



Mindful Mobility Manual

A simple effective system to restore mobility

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You must get your physician's approval before beginning any part of this exercise program.

These recommendations are not medical guidelines, but are for educational purposes only. You must consult your physician prior to starting this program or if you have any medical condition or injury that contraindicates physical activity.

All forms of exercise pose some inherent risks. The editors and publishers advise readers to take full responsibility for their safety and know their limits before practicing the exercises in this program.

Mobility

Mobility is one of the keys to longevity with both training and everyday movement. Having the 'right' mobility in the 'right' places will unleash tons of hidden potential in your body.

The Car Analogy

Obviously everyone knows that in order for your car to drive straight, your wheels need to be aligned properly. When you drive your new car off the showroom floor everything is aligned perfectly. However over time the tyre tread is going to wear down, you might notice some balding on the tyres. If left alone this balding might become worse, it might even lead to a blow out.

Where does this misalignment come from?

Everytime you hit a pothole in the road, or misjudge that parallel parking and nudge the curb a little too hard, or simply just take the corner a little too quick, you put undue stress on the wheel alignment.

The more of these that happen over time, the more misaligned your car gets. The more misaligned your car gets, the more abnormal wear and tear on your tyres. The more abnormal wear and tear on your tyres, the more at risk you are of a blow out.

You need to realign the steering system so you can get the most miles out of those new tyres and keep you and your family safe, right?

The same is true for your body. Your body can become misaligned as well - If these misalignments are not corrected, they will cause abnormal wear and tear on your body. Over time, this might result in a "blow-out" of a shoulder rotator cuff muscle tear, a blown-out knee, or a blown out lumbar disc in your lower back.

When you align the wheel of your car (body) you will also notice that your performance gets better. You can get more speed (run faster, jump higher), better maneuverability (better agility), increase fuel efficiency (do more, without getting tired) experience smoother driving (move better).

All these benefits, without even looking at the engine (cardiovascular and strength systems).

Mobility work - Keep It Simple Solution

When it comes to mobility we have lots of choice. This can unfortunately often cause confusion and inaction.

In this report I am going to share with you the three most common mobility restrictions the majority of us face. These three common problems are significantly exacerbated by our lifestyle choices. Too much time in front of screens, slouched into the sofa and driving cars have all taken its toll on our postures.

Many of us take our mobility for granted, that is until we lose it. Mobility is what gives us performance but even more importantly it gives us function. Function to perform everyday tasks. Tasks like kneeling down to play with the grandkids, keeping up with your own kids, gardening, comfortably running, all sports and the list goes on.

We must do everything we can to preserve our freedom of movement.

While I could write a comprehensive book on all of the facets of mobility I wanted to give you something that you could use and apply immediately.

It doesn't matter if you are an athlete or an aging exerciser - The techniques and methods will be useful.

Feel free to do more mobility training than what I provide here. What I am going to share is the minimum effective dose to produce the greatest effect.

Give a Man a Fish vs Teach a Man to Fish

The problem with many mobility training programs is they haphazardly throw about a bunch of mobility drills without really looking into what joints actually require mobility.

Rather than just giving you countless mobility drills I am going to provide just a couple of mobility correctives for each joint. But what I am going to give you is some understanding of what joints require mobility and what joints require stability.

You see, if you're mobilising a joint that actually requires stability then chances are you're doing more harm than good.

By mobilising the 'right' joints you will

- Feel better
- Train better
- Move better
- Prevent joint stiffness
- Reduce risk of injury
- Function better
- And ultimately do the things you want to do in life without restriction

Let's define what mobility actually is.

Mobility in the context of fitness is the ability to take the muscles, tendons and the joint through their entire range of motion. - Mobility is joint motion.

What causes limited mobility?

There are a number of factors that affect our mobility but the biggest by far is our behavioural patterns.

- 1 - Too much static posture
- 2 - A sedentary lifestyle
- 3 - Bad positions and postures

How much mobility work should you do?

"If it's important, do it everyday" - Dan John Legendary Strength Coach

If you don't use it, you lose it. One of the most important factors of doing mobility work is so you don't lose it.

We were born with all the mobility in the world. Floppy, bendy, it wasn't a problem to put our whole foot into your mouth when we were one.

However over the years we have adapted to modern day living and have lost much of our mobility ability.

There are consequences of aging, and unfortunately mobility and joint health are one of those consequences.

The Big Three

I will begin with the concept called regional interdependence or 'the joint by joint approach.'

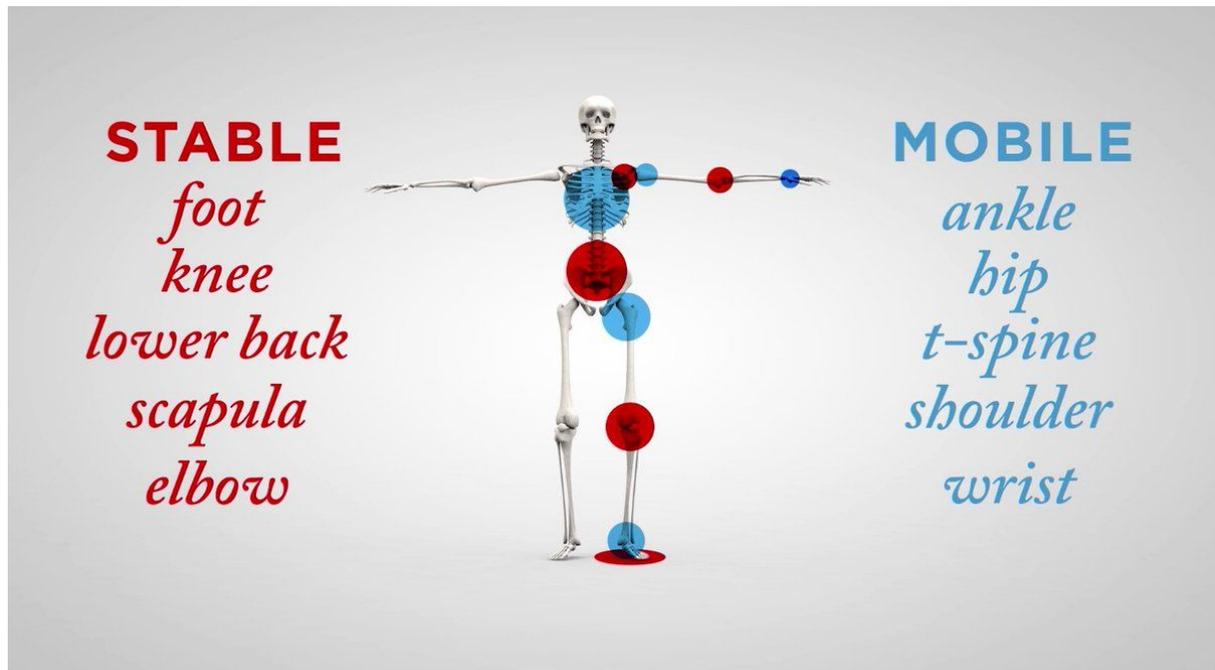
The joint by joint approach is a simple framework that looks at mobility and stability in the human body.

This framework was developed by two of the smartest minds in fitness Physical Therapist Grey Cook and Strength Coach Mike Boyle.

Essentially this framework can answer the questions:

- 1 - Where do we need mobility most?
- 2 - Where do we need stability most?

Note - We are not going to discuss the important topic of stability in the report however this joint by joint framework serves as an underlying concept for both mobility and stability.



The ankles, hips and thoracic spine (t-spine) all have the greatest tendency to develop stiffness within the joints.

Let's take a further look

1 - Limited Ankle Mobility

To quote Grey Cook again - “Doesn’t matter if you’re a 15 year old basketball player, a 40 year old runner or an all star NFL receiver - **if you don’t have 35 degrees of ankle dorsiflexion it’s your biggest problem from a musculoskeletal/movement perspective.**”

Ankle dorsiflexion is the upward motion of the ankle joint.

If your foot has limited ankle dorsiflexion it makes it very hard to perform a basic squat. Restricted ankles inhibit your Glute activation along with potentially putting unnecessary shearing forces through the knees.

Solving your ankle mobility problem can often have profound positive effects on many other issues upstream.

2 - Limited Hip Motion

The hip joint is a classic ball and socket and is central for both athletic performance and day to day life.

The hips are connected to every part of the body, and when they’re not moving well, there’s a chain reaction of restriction. You can’t squat easily, your hamstrings start to feel tight, maybe you compensate with certain movements when you walk which causes your back to tighten up.

One of the major reasons the hip is at risk to mobility restriction is because we spend extended periods of time sitting. In a seated position the hip is flexed and over time the surrounding tissues shorten and tighten.

3 - Limited Thoracic Spine Motion

The T-spine is our next most common mobility restriction.

Much like the hip, many of our restrictions stem from sitting slouch over computers, hunched into the sofa or slumped over the steering wheel.

When we lose mobility in our t-spine it can often have a knock on effect. Shoulder impingement and neck problems are often a knock on result of limited t spine function.

In Summary

So, now you know, the biggest three mobility restrictions most people face.

- The Ankle
- The Hip
- The Thoracic Spine

Now you know the challenges, let's take a look at what we can do about it.

Screens, Clearing Tests and Corrections

In this section we are going to take a dive into movement screens and our mobility corrections.

Movement Screening is the process of analysing **movement** tasks for the purpose of understanding how an individual uses their body. The **movement** strategies they adopt, are or will, contribute to their physical performance and function.

A Clearing Test is used to clear out a problem at a joint. If pain is present during the clearing tests you must consult with your medical professional advisor.

A movement screen isn't an assessment or a diagnosis. The screens I am about to share with you will begin to unfold one's movement competency.

Corrections. These are specific mobility exercises that will address the dysfunction.

Mobility Screen #1:

Limited Ankle Screen

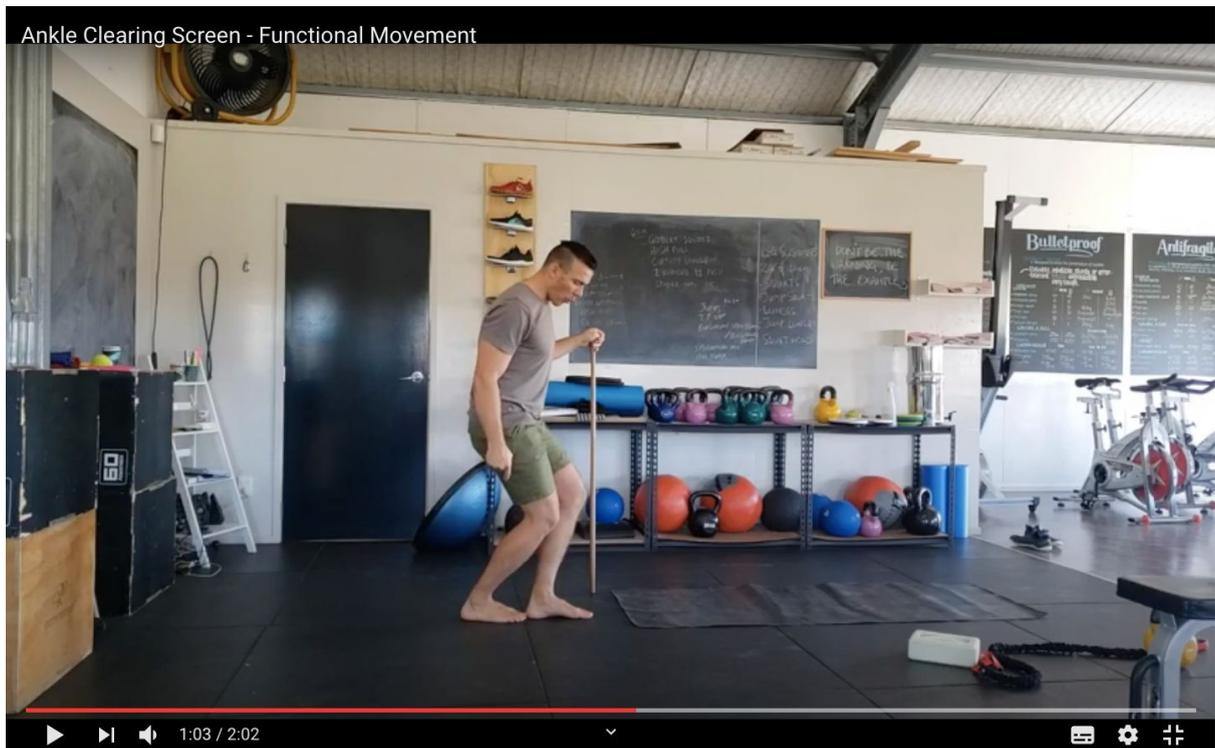
The standing dorsiflexion test is the best way I have found to look at ankle mobility

Remember, this isn't a diagnosis, this is a screen of range of motion

Here is what you do...

- 1 - Please let me know if there is pain while performing any portion of the screen
- 2 - Place your left foot behind your right foot
- 3 - Make sure your toes (left foot) are butt up against the heel (right foot)

- 4 - This is not a test of balance, so use a wall to keep you stable
- 5 - While maintaining this heel to toe position, drop the back knee and take it as far as possible in front of your toes, while keeping your heels down
- 6 - Once you have reached the maximum distance, measure where your back knee is relative to your front ankle
- 7 - Did you feel a stretch in the (front, back of the ankle or no stretch??)
- 8 - Did you have any pain?



Documenting The Screen

Pass

Knee moves beyond the ankle of the front leg while the heel stays down. This indicates the ankle has cleared mobility requirements

Fail

The knee resides within the width of the ankle of the front leg or behind while the heel stays down. This indicates a potential ankle mobility limitation.

Failure on the Ankle Clearing Screen implies that ankle mobility should be addressed and cleared.

Ankle Correction #1

Dorsiflexion from Half Kneeling with Dowel



Set-up: Begin in the narrow half kneeling position with a dowel in front of the 4th toe.

Action: While staying tall, take the knee outside of the dowel and drive it forward. The heel of the front foot should maintain contact with the floor. Find the end range of motion and cycle through a breath.

Return: Return to the start position and repeat.

Perform this exercise for 2 minutes on each ankle

Ankle correction #2

Prying Goblet Squat



This is a really nice drill to release the ankles and to start to get 'comfortable' in the deep squat position.

Set up - Pick the kettlebell up and hold it by the horns at chest level. Stand with your feet shoulder width apart with your toes pointed out 10-15 degrees.

Action - Perform a deep squat until your elbows reach the inside of your knees. From here spend time simply prying open the hips.

Reps - 3 reps here, but remember to spend approximately 30-45 seconds prying the hips open on each rep

Mobility Screen #2:

Limited Hip Motion

Screen

The Active Straight Leg Raise is a wonderful screen, that looks at not only hip mobility but also core integrity

It may seem like a simple hamstring stretch but trust me when I say 'it's so much more'

- 1 - Lay on your back with the back of your legs straight, arms at your side, palms facing up, and toes pointing up.
- 2 - Lift the toes of your right foot toward your shin.
- 3 - With your legs remaining straight and toes pointing toward the ceiling/sky, raise your right leg as high as possible
- 4 - Make sure there is no movement occurring in your left leg.
- 5 - Screen both legs
- 6 - Did you have any pain?





Documenting the screen

Optimised Pass

The ankle of the raised leg resides above the mid-thigh of the opposite down leg

Good enough pass

The ankle of the raised leg resides above the knee of the opposite down leg

Fail

The ankle resides below the mid-thigh of the opposite leg

Hip Correction #1

Assisted Leg Lowering

This exercise improves hip mobility and repatterning of the leg raise, removing the need for full hip extension on one side to reduce compensation.



Setup: Lie on your back, placing a band around one foot. Using the band, raise the leg (keeping it relaxed) as high as possible without the knee bending. This is a passive hold and should not cause pain or cramping.

Action: Then raise the other leg up to the level of the assisted leg. If you feel you can increase the position of the assisted leg, allow it to come higher by pulling on the band.

Return: Lower the leg slowly in a controlled manner while maintaining the toe up position of the leg and foot until your heel gently touches the floor. Make sure the lower back and pelvis maintain position during the movement. As long as the range of motion is improving without knee bend or toe movement continue to perform the raise and lower of the active leg.

Perform 10 reps slowly lowering on each leg

Hip Correction #2

Half Kneeling Hip Flexor Stretch



Set up - Begin in a half kneeling posture by placing one knee down directly under the hip and the other foot should be in line with the knee, this will create the 90/90 position.

Action - While maintaining an upright posture transfer your weight to the front foot rocking your hips forward. Do not hyperextend your back or dump the hips.

Throughout the exercises concentrate on staying as tall as possible creating a straight line from the ear, shoulder, hip, and down your knee for proper posture alignment.

Perform 2 minutes on each side

Mobility Screen #3:

Limited Thoracic Spine Screen

The thoracic and shoulder mobility screen is a simple way to look at both the health of the shoulder and the thoracic spine. Shoulder problems are often a by-product of poor thoracic spine motion and this screen gives us clues into all of our upper extremity competency

- 1 - Take a shoe off and hold it in your right hand
- 2 - Stand with your feet together
- 3 - Reach your right hand over your head and back down behind your neck as far as it will go
- 4 - Your left hand will reach behind your back and up
- 5 - Make sure you stand tall with a straight spine throughout
- 6 - Screen with both the right and left arms
- 7 - Did you have any pain?



Documenting the screen

Optimised Pass

If you can reach the shoelaces of the shoe

Good enough Pass

If you can reach the bottom of the shoe

Fail

If you fail to reach the shoe

Clearing Screen

The clearing screen is not a pass/fail. It is simply performed to observe a pain response

- 1 - Place your right hand on your left shoulder.
- 2 - While maintaining that hand placement, raise your right elbow toward your forehead

Do you feel any pain? _____

Thoracic Correction #1

Bretzel



This exercise increases thoracic mobility while challenging the opposite hip.

Set-up: Lie on either side with one knee up on a foam roll or pad to keep the hips stacked, the other down in a neutral position

Take the hand of the arm that is in contact with the ground and grab the knee that is flexed up at belly button height.

Take the other hand and grab the ankle of the leg that is behind the back, while keeping the hip in extension. If it is too difficult to grab the ankle then use a towel or strap.

Action: Begin to inhale and on the exhale start to rotate the shoulders away from the up leg. Cycle through this progression 5-10 times until the shoulder is turned as far as possible (coming close to the ground) or until you stop making progress.

Return: After taking 2-3 breaths in the fully rotated position slowly return back to the set-up position. Repeat on the other side

What if you have sufficient mobility with these screens?

The mobility correction exercises can be used to maintain mobility and prevent future tightness

What If You Have Pain?

If you feel pain, while performing any of these screens then see your primary health care practitioner.

Closing Thoughts

Hopefully at this point you have screened yourself and you have some objective data as to what is limited and what isn't.

Regardless, these mobility drills should be used to prevent the loss of mobility in a joint or gain access to some new mobility within a joint

Re-screen in a month and see if you have improved your baselines

Use the Mindful Mobility Manual to make mobility and movement a daily practise.

Remember what's important is that you apply the information. Knowing and not doing, is the same as not knowing.

I hope this was valuable to you

Paul

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ABOUT THE AUTHOR



Paul has been transforming bodies and changing lives with incredible success for over the last 20 years. He has dedicated his life to improving the wellbeing of hundreds of clients in both the UK and New Zealand.

Paul started his Personal Training career working in Mayfair London. His unique integrated methods quickly established him as the 'go to' for transformational results.

Paul has worked successfully with numerous high profile clients from athletes to actors, musicians to mountain climbers, CEOs, editors, models and just about everyone between. Paul's fitness advice has featured in a number of magazines and newspapers including Men's Health, The Evening Standard, Vogue amongst others. In addition Paul was a trainer on the Channel 4 show The Games where two groups of celebrities undergo three months of intensive training to transform themselves into athletes for reality TV's toughest test of physical and mental strength. Paul has also featured on Channel 4s the Wright Stuff due to his specialist knowledge on fat loss transformations.

Paul is the co-owner of Results Personal Training where he continues to train clients in his Personal Training studio in Hawkes Bay.

Learn from and connect with me here

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