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### PREVENTION & REHABILITATION: SELF-MANAGEMENT: PATIENT SECTION

## The shin box get-up \*

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Bodywork and

Movement <u>Therap</u>ies

#### Introduction

Adequate mobility and stability of the hip and trunk are essential for all movement patterns performed in daily activities and sports. Lack of mobility and stability in the hip and trunk can affect the rest of the kinetic chain (Panjabi, 1992). These deficiencies are often targeted individually through soft tissue work, different types of stretching, manual or self-mobilizations, and isolated strength exercises. However, the body does not automatically transfer the gains in mobility and stability into functional movement patterns in sport or Activities of Daily Living (ADLs) (Moreside and McGill, 2012, 2013). Therefore, in order to create lasting changes in functional movement patterns, it seems to be necessary to expose the body to new motor patterns that simultaneously and interchangeably challenge mobility and stability.

This exercise details a movement sequence called Shin Box Get-Up, which emphasizes improving hip and trunk mobility and stability. The Shin Box Get-Up can be effectively utilized in training and rehabilitation programs. This movement sequence can quickly expose limitations in hip mobility and single leg strength and stability. Therefore, the goal of this exercise is to create a lasting change in hip and leg function during ADLs or sports.

#### Procedure

• Sit on the floor with an upright torso, knees bent to approximately 90°, and feet flat on the floor and shoulder-width apart, in a 90/90 staggered position (Fig. 1 A B)

 $\star$  This paper may be photocopied for educational use.

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Figure 1 Shin Box - 90/90 staggered position – left leg forward. A) front view B) side view C) angled view.

- Regression hands are placed on the ground behind the back to help support and maintain an upright posture. Knees extended at a right angle and front heel moved away from thigh.
- Progressions hands are placed crossed on the chest; hands are placed behind the head; hands are

placed extended overhead; a plate or kettlebell is held at chest level or overhead (these regression and progression elements are not illustrated)

• Slowly, and in a controlled manner, slightly rotate your body until you are facing forward with both feet flat on the floor/ground (Fig. 2 A B) Download English Version:

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