

## What does “REHAB” mean for a Fitness Professional?

Obviously, the word ‘Rehab’ normally belongs in the medical world.... the ‘allied health’ profession where Physiotherapists, Chiropractors, Osteopaths, Massage Therapists, and others do their work of enabling rehabilitation to help people out of injury.

**Rehab Trainer**, created by highly experienced Sports Physiotherapists, has boldly borrowed the word and created a new level of meaning around it, *for the purpose of empowering the Fitness Industry*.

It can then, more confidently, find its natural place in the spectrum of services that are offered for the purpose of rehabilitation.

*Almost everything the Fitness Industry offers is valuable in the full restoration of function and health for the injured client.* Functional strength and fitness (of all types) is increasingly seen as essential at all stages of recovery, either as a background to better healing and outcomes (for example, the importance of continuing a clients’ modified training programmes for mental health even through the acute phases of an injury), or as a highest priority in the *foreground* for restoring pain-free functionality mid-late stage in the path of rehab: a well-designed strength and conditioning programme.

Therefore, the Fitness Professional who is genuinely engaged with their client and how they are developing physically, *is already involved with their Rehab*, whether they actively intend to be or not!

**Our goal with Rehab Trainer education, therefore, is:**

- + to sharpen, enhance and even *stretch that current natural role* further into the cutting-edge role of corrective exercise, and injury minimization.
- + Or, to *minimize the frustration* for you, the Personal Trainer, that comes from lack of competence and confidence in how to effectively play their role.
- + Broadly speaking, to upskill you *as background support in the higher risk phases* of an injury, and then
- + to bring you *to the fore in aiding the restoration of functional movement* (as soon as pain levels and functionality are sufficiently improved), and even
- + to invite you into a new language and purpose that can be used by all who work in the world of dysfunctional movement: *Muscle Imbalance* and its correction. Here all parts of the ‘Rehab-team’ can aim for developing healthy and balanced movement patterns that can be more safely loaded and incorporated into strength and conditioning programmes.

**Hence, the ultimate goal is..**

- + to breed Fitness Professionals like you, that may become experts in rehabilitating dysfunctional movements, or *“Cleaning up Dirty Movements”*. **Rehab Trainers!**

To summarize, the term "*REHAB*" is meant to imply any activity by a Fitness Professional that improves movement functionality for their client - not simply what happens after an operation, or what happens in a treatment centre by a medically trained professional. The number one goal of the Rehab Trainer courses is to increase the confidence and competence you feel when working with clients in pain.

We do this by increasing your knowledge, skills, and confidence.

One of the unique tools we use to help you learn is broken down into the acronym:

## R + E + H + A + B

1. **R...** **Risk Assessment of a Client's Injury** – injuries may be classified into “high risk” or “low risk” by a Fitness Professional (or a Physiotherapist too), so they can decide more accurately and confidently which injuries can be trained through (termed “Functional Injuries”, or Low Risk) and which ones need to be trained around (termed “High Risk, or Pathological). The Rehab Trainer takes the injured client through 4 Questions and 4 Tests each for the upper limb, the lower limb and the spine that will guide them to make the right decision. Note that this is nothing like the complex process of “Diagnostics” that a Physiotherapist will go through to determine what structure is injured.

2. **E...** **Evaluation of Functional Movements** is based on a deeper understanding of Muscle Imbalance and how it wreaks havoc with comfortable, clean and effective movement.

Common Muscle Imbalances of the upper, lower body and spinal regions are named, biomechanically explained, and then viewed on video and on each other, with the idea that we can all sharpen our observational skills (*'xray vision'*).

- \* *Poor Positioning* – are clients beginning the exercise properly, with optimal body positioning from head to toe, and setting themselves up to move well?
- \* *Poor Habits of Movement (Technique)* – many compound gym exercises from shoulder press through to squat and running, are analysed in terms of what is most effective, and least likely to create overload to soft tissues. Individual parts of a kinetic chain may not equally contribute to sharing load, eg how do I know if someone's scapula is moving well or not in a seated row or bench press? Or what does it look like if someone's Low back is at risk of a disc bulge when they are doing squat? They then may be retrained through cueing and progressive loading if their muscle control is sufficient for the job.
- \* *Poor Biomechanics* – Commonly with injury, certain movements have become “inhibited” in the brain (often initially due to self-protection) and therefore structures remain chronically overloaded. Other muscles may remain “overactive” long after the need to be protective of a body part remains, gradually remaining shortened, riddled with trigger points, hyper-sensitive in the fascia. These two elements form biomechanical blockages,

resulting in ‘mobility barriers’, pain, and poor performance within exercise. Muscle Imbalance as we experience it, then may be aided in resolving by the next two skill-sets that follow-on from a good Evaluation of Muscle Imbalances:

3. **H.... Hands-On Loosening Techniques** – before you protest that Fitness Professionals are not allowed to get hands-on with their clients bodies!....rest assured, it can all be done with the versatile myofascial release tools you are given to work with. You learn multitudes of options for temporarily releasing blocked and inhibited movements. Trigger Point releases, Myofascial Rolling techniques, active and dynamic stretches are taught for each body area, and old stretches are revised and corrected if necessary.
4. **A.... Activation Drills and Techniques** - improve muscle control and stability of joints – Rehab Trainer here introduces a ground-breaking concept, “Stability Muscle Activation Via Tubing”, that is applied to each body area: it is extremely PT friendly and allows clients to fast track towards their goal-exercises. In addition, simple activation drills are incorporated into warm-up and warm-down using swiss balls and other existing equipment in the gym, without asking the PT to engage in lower-level Physio exercises that in my opinion just don’t work in a gym environment!
5. **B.... Blending** of muscle imbalance correction drills and practices into strength and fitness programmes that the client can do with minimum pain and with the opportunity to retrain their dirty movements and reduce pain levels over time. Education of the client is essential here, to take responsibility for daily activities, postures, retraining drills and fitness.

Personal Trainers are invited to become more involved in the management of injured clients, for the best outcome for their clients.

**Rehab Trainer** empowers you to safely and effectively become such a PT!

