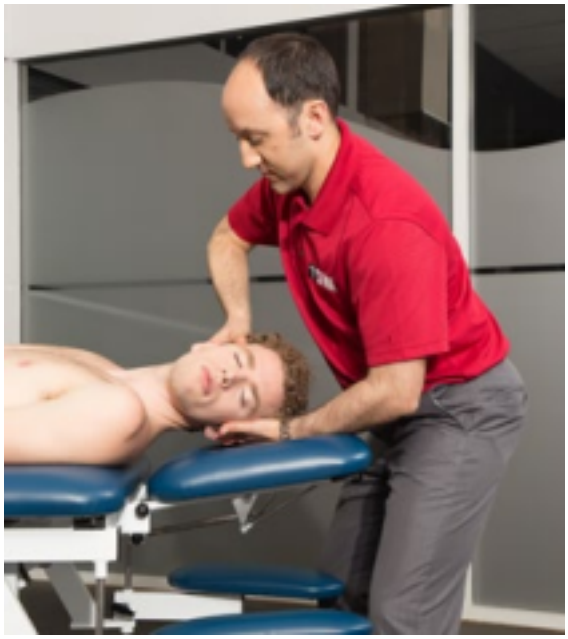
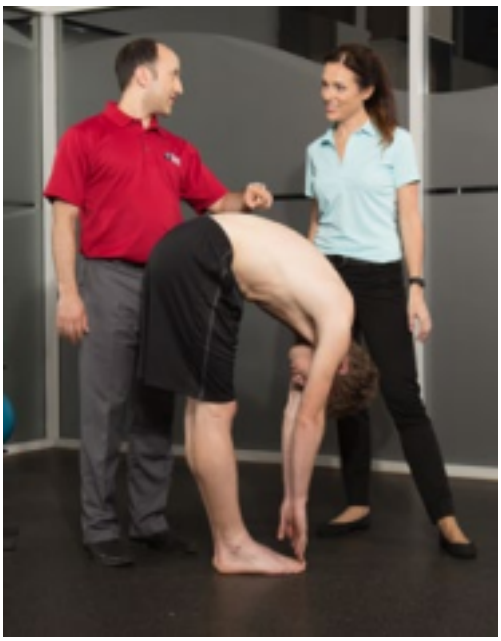




When analyzing high quality rehabilitation professionals we find that they have 3 main traits in common:

- Excellent Communication
- Great Diagnostic Skills
- Treatment and Exercise Knowledge

This is where the Selective Functional Movement Assessment (SFMA) fits in. The Selective Functional Movement Assessment (SFMA) is your total body movement diagnostic system. The assessment will provide an efficient method for systematically finding the cause of the patient's pain, not just the source. It is a repeatable diagnostic metric.

The SFMA begins by screening 7 top tier full body movement patterns. These movements are rated and ranked as functional vs. dysfunctional, and painful vs. non-painful patterns. The top tier movement results will guide the practitioner to first systematically look at the parts of the

dysfunctional non-painful patterns, since evidence tells us pain alters movement and causes the body to compensate. In this manner we can determine the root cause of the movement dysfunction, without interference and the effects of pain on movement. Through further examination the SFMA gives the clinician an opportunity to differentiate between mobility vs. stability/motor control dysfunctions in order to provide the most appropriate intervention for the problem at hand. By building an intervention plan related to an individual's overall mechanical function rather than medical diagnosis, the clinician can not only impact the patient's symptoms, but also have long lasting positive outcomes for that individual's level of function.

PATTERN 1

FLEXION

PATTERN 2

EXTENSION

PATTERN 3

ROTATION

PATTERN 1

PATTERN 2

Considering Patterns of Movement

Normal movement is achieved through the integration of fundamental movement patterns with an adequate balance of mobility and motor control to meet the demands of the task at hand.

The human body will adapt or create compensatory patterns of movement in response to pain, lack of mobility, and/or loss of motor control. Over time, these changes can lead to more significant dysfunction and/or increased pain and fear of movement. An isolated or regional approach to evaluation is not sufficient to restore whole function. Treating the pain does not address the fundamental cause of the problem. A diagnostic list from evaluating dysfunctional patterns allows the clinician to design an effective treatment strategy.

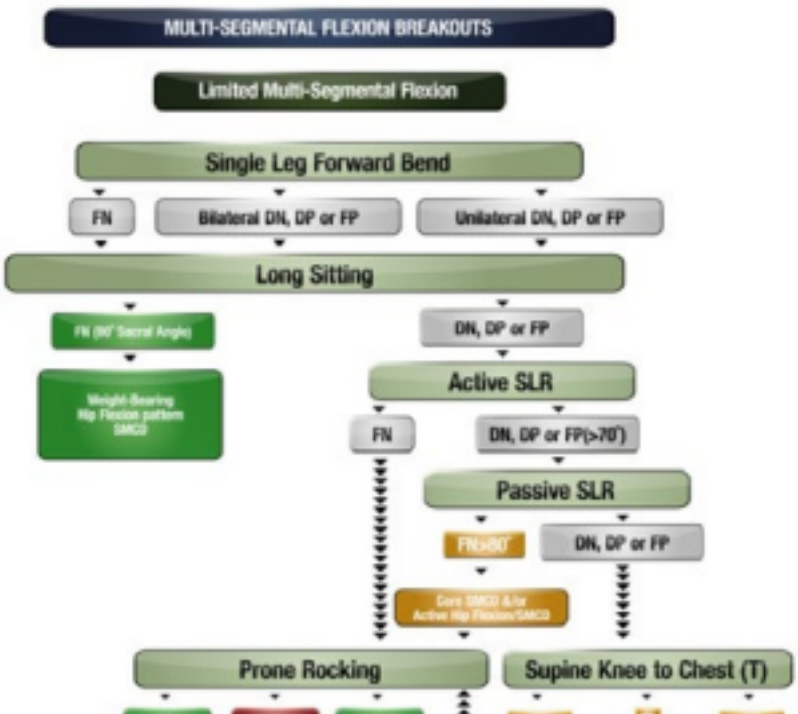
Pain-free movement is necessary for quality of life. Many components comprise pain-free functional movement, including but not limited to, proper joint ROM, tissue extensibility, motor control, proper breathing strategy, and balance. Impairment of any of these components could alter functional movement thus creating an opportunity to sustain injury and/or induce pain. The SFMA guides the clinician in identifying key dysfunctional movement patterns, in order to intervene and restore function. This approach compliments the clinician's existing clinical toolbox and simply helps bring focus to the region in need of attention and the tool that will be the most effective in restoring health.

Scoring System

Modeled after Cyriax's selective tissue testing, each test of the SFMA is scored as functional/non-painful, functional/painful, dysfunctional/non-painful, or dysfunctional/painful. Each Top Tier movement has specific criteria which needs to be met for the pattern to be called Functional. Since pain can alter motor control and alter the results of the evaluation, the clinician prioritizes the dysfunctional non-painful patterns. Following the top tier movements, the patterns with dysfunction will be further examined with a regional examination. The regional examination movements are scored in the same way, using the same four categories as the top tier movements. Functional results, must meet specific quality and quantity criteria as set by existing valid clinical examination tools and normative values based on evidence. Each test has certain ROM and motor control assigned to it that must be met for a functional score.

The Movement Diagnosis

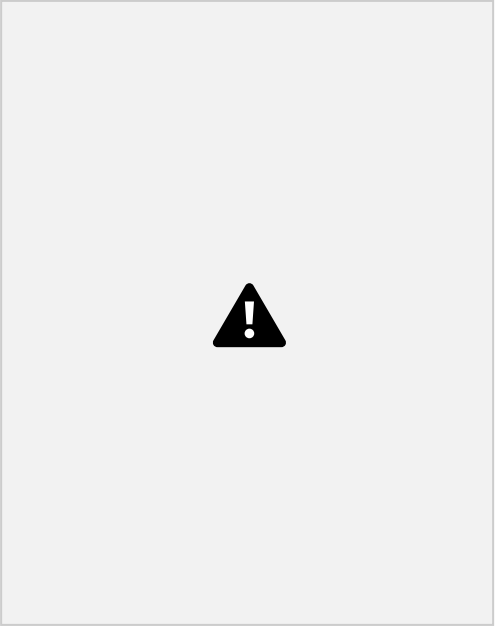
Once the 7 Top Tier movement patterns are assessed and scored, the clinician further evaluates those scored as dysfunctional non-painful (DN) to reach the movement diagnosis. By prioritizing DN patterns, the clinician is able to address underlying dysfunction in the movement system that is not complicated by pain. Each DN pattern is broken down using logic. Patterns are systematically broken down by removing body parts whenever possible, changing the stability requirement, and looking at the movement actively vs. passively.

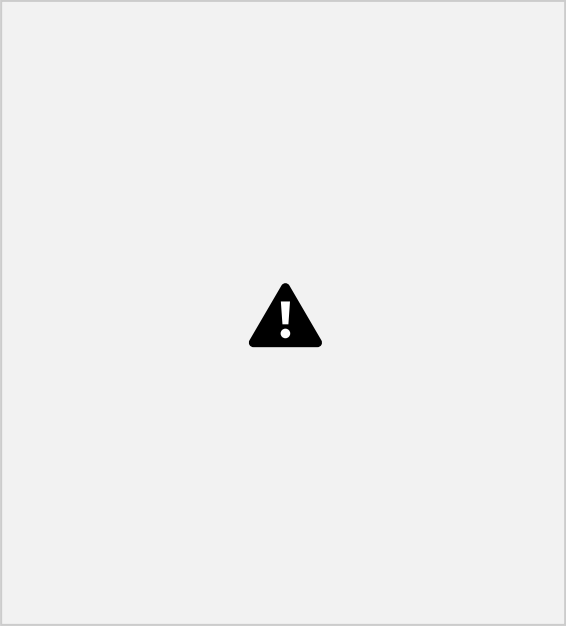


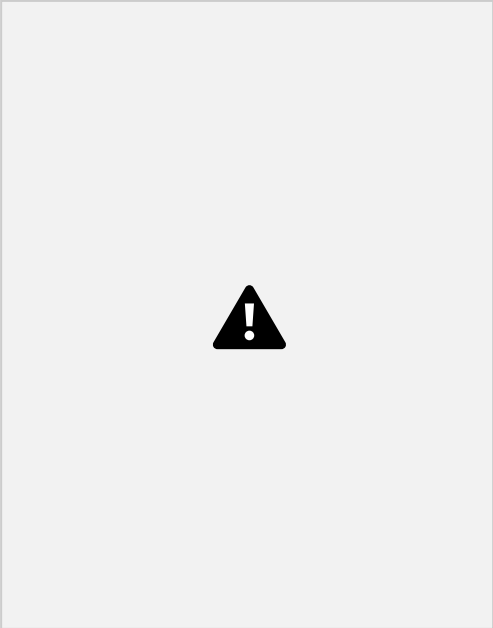
The SFMA calls these the "breakout assessments." Traditional orthopedic tests are used within this logic to allow the clinician to determine the underlying cause of dysfunction. By applying these breakout principles, a movement orientated diagnosis is obtained for that pattern. All DN patterns are assessed and a full

problem list is determined. The problem list is further organized by placing mobility dysfunctions before motor control dysfunctions in the treatment hierarchy.

At the conclusion of a SFMA evaluation, the clinician will have a clear idea of movement related causes of the individual's complaints and a clear path of how they can intervene to not only reduce pain, but more importantly restore function.







Clinical Application

The SFMA streamlines the orthopedic assessment to provide an in-depth movement diagnosis, encompassing the concept of regional interdependence. As clinicians, it is essential we understand how mobility and/or motor control impairments in one region can adversely affect function throughout the body.

The founders of SFMA believes there are many valuable mobility techniques and tools available to rehabilitation professionals. When used at the right time, with the right person, these tools are

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