

Disclaimer

The author is not currently practicing in the health/fitness field. The author poses the hypothetical situation: "Within my scope of practice, this is how I would best address the objectives of this assignment".

Additionally preceding the following "reload [stability]" discussion, the author assumes: no clinical presentation of "pain"; the "reset-reinforce" portions have been successfully conducted, and any mobility issues have been resolved (mobility before stability) in order to "earn stability".

Sedentary Behavior and Movement "Amnesia"

Nickelston (2011) described sedentary/"sitting" behavior (SB) as the "butt now becomes their feet" where the "glutes lose their primary role in hip stabilization and extension"--suboptimal posterior chain function affecting how force is distributed/transferred along the kinetic chain, particularly through the lumbopelvic hip complex (LPHC) as a keystone structure (Page, Frank, & Lardner, 2010; Shum, Crosbie, & Lee, 2009). Among SB's many deleterious effects (previously mentioned in the authors M6 post), SB also impacts the acquisition, development, and maintenance of motor control/coordination/proficiency throughout the lifespan (Lopes, Santos, Pereira, & Lopes, 2012; Smith, Fisher, & Hamer, 2015). Better gross motor coordination has been positively associated with physical activity; children's motor proficiency was inversely related to the amount of SB time (Smith et al., 2015). Children's physical activity levels also tended to propagate into adulthood (Smith et al., 2015). While reset-reinforce may have addressed a "local" client issue, the reload phase would be an excellent opportunity to retrain whole-body movement so that all the "players" work well together.

Corrective Rationale: Reload

The "reload" ("integration" or "power" alternative wording by Dr. Walters) phase, preceded by "reset" and "reinforce", reinstates motor control--exercise programming to support reset-reinforce, and to build/expand upon the "reinforce" patterning by reloading function (Cook, n.d.). Cook (2010) explained that at the most fundamental level, exercise should "positively influence muscle tone and tension, producing efficiency in movement and motor control" (p. 238). In stability retraining, Cook (2010) noted that sequencing, timing, coordination, and control should be emphasized for reintegration/reinnervation of the entire sensorimotor chain.

Corrective Exercises: Reload

After "reloading" using the three basic foot patterns of symmetrical stance (e.g. goblet squat, kettlebell front squat), asymmetrical/staggered stance (e.g. lunge patterns), and single leg (e.g. kettlebell deadlift), the next phase would be to incorporate some power and reintegrate from the ground up through the lower extremities, through the LPHC, and upper extremities to build on coordination, sequencing, timing, and control.

While one may not immediately think of the "hardstyle" kettlebell push-press (KPP) as a "lower body" exercise, the power for the "press" portion is driven from the ground through the hips ("hip-snap" very similar to the basic kettlebell swing)--kinetic linking (Cook & FMS, 2007; FMS, n.d.a.).

A progression for the KPP would be:

1. Standing KPP with two kettlebells (symmetrically loaded). Perform by doing a partial squat. Use the concentric phase of the squat to power through the hips ("hip-snap") for the "push-press" portion. Please refer to the FMS exercise library (FMS, n.d.a.) video at http://www.functionalmovement.com/exercises/286/push_press_double_arm_from_symmetrical_stance_with_two_kb
2. Standing KPP, with one kettlebell (asymmetrically loaded).
3. Deep squat + standing KPP (symmetrically, asymmetrically loaded). Perform a kettlebell front squat prior to the standing KPP.
4. Deep squat push press (symmetrically, asymmetrically loaded). Instead of "reloading" in between the squat and KPP as in progression 3, this is one fluid movement.

Please refer to the FMS video (FMS, n.d.b.) sample at about 1:48
http://functionalmovement.com/store/kettlebells_from_the_center

KPP progressions are self-limiting: the kettlebell weight should "be heavy enough" and the squat depth should be "deep enough", and as always, "it depends" with each client (Cook, 2010; FMS, n.d.c.; FMS, n.d.d.).

Another excellent series of exercises would be using the rocket drill and front swing progressions for clubbells (Sonnon method, not "Indian" club method for rehab). Please refer to a video by a proficient clubbell athlete at <https://youtu.be/iccdT37-p7g> and the author's biomechanics class final project for more detailed explanation of clubbells (novice performance by author) at <https://youtu.be/TWkynLvMvi8>.

Reference

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