

- Build abilities
- Build resilience
- Manage demands of sport/activity
- Manage demands of life!



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Movement Continuum Theory



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To Train or Not Train, That is the question!

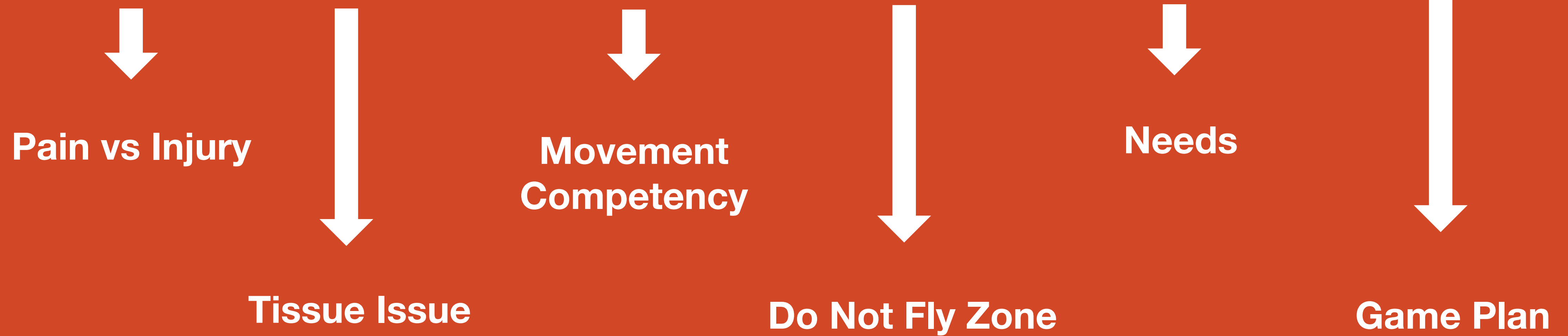


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Why Assess?

- Determines Risk
- Detects Change
- Directs Action
- Educates Client
- Strategies
 - Assess vs Screen
- Tools for assessment
 - SRQ, Movement Screens: MAPS/FMS/Fusionetics

ASSESSMENT = OUTPUT



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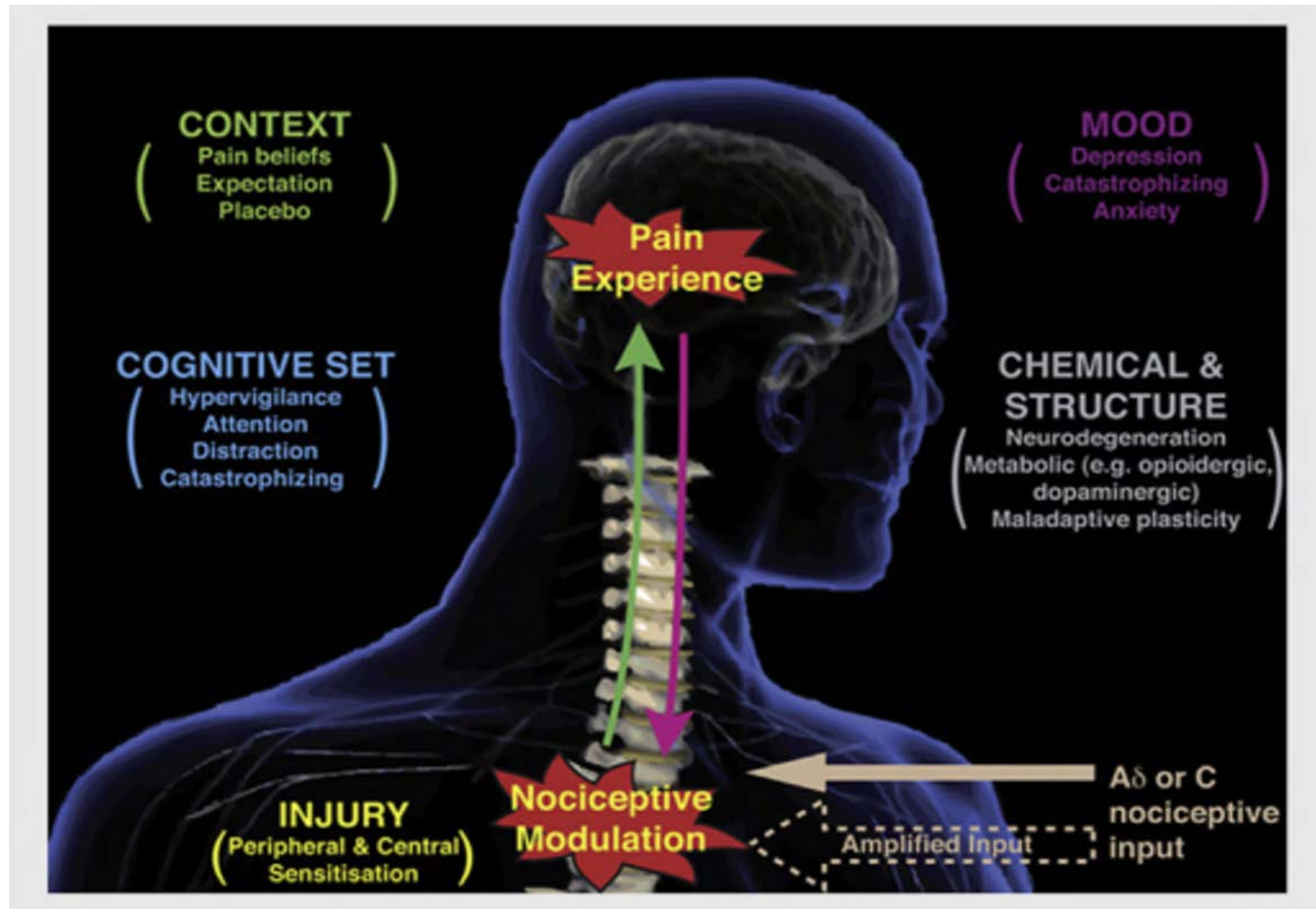
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INJURED?



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Amelia



Derek



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Amelia



Pain - Modify + Refer

Derek



Injured - Refer

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Case Scenarios



How would you assess?

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Global Mvmn't Assessment

Local Mvmn't Prep

As diagnostic as it gets



Over Head Squat

Adapting programming/load based on what you see in the moment



Movement Prep

Making them as 'available' as possible in the moment

Assessing during the session looking for: Mechanical Breakdown, skill acquisition & loss of focus/interest

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ASSESSMENT without Tools/Tech

Wellness Questionnaire !

Client A

Mood



Hydration



Soreness



Energy



Sleep



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ASSESSMENT without Tools/Tech

Wellness Questionnaire !

	Client A	Client B
Mood	↓	↑
Hydration	↓	↑
Soreness	↑	↓
Energy	↓	↑
Sleep	↓	↑

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Assessment Recap

Global Movement Assessment / Local Movement Prep

Overhead Squat

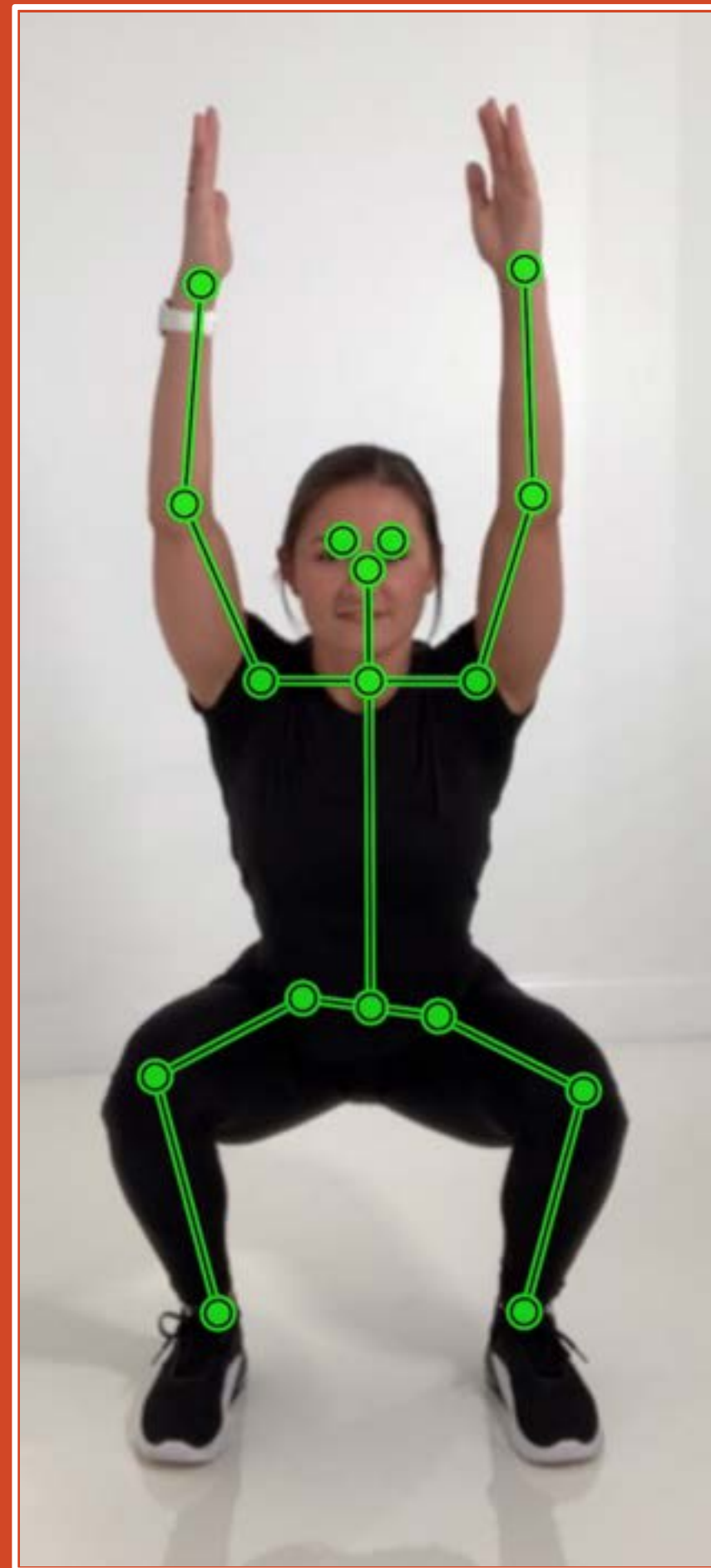
Movement Prep – Ankles, Hips & Spine

Wellness/Readiness Assessment

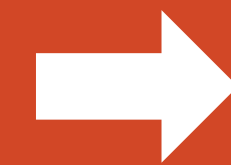


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The Overhead Squat



Why use it?



What is the standard?



Common Faults?

- Ankle
- Knee
- Hip
- Lumbar Spine
- T-Spine
- Shoulder

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Movement Prep as Assessment



- ➔ Positional -> Transitional Competence
- ➔ “Eyes on Floor”
- ➔ Squat vs. Hinge vs. Overhead Pressing

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ATHLETE COMMUNICATION LOG					
		DATE: 3/2/16'	DATE:	DATE:	DATE:
SUBJECTIVE		Reports overall improvements since evaluation, (L) LB remains, worse with forward bending, squatting Reports compliance with Regen protocol, breathing Chiro visit tomorrow			
ASSESSMENT		TISSUE DIAGNOSIS: Discogenic pain, facet arthropathy BIOMECHANICAL IMPAIRMENTS: flexion intolerant, pain at end range lumbar extension (+) LLNT, Right Scap dysfunction ASLR- Left-0, Right -2, toe touch- 0, segmental extension- pain at end, top->down core instability	TISSUE DIAGNOSIS: BIOMECHANICAL IMPAIRMENTS:	TISSUE DIAGNOSIS: BIOMECHANICAL IMPAIRMENTS:	TISSUE DIAGNOSIS: BIOMECHANICAL IMPAIRMENTS:
NO FLY ZONE		Pain Lumbar flexion End range lumbar extension, rib flare			
PREHAB MOBILITY NEEDS: Hinge mobility Thoracic mobility T4-7	Prim	Hinge Mobility L1			
	Secou	T/L self tissue			
PREHAB STABILITY NEEDS: multiplanar stability top->down	Prim	Core 101			
	Secou				
RECOVERY NEEDS: intermittent decompression decrease tone HS,T/L		Decompression protocol NS lumbar kinesiology tape			
PLAN		MODIFICATIONS: Load hinge as tolerated perform SL squat variants PLAN OF CARE: PT prior and post training day DC 1x/wk			
HOME PROGRAM		Edge Band HS mobility every other hour Core 101 Decompression Protocol T/L self tissue			

Athlete Communication Log- (Derek)

- **Subjective** - Derek presents with an acute low back pain and radicular symptoms
- **Assessment** - **Tissue Diagnosis:** Discogenic Pain **Biomechanical Faults:** Toe Touch: 0; ASLR: R- 1, L-0; (+) LLNT, etc.
- **No Fly Zone** - Hinge Pattern, Loaded Squat, Avoid Pain, Neutral Spine Only, Lumbar Compression etc.
- **Prep Mobility** - Hinge Mobility Level 1, T-Spine and Lat MFR
- **Prep Stability** - Deep Core L2, Glute L3
- **Recovery** - Lumbar Decompression, Pneumatic Compression, Rehab
- **Plan** - Continue REHAB, activity modifications as above, reassess in 10 days
- **Home Program** - REHAB HEP, Anti-inflammatory diet,

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PLANKING: MADE BETTER



“Feeling is believing!”

Assess:

- Bird Dog Play

Correct:

- 6 point plank
- Dead bug with co-contraction

Pro Tips:

- Go 3-D
- Use the Movement Continuum
- Mind your time
- “The hardest version you can do well”

PUSHING: MADE BETTER



“Mostability”

Assess:

- Standing plank at wall

Correct:

- Quadruped “C” Stretch
- Wall Bug
- MiniBand Series

Pro Tips:

- Respect the “Do Not Fly Zone”
- Impingement vs. Tendinopathy
- Use Vibration

PULLING: MADE BETTER



“Lats for Days”

Assess:

- Overhead mobility at wall

Correct:

- Lat Self MFR
- TRX Wall Slide

Pro Tips:

- Respect the “Do Not Fly Zone”
- Go Unilateral

SQUATING: MADE BETTER



“Respect Your Architecture”

Assess:

- Ankle Mobility at Wall

Correct:

- Self Ankle Joint Mobility
- Side lying Quad stretch
- Step-Ups

Pro Tips:

- Unload to restore and maintain mobility
- Slow Roast, Do Not Pressure Cook

LUNGING: MADE BETTER



“Elevator Not Escalator”

Assess:

- Single Leg Stance

Correct:

- Mindful Walking
- Kick Stand Stretch

Pro Tips:

- Go Backwards
- Respect the Plank

HINGING: MADE BETTER



**“A Good Hinge is the
Knee’s Best Friend.”**

Assess:

- Toe Touch

Correct:

- Hamstring Rocker Self MFR
- TRX Low Back Stretch

Pro Tips:

- Elevate the ground (decrease ROM)
- Low back pain? Think Tissue Load

Sometimes we lead

Sometimes we follow

Sometimes we need to get out of the way

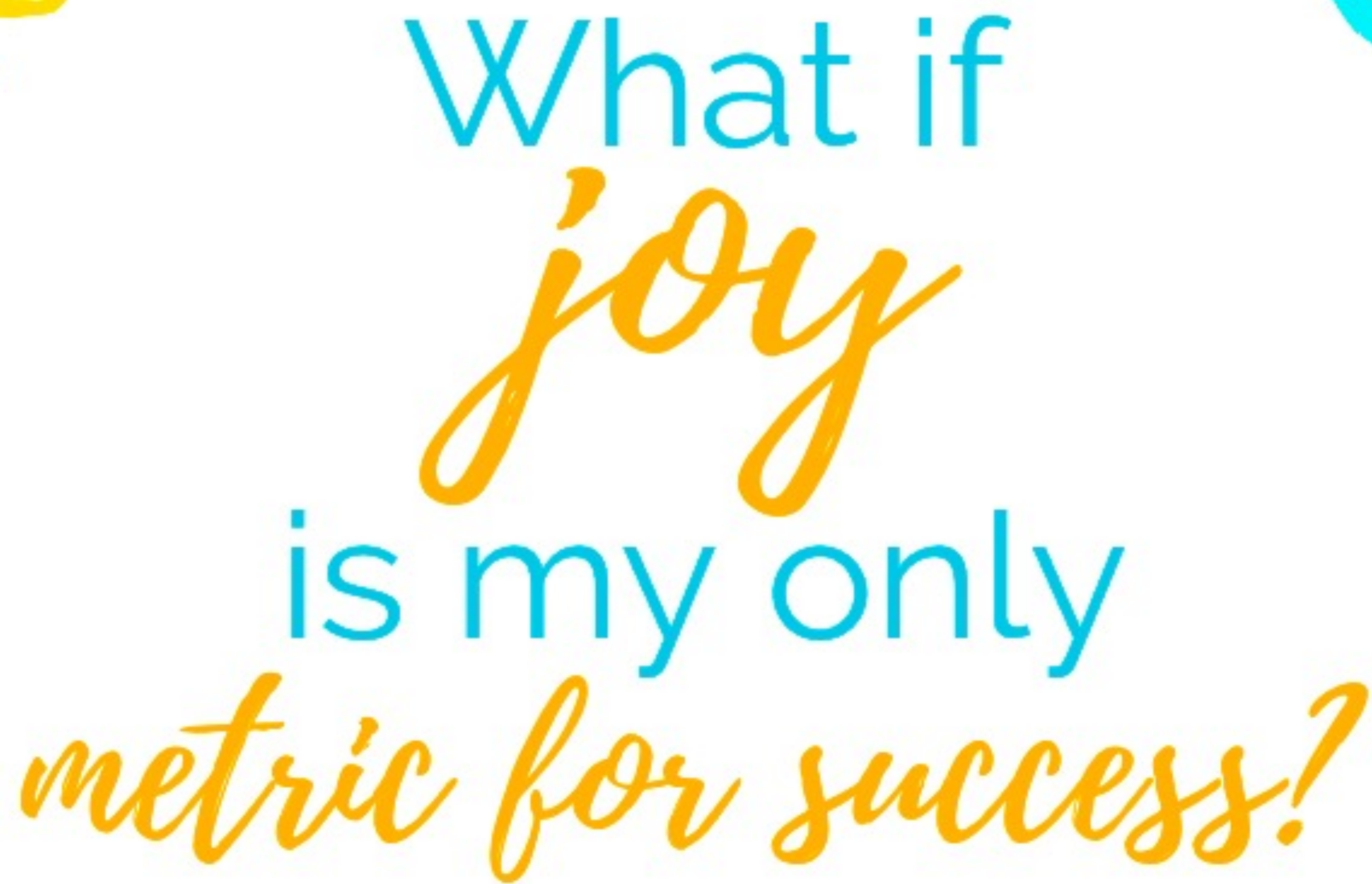
A great practitioner knows when to do what

Finding the right path

focus on greatest need

coach as if last

someone wants your job

A decorative border of stylized leaves and flowers in shades of blue and yellow surrounds the central text.

What if
joy
is my only
metric for success?

What would that look like?

THANK YOU!

With gratitude & respect,

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