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MOVEMENT & PERFORMANCE THERAPY

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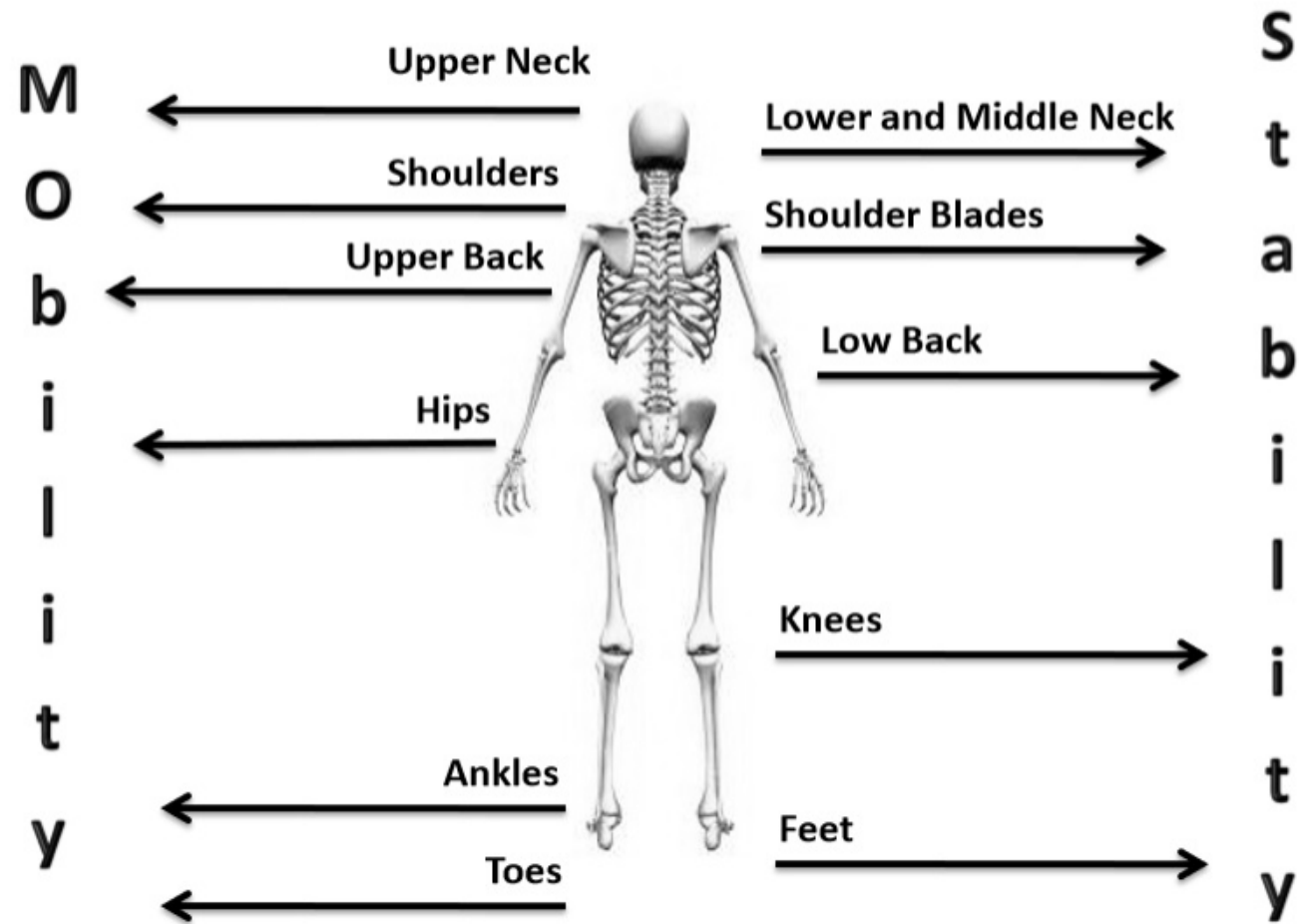
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Movement Optimization / for the Upper Body

Joint By Joint Concept



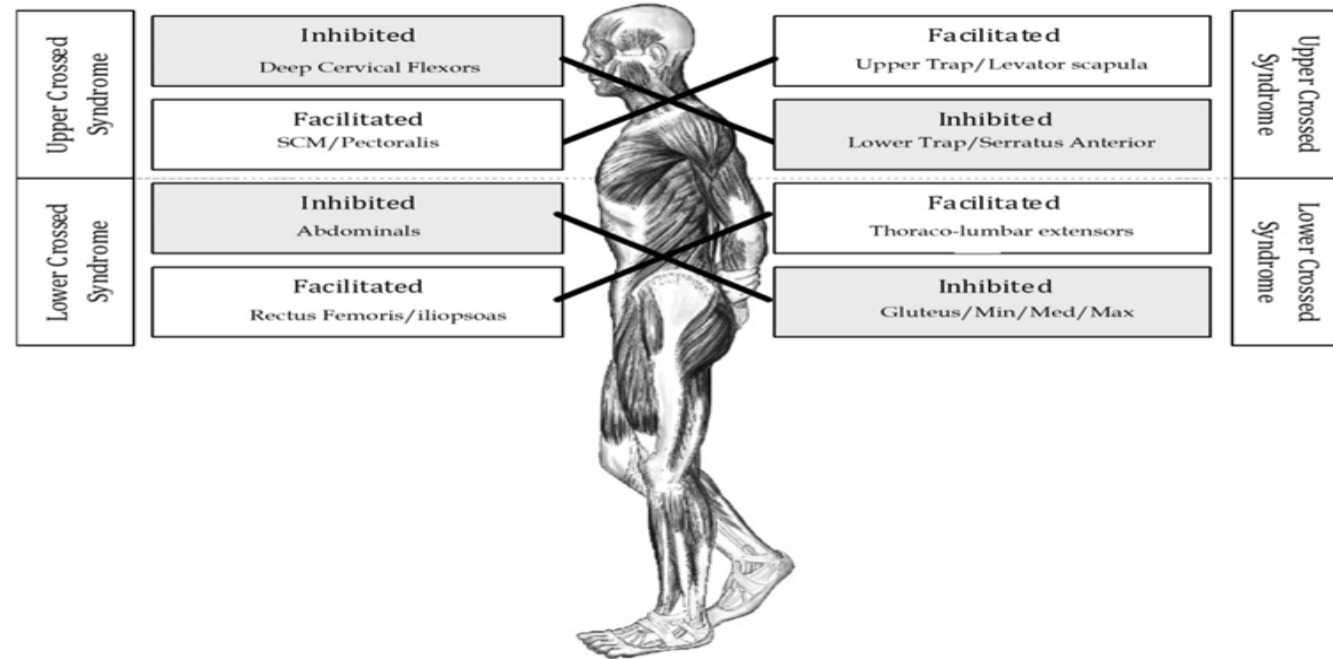


Figure 1 : Janda's Muscle Imbalance Syndromes

MOVEMENT OPTIMIZATION

The Fundamental Concepts

MOBILIZATION

ACTIVATION

INTEGRATION

TARGET REGION	AREAS OF FOCUS
<p>Shoulder complex and above</p>	<p>Cervical spine Scapulothoracic joint</p>
<p>Below shoulder complex / Above hip complex</p>	<p>Thoracic spine Lumbar spine</p>
<p>Hip complex and below</p>	<p>Lumbar spine Pelvis-Hips Ankle</p>

Common findings in the upper body

Joints:

- lumbar spine instability
- thoracic spine hypomobility
- scapulothoracic instability
- cervical spine hypomobility

Muscles:

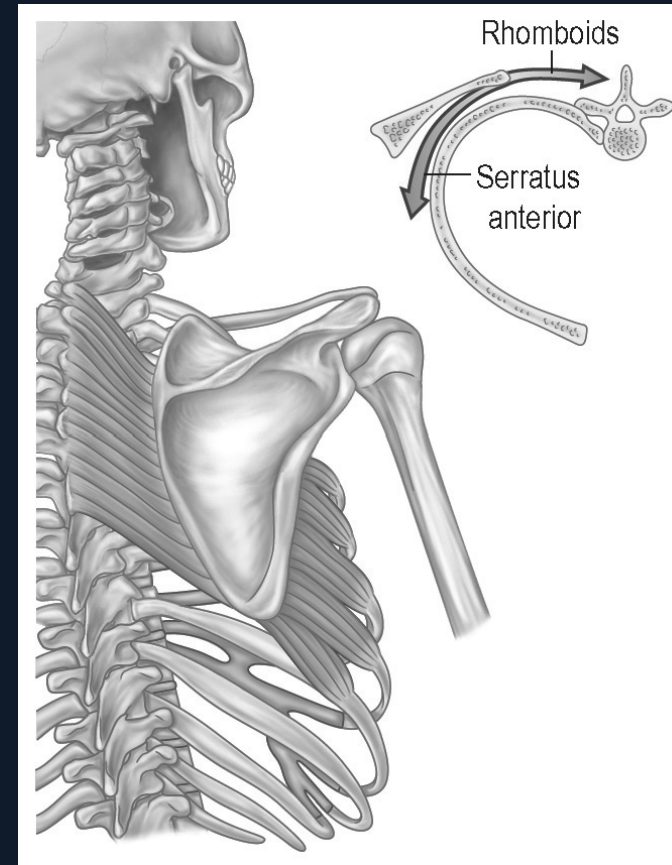
- tight pecs/lats
- tight upper traps
- weak mid/lower traps
- weak core
- weak deep cervical flexors

The Shoulder Cross Syndrome

Rhomboids

VS

Serratus Anterior



MOBILIZATION

PRACTICAL:

1. Assess and address soft-tissue limitations

- pecs
- lats
- upper traps

2. Mobilize the regions above and below

- C-spine
- T-spine

ACTIVATION

PRACTICAL:

1. Address instability

- lumbar spine
- scapulothoracic

2. Improve recruitment of inhibited musculature:

- mid/lower traps
- deep cervical flexors
- core

INTEGRATION

PRACTICAL:

1. Address the movement pattern



Movement	Mobility Requirements	Stability Requirements
Overhead press/pull	Cervical spine, thoracic spine, shoulder (ext rot)	Lumbar spine, core, scapulothoracic, shoulder
Horizontal press/pull	Thoracic spine, shoulder	Lumbar spine, core, scapulothoracic



OPTIMISATION DU MOUVEMENT

PRÉSENTÉ PAR MAI-LINH DOVAN | REHAB-U



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