

## On Cook's Three Levels of Information

Cook (2010) discussed collecting "three levels of information" (as he called them) about movement: practical, functional, and clinical. To my limited understanding, this seems to be Cook's (2010) movement disablement model. Recalling that once a client enters the SFMA workflow, one is dealing with "pain" or the perception of "pain" with movement

The practical level reveals disabilities caused by the client's problem that impacts "lifestyle"-- correlating to societal level of disablement from KINE 6302. Information about such disabilities may be gathered from medical history, client interview, client's description of activities of daily living, observation of client's function, and from information about other areas of life (e.g. work, leisure, school, etc.).

The functional level reveals dysfunctions with fundamental movement patterns, and the dysfunctions would be determined via the SFMA and a clinician (Cook, 2010). This correlates to the person level of disablement from KINE 6302.

Cook's (2010) clinical level deals with specific impairments/diagnosis resulting from specific testing (e.g. more biomechanical types of testing). Cook's (2010) clinical level seems to correlate to the organ and origin levels of disablement from KINE 6302. The clinical level of information would need to be obtained by a clinician.

If I could only select one "level", I really do not have a choice as I am not a clinician. The only level available to the non-clinician is the disabilities level (or information gathering in the societal and patient-reported person domains). This information is still important as it addresses the biopsychosocial domain which is part of the whole-person approach (a more global perspective of patient care).

Along similar lines, Janda's assessment methodology starts at a global (whole-body) level and proceeds to more specific evaluation (from posture and gait, to movement patterns, and down to trigger points) (Page, Frank, & Lardner, 2010).

Both Janda's and Cook's methodology follow the concept of looking at the big picture first and then proceed to more specificity which reinforces/parallels the concepts of biotensegrity and the body functioning as one unified system.

Information gathered at the disabilities level is important because the client's daily activities in all areas of life contribute (with the exception of trauma sustained from some freak accident) to how that client's body (including neuromuscular function and movement patterns) adapts or maladapts--especially where chronic conditions are concerned (Page et al., 2010).

## References

Cook, G. (2010). *Movement: Functional movement systems : screening, assessment, and corrective strategies*. Aptos, CA: On Target Publications.

Page, P., Frank, C. C., & Lardner, R. (2010). *Assessment and treatment of muscle imbalance: The Janda approach*. Champaign, IL: Human Kinetics.