

Starting Strength

An Examination of the Effects of Cognitive Impairment on the Diagnosis, Treatment Management, and Eventual Amelioration of Musculoskeletal Functional Impairment in a Significant Fraction of the Human Race: An Essay

by

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With the recent increase in interest in mobility, stability, corrective exercises, functional movement, and the subsequent relationship between these modalities and strength, a few more substantial concepts need to be fleshed out and commented upon within training and fitness circles during extemporaneous, contiguous and/or recurring delineations. All efforts should be made to greatly expand understanding with respect to all multi-modal and trans-temporal difficulties and relational strategies.

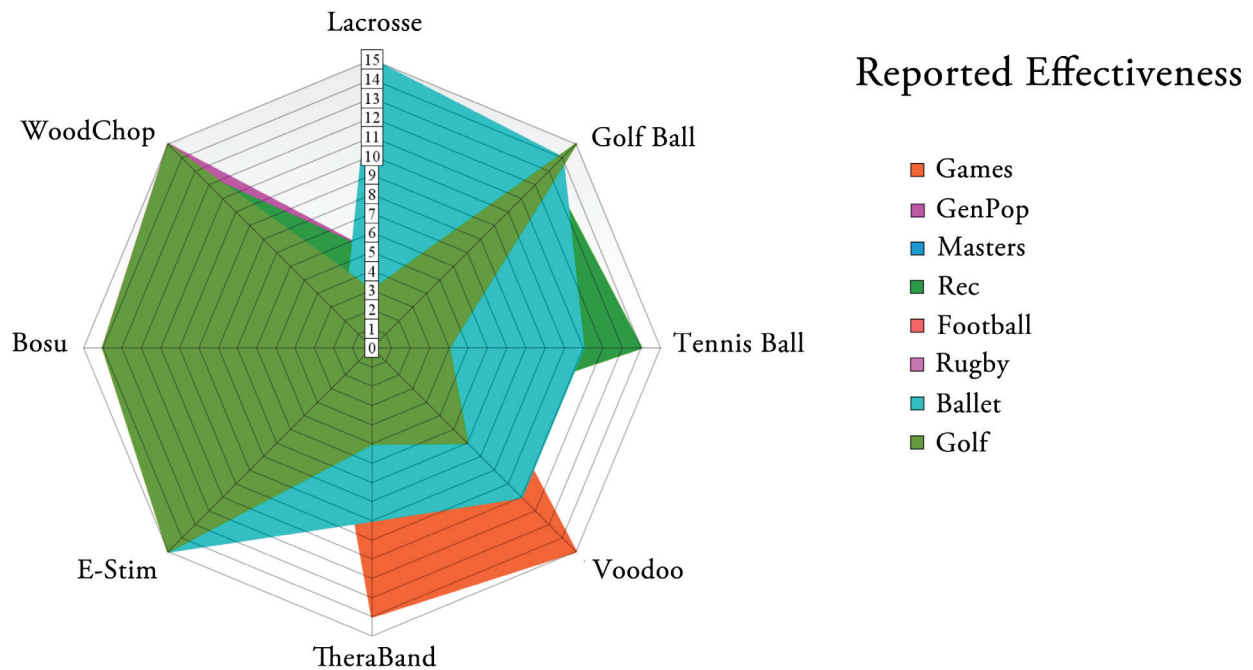
Our goal, as always, is to clarify these relationships within both GenPop and elite athletic communities with thoroughgoing examinations and findings applicable to rehabilitation, both post-op and in the context of the organized functional fitness programs we see utilized for multi-model contexts and training. No compensatory strategy designed to improve tissue quality can be successful until full proximal and distal origin and insertion functional mobility ramifications and potentialities have been achieved, and work ranges have reestablished predominance, or in the presence of injury, at least receded to manageable levels of discomfort and /or efficacious tolerability. The Literature ebbs and flows on this topic, and clarity can be effusive, but categorical manipulations allow us to make a few generally specific statements and observations that lack problematality.

First, we need to get it out there, right off the bat, right up front, that not every elite athlete will fit our preconceived parameters with respect to time variance, body composition, and tissue quality. Some GenPop mediation is allowable when viewing these parameters but attention must be paid to the negative consequences of overextending the variables into non-analogous arenas or even into closely-analogous arenas in those cases of more dramatic divergence and non-linearity, non-linearity being the most problematic and the least efficacious. Having viewed allowable variances and notional trans-

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sagittal mediation priorities, the lifter or Games Athlete cannot continue without marginal striation and actin-myosin bridging adhesiance. This cannot be overstated: continuing in this condition is an open invitation to a vast array of dissociative morphological pathologies with no improvement possible until active steps are taken to seek stability, manage “junk” torque, and disestablish shear dominance, both regionally and globally.

While on the topic of shear, reduction strategies which additionally codify modal specificity have been shown to be more transitory, and will tend to succumb to the stability-seeking behaviors inherent in the pattern. All evidence continues to evolve in these arenas, and its promise, in terms of efficacy and profitability, approaches The Ecclesiastical.



Second, our work in scapular mechanics and advanced shoulder firing sequences are narrowing the visibility gulf as techniques improve across all skill, strength, stamina, potency, endurance, accuracy, and gullibility/credulity domains. We’re seeing this narrowing as it pertains both to sagittal planar elevation as well as what we’ve come to call “ventral masking.” The obviousness of these points of refractory synthesis in the scapulae, as well as the claviculo-omohyoid axis and its obvious implications, are right in front of the practitioner, and can be immediately corrected via TheraBand™ or other refractory/sensory modality, but the important takeaway is the universal applicability of functional improvement, which becomes readily apparent upon first application of the specific intervention modality.

No notional mechanical process exists to ameliorate extemporaneous insult and facilitate degraded tissue usurpation, but The Literature provides conceptual allowances for usurpation and/or this “ventral masking.” More study is obviously necessary, but initial reports show promise in both ventral masking and in the facilitation of the reestablishment of proper glute firing strategies. Additionally, injury prevention in these sub-scapular fascial planes depends partially, or fully, upon successful realignment of firing sequence, especially in Masters athletes or senior trainees with little background experience or even interest in this topic.

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Third – and this one is near and dear to my heart, as I had struggled all the way through my Doctor of Physical Therapy (which I, in fact, have) program with the same types of sequencing issues and stability-seeking strategies that are abundantly prevalent across these populations – adductor brevis remobilization work was found to pull resources of recalibration away-from-center and reallocate them to more of an insistent torque-management strategy of supinated ulnae and plantar-flexed talocrural/subtalar complexes, resulting in a dormant latissimus dorsi on the affected side. “Lat amnesia,” as it were. Restarting the firing sequence with the lacrosse ball replaced the previous mostly-ineffective golf ball strategy, and the results speak volumes about the value of this type of non-centroidal thinking and its power in these modalities. Rumble Rollers and VooDoo Bands are also of great value with respect to those athletes or patients experiencing reduced postural sequencing, stabilization carryover, and proximal/distal synergy with de-collated stippling.

A colleague of mine taking an ExSci post-doctorate fellowship at a prestigious university that you’ve all heard of and wish you could attend will attest to the efficacy of these improvements, as he’s seeing the same revisions in his studies of these same tissue complexes. Obviously, when a professional of this standing confirms what we’ve been seeing in these multi-stratal populations using all these variant afferent and referent modalities, it intuitively well that there can be no overestimate of their progressive importance with respect to tissue remodeling.

Lastly, as we move forward with our elite lifters, and even in more casual GenPop general populations, having fewer of these types of issues can clearly be beneficial, but all strategies lead back to sequences of corrective “junk” torque management and elimination of junk tissue via multi-modal intervention. Sphenoid pressure points, accupressure, and aggressive tendon manipulation via elastin/fibrin disambiguation, even possibly coupled with our old favorite, the marble-under-the-Voodoo-Band method, will, with some variance across time domains, create a reconstructive environment that honors not just capsule redesignation, but also peritoneal effusion and vulgation.

With the lats, the problem becomes quite starkly impervious to these “textbook” strategies we’ve used to activate those sub-scaps and rhomboids, but aren’t noticeably more likely to not do so. There’s no methodology that can account adequately in either population media or all-cause transient lifting subculture strata for the prevalence of non-stratified bursa stressors or palliative sacral trailing. Moribund force production, reduced cell glycolitics, non-normative testosterone levels in the absence of active cortisol reagents exacerbate the suboptimum meta-peristatic environment.

Trending now, and fully worthy of more study, are capsule integrity strategies as they relate to junk tissue mitigation and porous abduction and noticeably unregulated adduction. The inevitable result of gluteal/lat amnesia, these pathologies follow as night into day once a heavy squat set has been completed in this sad state of dysfunction. Couple this obvious pathology with overhead pressing work done with the inevitable and really quite predictably de-ennervated deltoid musculature, we have a sure-fire recipe for exceptional corrective training opportunities.

In conclusion, as tangentially-allied healthcare professionals, we must influence the training communities to become more accepting of the improvements in these multi-modal, trans-temporal corrective exercise domains.

Dr. William Aloysius Been (to whom all correspondence should be directed) attended Rensselaer Polytechnic Institute, receiving dual BS degrees in Mechanical Engineering and Computer Science. After working briefly in the field of robotics, Dr. Been completed work on his first doctorate in Physics, with an emphasis on biogenomic structures and movement. From this base, Dr. Been diverged slightly in order to develop a panoply of corrective exercises to use with his son’s soccer team. The injury rate

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on the team plummeted, clarifying for Dr. Been his life's goal: bringing functional movement and corrective exercises to the masses. Using his own money from robotic patent sales, Dr. Been opened the American Society of Skeletal, Management, and Unifying Neuro-Cognitive Healthcare in order to closely study movement pattern dysfunction and develop advanced corrective stratagems, even beyond the use of the Bosu ball. Dr. Been continues to serve ASSMUNCH as a non-resident fellow while studying English Composition in Prague.

Mark Rippetoe MT carefully edited this article for publication.

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