

# **Agenda for Integrating Rehab & Fitness**

## **1. Introductions**

**Brendon Rearick & Kevin Carr (CFSC, LMT)**

- **Mike Boyle Strength & Conditioning - [www.bodybyboyle.com](http://www.bodybyboyle.com)**
- **Movement As Medicine - [www.movement-as-medicine.com](http://www.movement-as-medicine.com)**
- **Certified Functional Strength Coach - [www.certifiedfsc.com](http://www.certifiedfsc.com)**

**Michael Mullin (ATC, PTA, PRC)**

- **Integrative Rehab Training - [www.mjmatc.com](http://www.mjmatc.com)**
- **@mjmatc**

## **2. Three slides that sum up our philosophies**

## **3. Main topics based off of the most popular ?'s**

- 1. HOW DO YOU KNOW WHEN TO PROGRESS? BENCHMARKS? RETURN TO PLAY?**
- 2. BEST WAY TO CONNECT WITH A DR OR PT? VICE VERSA? WHO SHOULD I BE LEARNING FROM?**
- 3. COMMUNICATING WITH CLIENTS/ATHLETES**
- 4. WHERE'S THE LINE? SCOPE OF PRACTICE**
- 5. BACK PAIN**

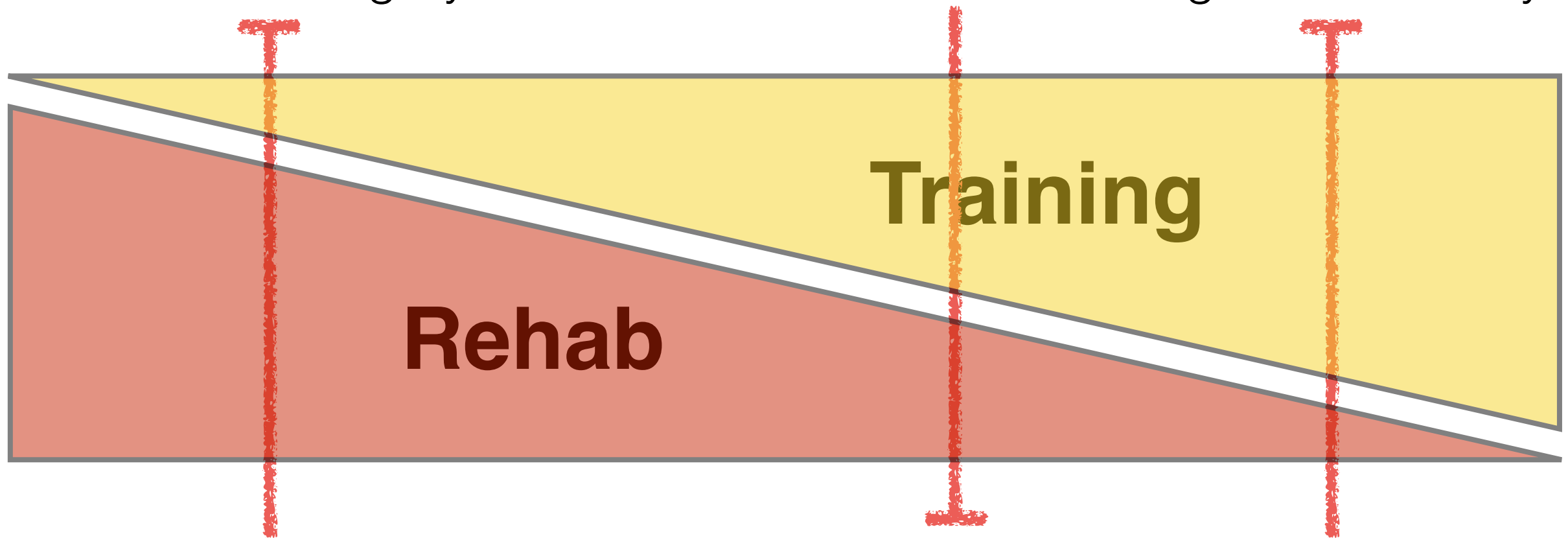
## **4. Case Study Drew**

## **5. If extra time miscellaneous questions**

# The Training Rehab Continuum

4 Weeks  
Post ACL Surgery

Healthy 21 year Old  
College Football Player



Weekend Warrior  
Old Injuries and Movement Dysfunctions

**Brendon Rearick**

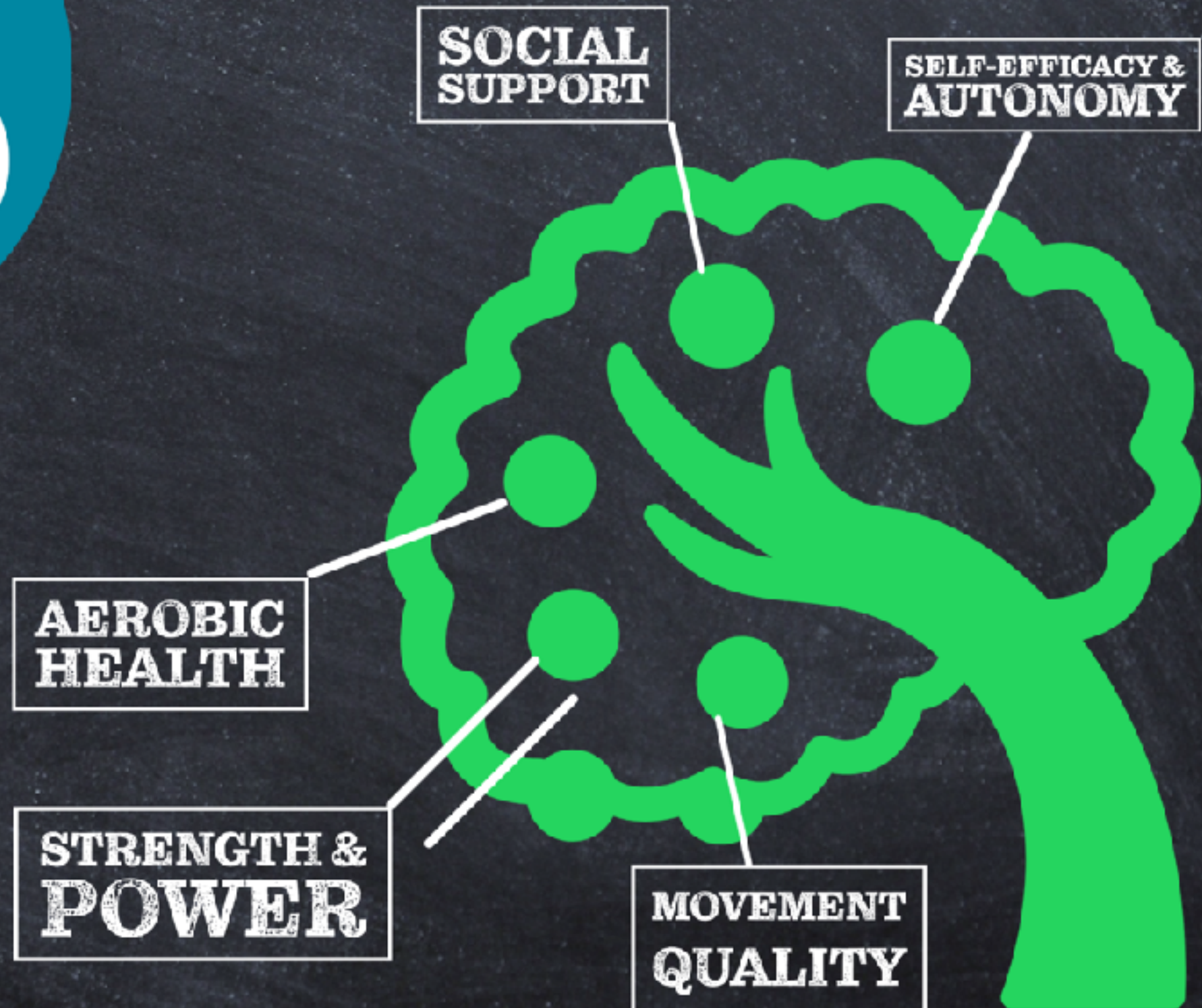
**In my opinion, there is no difference between rehab and fitness. There are only regressions and progressions of training.**

- **Some people are better at loading and exposing people to the lowest progression (PT, Chiro, ATC, DNS, PRI, FRC, LMT, RPR)**
- **Some people are better at loading and pushing people to their limits with their (the traditional Strength & Conditioning coach)**
- **Some people are good at both (the Hybrid-Coach, Functional Training, my own selfish bias - Certified Functional Strength Coach)**

**Brendon Rearick**



# THE TRAINER'S ARENA



Kevin Carr

#REHAB101



# LOADING

## Phase 1: Contralateral Only



Opposite Leg Single Leg Squat

## Phase 2: Assisted



Assisted Split Squat

## Phase 3: Unassisted



Split Squat

## Phase 4: Loaded



Goblet Split Squat

Kevin Carr

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# POSITIONS/SUPPORT



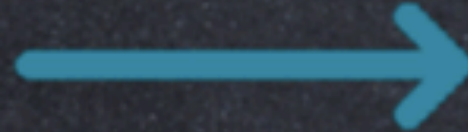
Kevin Carr

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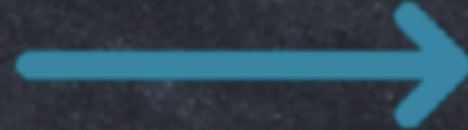
# PROGRESSION

**Unloaded**



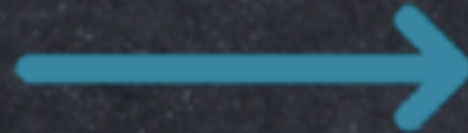
**Loaded**

**Slow**



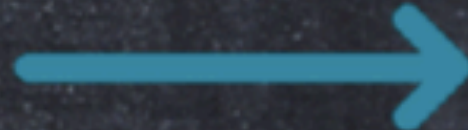
**Fast**

**Supported**



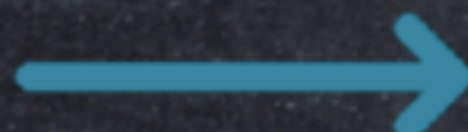
**Unsupported**

**Low Volume**



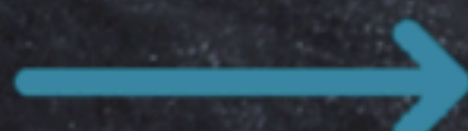
**High Volume**

**Low Frequency**



**High Frequency**

**Full Recovery**



**Partial Recovery**

Kevin Carr

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# PRINCIPLES

**You + Athlete**

**Confusion**

**Fear**

**Setbacks**

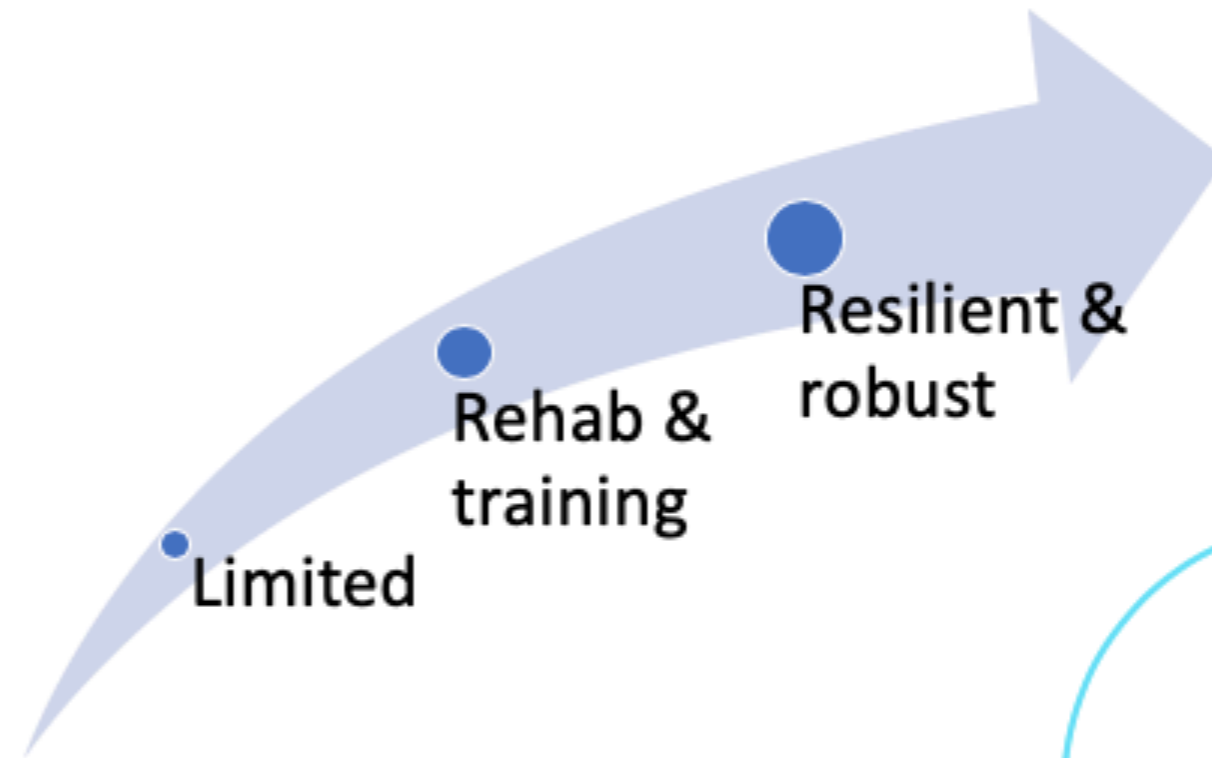
**Principles**

**Kevin Carr**

**#REHAB101**



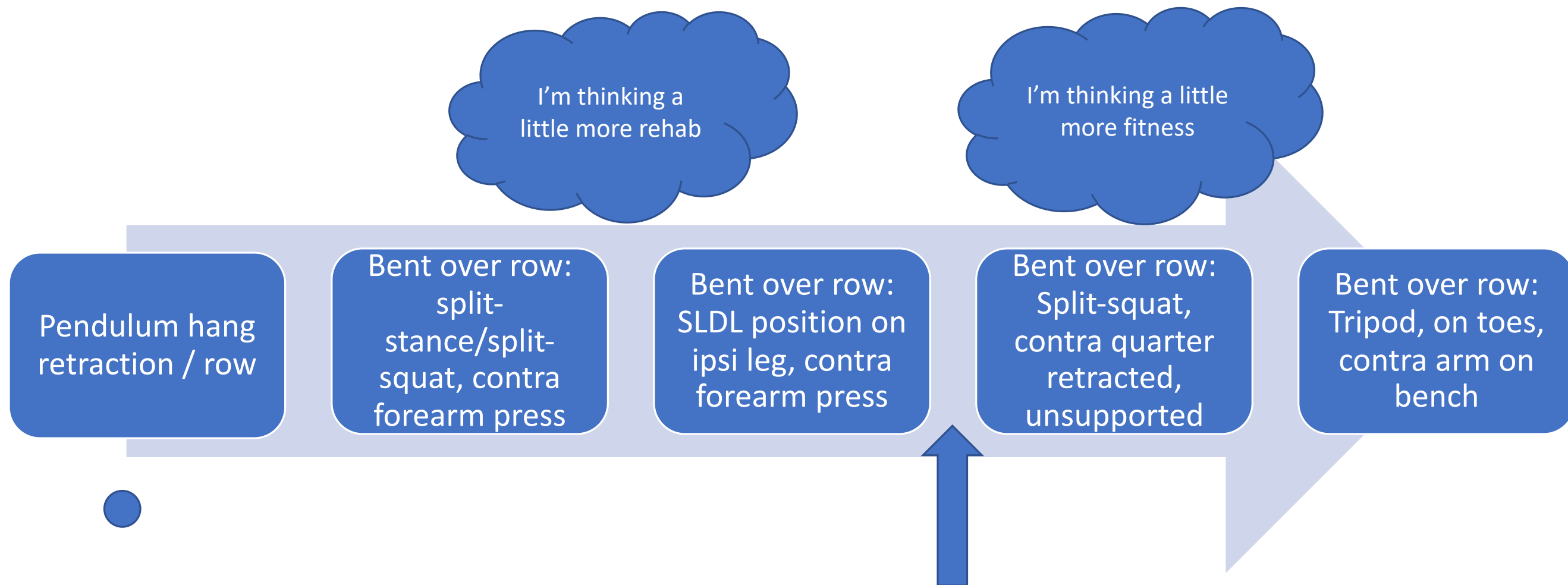
# *Integrating Rehab & Training for the strength and conditioning specialist*



- ***ha-bil-i-tate***: to make fit or capable
- There is a spectrum which can encompass people from their most limited state to their most resilient and robust.
- Progression anywhere along this path should take into account the individual's current status, through a thorough assessment, and provide programming which falls within the confines of their particular condition.
- The more tools the specialist has at their disposal, the more capable they are at addressing each client's particular limitations.

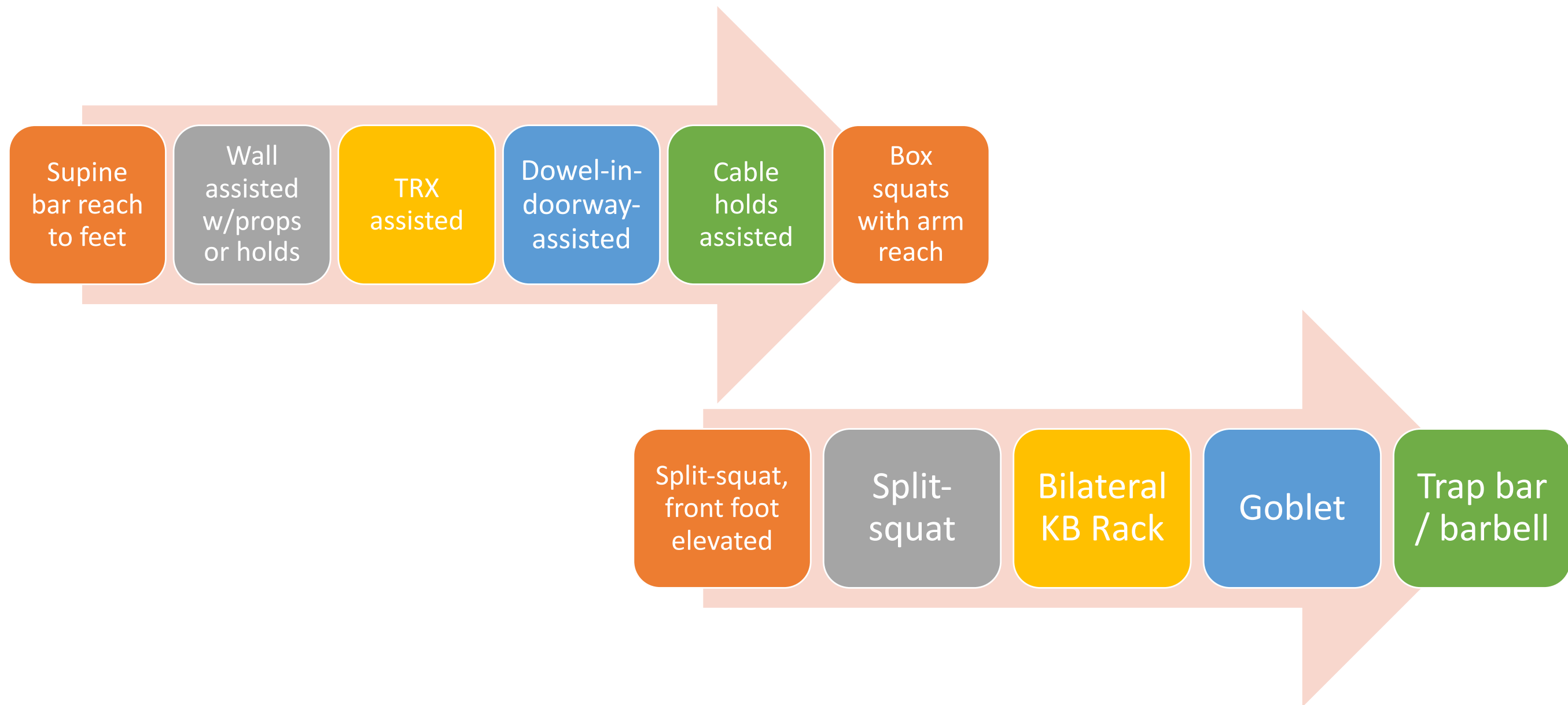


## Bent over row rehab:fitness continuum





# Squat rehab:fitness continuum



# Return to athletics lower extremity assessment - Michael Mullin

<https://www.mjmatc.com/rehab-training-1>

Double-click to hide white space



## FUNCTIONAL TESTING WORKSHEET

GROUND CLOCK	UNINVOLVED LEG	INVOLVED LEG
Average reach		

Uninvolved time \_\_\_\_\_ / Involved time \_\_\_\_\_ X 100 = \_\_\_\_\_  
100 - \_\_\_\_\_ = \_\_\_\_\_ % deficit

*Lateral Shuffle* \_\_\_\_\_  
*Carioca* \_\_\_\_\_  
*Jogging* \_\_\_\_\_  
*Trendelenburg Stepping* \_\_\_\_\_  
*High Knees* \_\_\_\_\_

Height: \_\_\_\_\_ inches X .33 = \_\_\_\_\_ inches chair height

UNILATERAL SQUAT	UNINVOLVED LEG	INVOLVED LEG
REPS / 30 seconds		

Involved # \_\_\_\_\_ / Uninvolved # \_\_\_\_\_ X 100 = \_\_\_\_\_  
100 - \_\_\_\_\_ = \_\_\_\_\_ % deficit



Apr 15

Return to athletics  
lower extremity  
assessment

Michael Mullin

# HOW DO YOU KNOW WHEN TO PROGRESS? BENCHMARKS? RETURN TO PLAY?

1. **Josh Gordon** How not to injure the client again, through fitness? Knowing when the right time is to do certain exercises etc? **Sarah Shore-Beck** - The appropriate way to continue to help clients rehab while adding intensity **Tawnya Nguyen** How do you balance the two if someone came in w/ strict fitness goals but had pre-existing injuries that need attention?
2. **Ryan Perez** - How to know when to progress? **Jono Blodgett** How to program it in to a person's weekly routine? Should they do something everyday or only 2-3x/wk?
3. **Tim Sesko** Should return to play status be based on the athlete reaching pre-injury levels of performance or within an acceptable range? **Borbala Suranyi** If someone comes to you for rehab how far would you go before you transfer them to the fitness side? "Release criteria"? **Sean Cryan** What are some benchmarks that indicate you are moving from more of a rehab approach to more of a fitness approach?
4. **Ole Foerster** What's more important, finding the right correctives/movements or ensuring a positive experience and outlook of the rehab process



## COMMUNICATING WITH CLIENTS/ATHLETES

9. **Juan Paulo Sotelo** How do you communicate to athletes who have doctors that baby their clients and are afraid to get some workouts done? **Jessica D'Abrosca** How to get a reluctant client on board with "boring" rehab exercises. **Lisa Garman** how Do we help clients in pain that do not want to work on the issue and just work around it? **James Mashni** How can I get my performance athletes more accepting of mobility and rehab?
10. **Richard Devitt** How can I determine how hard I can push someone who is injured or in recovery
11. **Julie Shepherd** What level of pain or discomfort is ok, if it is ok?
12. **Joe Meloni** Communication skills for referring a client to a PT
13. **Kathy Yanda** Can it be done online? **Todd Sullivan** - How is the Covid19 crisis going to change how you operate your gym in the future?

## BEST WAY TO CONNECT WITH A DR OR PT? WHO SHOULD I BE LEARNING FROM?

6. **Rachel Yeager** What's the best way to get connected with a dr or PTs to be a trainer for them? **Kristina Cagno** How to build a referral network with clinical practitioners...how to select who to connect with?
7. **Anthony Lewis** - I do not have any rehab experience so how can I be sure that I am programming correctly to address the clients rehab needs? **Anthony W. Joseph** How can I, a future DPT, most effectively learn S&C principles and integrate it into my treatment?
8. **Dani Evans** What is the best way to gain experience integrating rehab and fitness if you are relatively new to the field? **Manuel Monroy** Which book should I start reading for this topic ( im a novice PT that wants yo learn)

## WHERE'S THE LINE?

14. **Eli Green** Where is the line drawn in terms of scope of practice? **Rahul Kumar Ojha** Rehab and corrective what is the main difference? **Jwara Jones** When is it within our scope to assign rehab exercises?
15. **Zach Landry** How do you know if you can fix someone's pain as a trainer with rolling/stretching/mobility or refer them out?
16. **Garry Baddal** how much time should you spend rehab, and is it better to just play your lane and put it the hands of rehabilitation specialist
17. **Max Glaser** At what point can rehab and fitness not be integrated, or can we see a blend throughout the whole process.

## BACK PAIN

5. **Andi Ward** - how do you help a client with chronic back pain.



## Case Study



 48yo

Original Injury Date 10/19  
Grade 3 Left Adductor Longus  
(midline location)  
No separation or surgery  
From Men's League Hockey game,  
felt a pop during light push off. I  
believe I was warming up or it was  
early in game.

Current injury:  
Same area no bruising or weakness  
I workout 2X daily  
HIIT with dynamic movement 9-10  
am and strength training usually in  
afternoon 3-4. I do Mobility  
exercises and resistance band  
mobility such as flossing almost  
daily. Foam rolling.

# Big Rock:

## **FMS: -**

### *Soft Tissue*

☐

-

### *Mobility*

☐

-

## **Warm up, stability, and patterning**

☐

-

☐

-

☐

-

## **Fitness**

☐

-

☐

-

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-

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[www.exercisechecklists.com/p/exercise-checklists](http://www.exercisechecklists.com/p/exercise-checklists)



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# Soft tissue considerations





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# Mobility considerations





# Stability / Patterning / Warm Up / Corrective



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# Fitness





		Knee Dominant		
	Gen Pop	Athlete	Notes	More notes
Reg 6	Ankle Mobility, Spinal Mobility, Hip Mobility, Knee mobility.	<-----Adjustments, mobilizations, soft tissue work, etc.		
Reg 5	Dead Bug (or anything supine)			
Reg 4	Hip Rocking on all 4 (aka Bear Position)	DNS- Pull into squat		
Reg 3	Assisted Squat (Band, Doorknob, TRX, Ring, stick, bench, lacky, rack)			
Reg 2	Press-Out Squat to Box	Feel free to use elevated heels if needed.		
Reg 1	Heels Elevated Goblet Squat		Only use bodyweight squats if you're uncreative and don't care...	
Baseline	Goblet Squat (to a box)	Not bodyweight squat! Weight makes it better!	Standard: 50% BW for 10 reps	A box functions as an assistant coach. Don't sit down...just tap butt to box
Pro 1	Double KB or Single Leg Squat	Front Squat	Standard: 1.25-1.5 BW x 5 reps	
Pro 2		Single Leg Squat (to Box) (and hold weight out front)	8 BW reps to a box ~ 1 inch below parallel	
Pro 3		*** Back Squat ***		
Pro 4		*** Overhead Squat ***		

# Big Rock: Front Squat & Hang Clean

**FMS:** Overhead squat

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## ***Soft Tissue***

- ☐ Foam roll/Lax ball, calves, hips, T-spine, lats

## ***Mobility***

- ☐ Ankle, hip, and shoulder mobility drills

## **Warm up, stability, and patterning**

- ☐ (1) Feet on Wall or Bench breathing
- ☐ (2) Quadruped hip rocks
- ☐ (3) Supported squats with partner, band, or rack

## **Fitness**

- ☐ (4) Goblet squats to a box (standard: 1/2 BW x 10 reps)
- ☐ (5) Box jumps > squat jumps > hurdles
- ☐ (6) Front squats or hang Cleans (goal: x1.25 - 1.5 BW x 5 reps)
- (7) *Back squat or wall ball*
- (8) *Overhead squat and barbell Snatch*





# Standards to Run? Return to Play?

- ☐ (1) FMS 2's or better
- ☐ (2) Front Plank (60 seconds)
- ☐ (3) Goblet Split Squat 0.4 x BW x 8 reps
- ☐ (4) One Arm DB/KB Single Leg Deadlift 0.4 x BW x 8 reps
- ☐ (5) Box Jump 0.1 x BW (for box inches) x 5 reps (in the context of running)

# Adult End Goals

**Brendon Rearick**

- Farmer Carry x Bodyweight
- Hang x 1 minute
- KB Deadlift 52 kg. x 10
- Push Up x 10
- Chin Up x 5
- Goblet Squat 0.5 BW x 10
- TGU 0.3 BW x 3
- Goblet Lateral Lunge 0.3 BW x 8
- Goblet Curtsy Slider Lunge 0.3 BW x 8
- Half Kneeling Press 0.3 BW x 8





# Resources

**CFSC \$150 OFF of the Online Certification Right Now**

**<https://cfsc.inspire360.com/cfsc/cfsconline>**

**50% OFF Building Exercise Checklists Code: ZoomWebinar**

**[www.exercisechecklists.com/p/exercise-checklists](http://www.exercisechecklists.com/p/exercise-checklists)**

**Kevin & Brendon**

**[www.MovementAsMedicine.com](http://www.MovementAsMedicine.com)**

**@movementasmedicine**

**Michael Mullin**

**<http://www.mjmatc.com>**

**@Mjmatc**

**Michael Mullin - Back to Basic Course**

**<https://www.mjmatc.com/events-classes/2020/5/30/back-to-basics-optimizing-sleep-amp-breathwork-for-recovery-performance-amp-health>**

**Clinic Gym Hybrid - <https://clinicgymhybrid.com> w/ Josh Satterlee**