


World Massage Conference Presents:



**Treating the Rotational Athlete with the ATM System**  
with Debbie Roberts

*Debbie Roberts*

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TREATING THE ROTATIONAL ATHLETE

**BASEBALL-GOLF-TENNIS INJURIES**



ASSESSING



GUESSING

"If you don't assess you simply guess"




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TITLEIST PERFORMANCE  
INSTITUTE  
MEDICAL LEVEL THREE

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HIGH SCHOOL TEAM



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“As to methods there may be a million and then some, but principles are few. The man who grasps principles can successfully select his own methods. The man who tries methods, ignoring principles, is sure to have trouble.”  
(Ralph Waldo Emerson)

Pilates, Yoga, CrossFit, the Barre Method, kettlebells, AIS & PNF Stretching, Muscle Energy, Myofascial release, the Melt Method, the Stretch Zone, ART, Cupping, etc.

**There are the Essentials**

1. Optimal Joint alignment with joint centration
2. Respiration must be optimized
3. Both must be integrated into movement patterns



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# STOP THE INSANITY

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## OUTLINE

- Therapist will learn the importance of a gross movement screen for better client outcomes
- Therapist will learn how to look at gross motion, active and passive range of motion and easy treatments that are effective for some of the most common injuries to the Rotational Athlete .
- Therapist will learn how these injuries occur though poor mechanics, lack of joint range of motion, extensibility of the tissues, and lack of stability.



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## WHAT IS COMMON?



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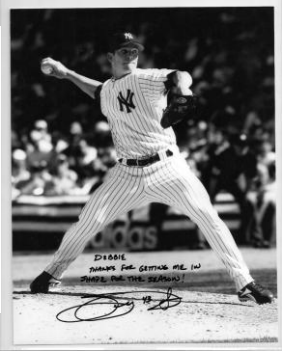
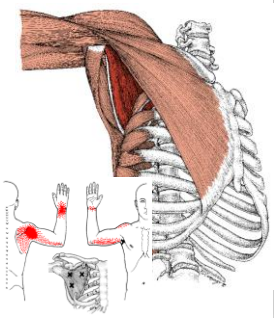
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# SUBSCAPULARIS



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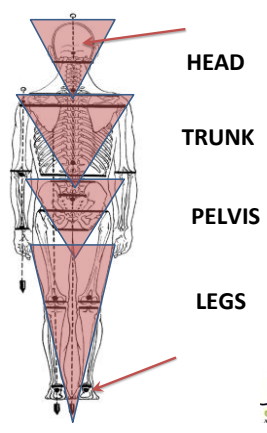
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# YOUR ROLE

SPORT	SKILL COACH	FITNESS COACH
MEDICAL	MANUAL THERAPY	MENTAL COACH

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THE GOAL IS TO HELP PLAYERS  
HAVE A REPEATABLE AND  
EFFICIENT PATTERN OF  
MOVEMENT PAIN FREE

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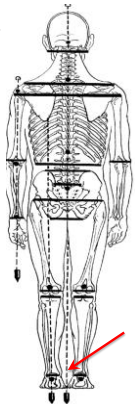
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## STABILITY/MOBILITY

- Atlas/Axis Mobile
- Cervical spine Stable
- Wrist Mobile
- Elbow Stable
- Gleno-humeral/Shoulder Mobile
- Scapulo-Thoracic Stable
- Thoracic Spine Mobile
- Lumbo-Pelvic-Sacrum Stable
- Hip Mobile
- Knee Stable
- Ankle Test Mobile
- Foot Stable




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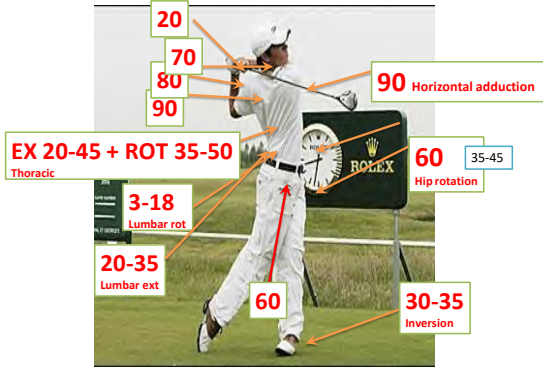
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### ANALYSIS OF THE SWING




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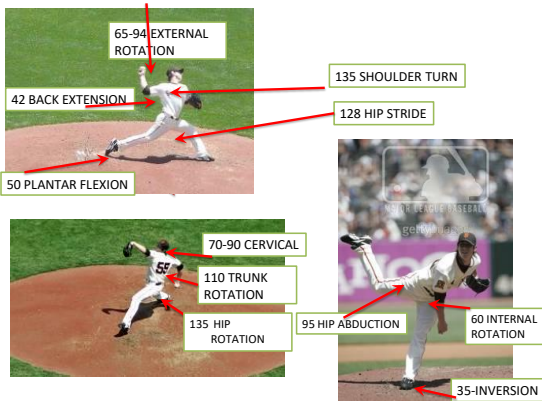
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## TENNIS

**HIPS 123 DEGREES**

**SHOULDERS 123 DEGREES**

**ARM 127 DEGREES**



1 MILE PER HOUR FOR EVERY DEGREE  
THEY CAN ROTATE AWAY FROM THE BALL!

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## Principles For Manual Therapist

- Find 3 or more tests to correlate your findings
- A. Client history B. Gross Motion C. Active joint range of motion test D. Passive Motion test E. Manual Muscle Test
  
- Pick the Treatment based on your worse findings, don't jump to assumptions
  
- Retest every 5-10 mins for new findings




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## GROSS MOTION TEST DEEP SQUAT

1. The ankle joint mobility
2. Gastroc/soleus tissue extensibility
3. Hip flexion (psoas) & Overactive psoas
4. Force coupling of the pelvis, hips, & lumbar spine
5. Loss of gluteal strength
6. Loss of core strength
7. S or C posture
8. Limited Thoracic Extension
9. Latissimus tightness
10. GH Joint issue




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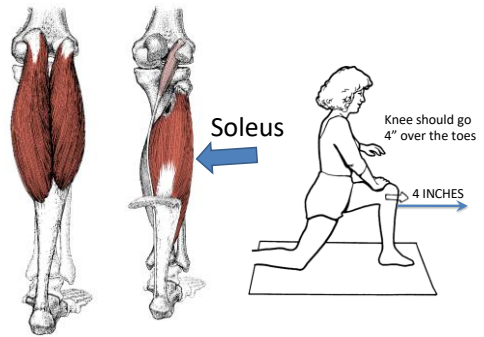
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ACTIVE RANGE OF MOTION



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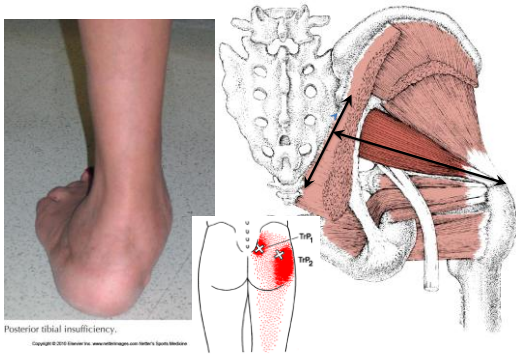
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### PIRIFORMIS SYNDROME



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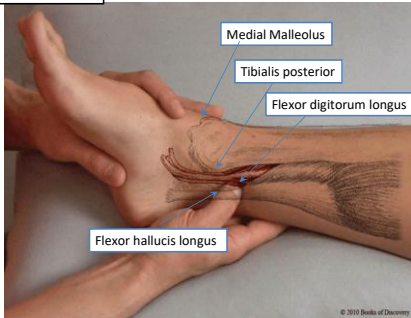
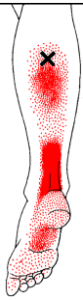
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Tom, Dick AN Harry  
Tibialis posterior is the  
Most anterior, followed by flexor  
Digitorum, the tibial Artery,  
Tibial Nerve and then flexor Hallucis

## Flexors



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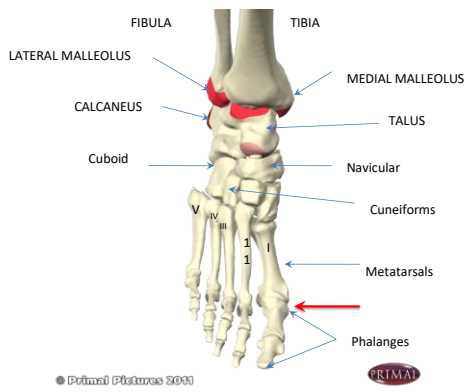
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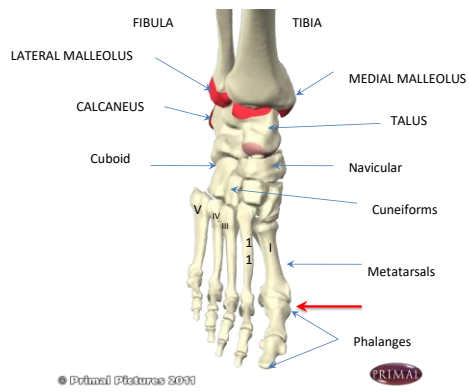
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### INVERTORS OF THE FOOT



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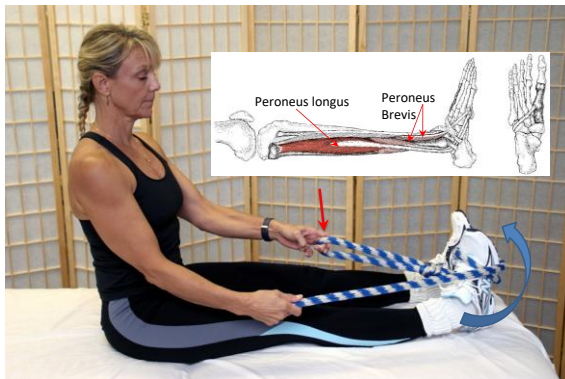
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### EVERTORS OF THE FOOT



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### MMT: Resisted Plantarflexion-RESET



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### MT: RESISTED DORSIFLEXION-RESET



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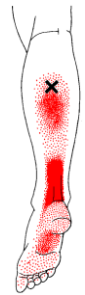
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### MT: INVERSION-Reset



Tibialis anterior  
Tibialis posterior  
Flexor digitorum longus  
Flexor hallucis longus  
Extensor hallucis longus



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### MT: EVERSION-Reset

Peroneus longus  
Peroneus brevis  
Extensor digitorum longus



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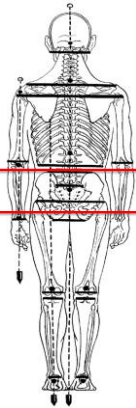
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THROW, SWING A GOLF CLUB,  
TENNIS RACKET, GRASP  
TOOLS, CARRY THINGS

**FRIEND**

RUN, JUMP, SPRINT, DANCE,  
CLIMB, KICK, STAND



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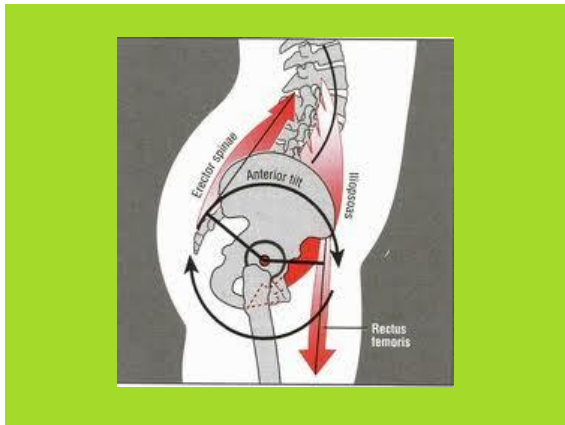
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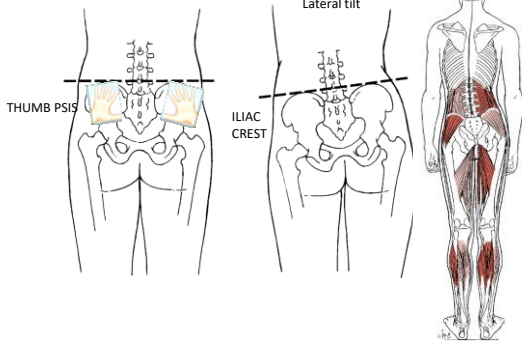
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**PELVIS STATIC EVALUATION**



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## FABER TEST

**F**-lexion,  
**AB**-duction  
**E**-xternal  
**R**-otation of  
the hip.



If pain in the *front of the hip*, joint discomfort or limited motion occurs, suspect hip joint pathology (DJD, anterior hip capsular tightness, labrum).

If pain is felt *in the back* over the lumbar spine or SI joint, suspect limited hip joint mobility creating lumbo-pelvic instability.

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HAVE THE CLIENT DO  
ACTIVE HIP  
EXTENSION

Look at the clearance  
space between the knee  
and the table  
10 or less DJD  
30 Degrees Normal  
60 Degrees for sports

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## INJURY RATE INCREASES



3 to 5 x's

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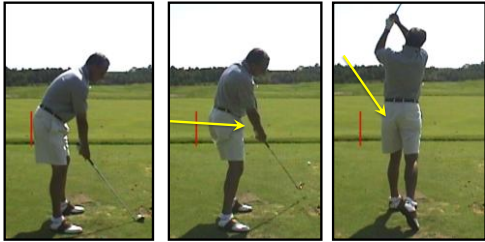
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### EARLY EXTENTION



PLAYER COMPLAINS OF BEING STUCK OR TRAPPED WITH THEIR ARMS ON THE DOWNSWING

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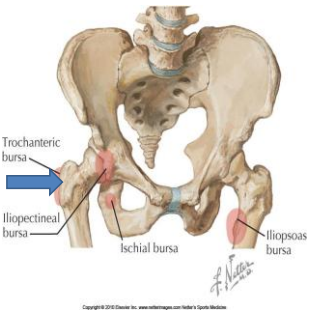
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### Trochanteric Bursitis



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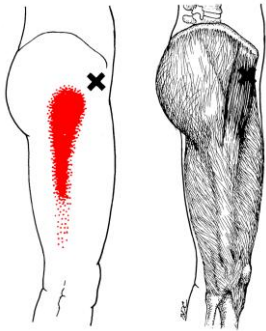
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### “Pseudotrochanteric Bursitis”



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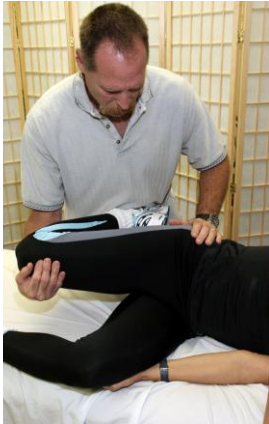
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### OBER TESTING TESTING FOR IT BAND TIGHTNESS

- Bottom leg flexed to 90
- Abduct the test leg to 90
- Allow the knee to slightly flex, do not close the knee this puts to much tension through the quadracep
- Look for the test knee to drop to the table.
- You can monitor the pelvis with your hand not under the knee

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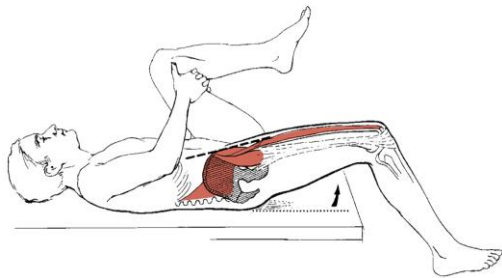
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### THOMAS TEST PSOAS & QUADRACEP & ILIACUS & TFL



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### KNEE ABOVE HIP LEVEL



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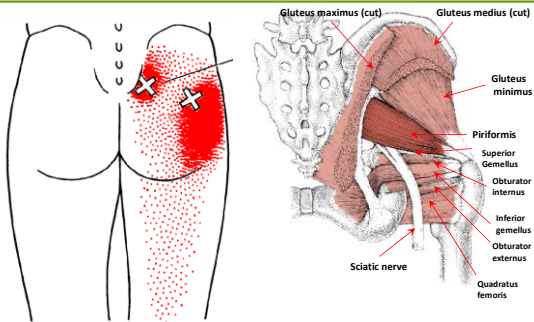
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**ORTHOPEDIC NORMS 0-45 degrees**  
**GOLF 55 BASEBALL 60 TENNIS-60**



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**COMPARE INTERNAL ROTATION**  
**BILATERALLY**



Look for excessive movement of pelvis

Compare Bilaterally

Should be Equal

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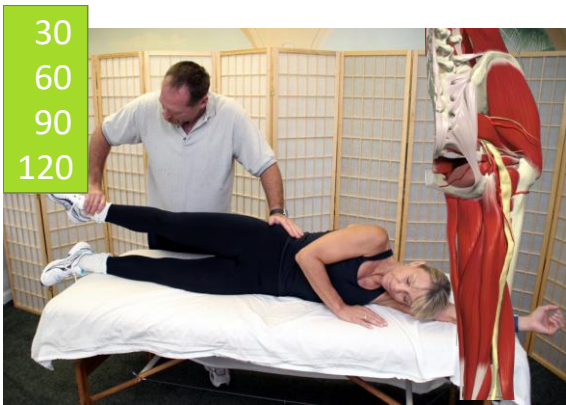
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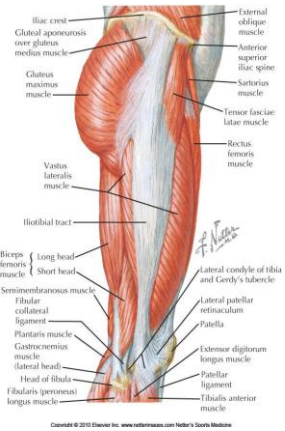
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**MOBILIZATION OF THE  
Greater Trochanter**



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### Piriformis



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### Tensor Fasciae Latae (TFL)



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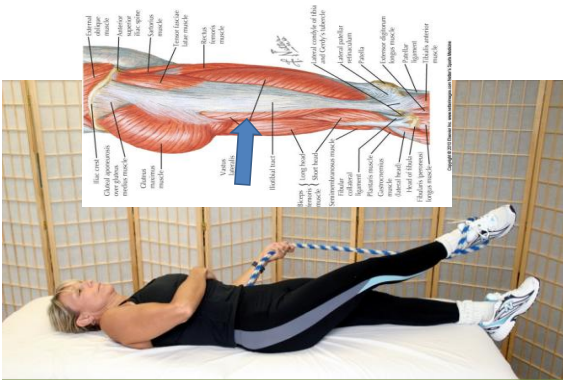
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### ILIOTIBIAL BAND STRETCH

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## BUILD YOUR CASE

- ✓ MATCH TREATMENT WITH ASSESSMENT
- ✓ MATCH TREATMENT WITH CONDITION AND ASSESSMENT
- ✓ LEARN TO RECOGNIZE DYSFUNCTION BASED ON ASSESSMENT
- ✓ IS THERE CARRY OVER?
- ✓ GO FOR PRINCIPLES NOT TECHNIQUES

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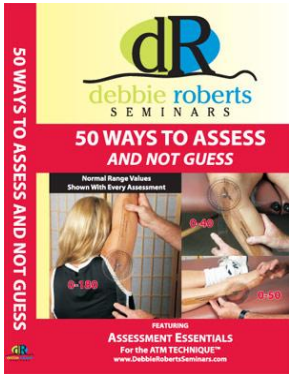
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## ALL DONE!



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