

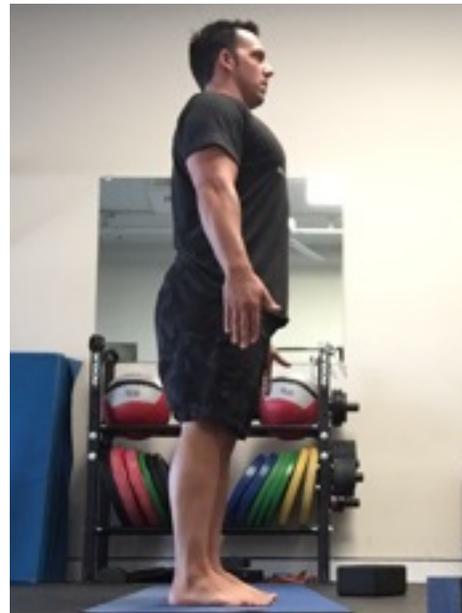
The Plank and Why it is a Valuable Tool.

The Plank is a foundational movement in my Physical Therapy and Strength Practices and that was not always the case. I started to reformulate and connect to what my patients and clients were struggling with and I thought what if I reconstructed the plank and tied it into Standing and Sitting as well as other basic movements.

The whole idea came down to teaching people how to connect their bodies from head to toe. We can think of the body as parts connected by muscles across joints. These structures are formed by and through connective tissue from a simple perspective. My goal was to teach the client/patient how this movement related to all movements and thus create an awareness of how to move better as a whole body.

The Process

I start the patient in a standing position, which for all intent and purposes is a form of a plank and I hope the next part helps to confirm this from your point of view. Next I hand them a yoga block asking them to place the block between the legs at the pubic area and gently squeeze the block and observe what happens.



Now comes the Q & A portion

1. What happened to the legs i.e. the quadriceps, adductors (inner thigh) and knees?

The answer should be they tightened or firmed up and some may say the knees lock which as long as the quadriceps and adductors properly tightened, this should be expected and is perfectly ok.

2. What happened to the core, in particular focus on the navel (belly button)?

The answer is it firmed up and the navel drew inward toward the spine and thus the core became engaged and we are stronger.

3. What happened to the gluteals (the butt)?

These also tightened up and are firm

4. What about the feet?

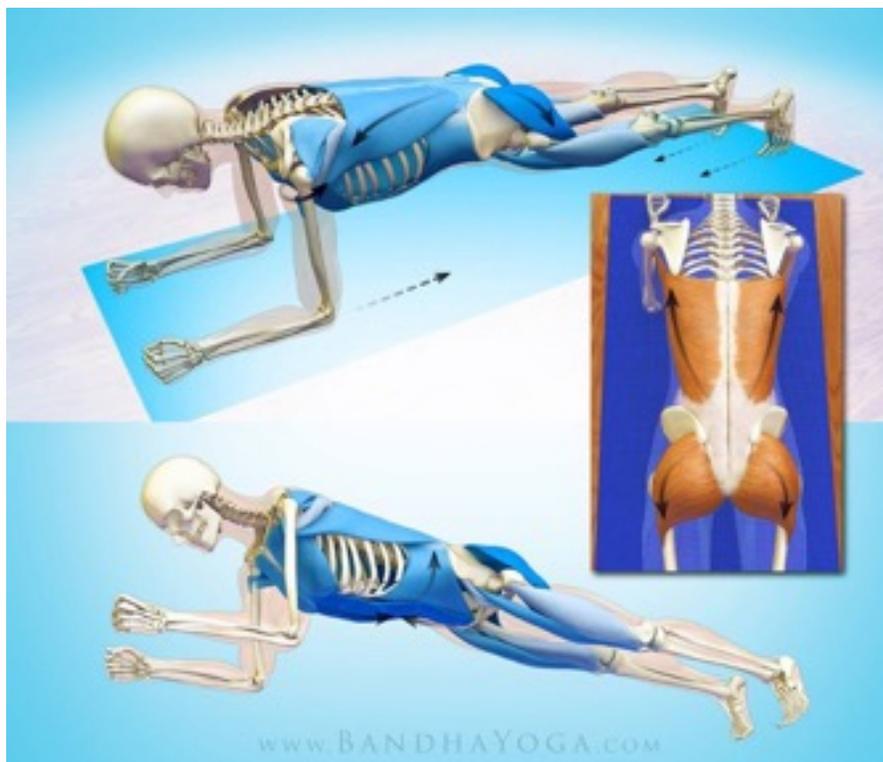
They spread the floor and feel as if they are pressing down and rotating outward.

5. Finally I ask if they feel stronger and more balanced?

The answer is yes and the reason is they have connected from the floor through the ankles, knees, hips, core, spine and shoulder/head. If they struggle with the shoulder/neck/head I ask them to squeeze a towel between the arm and rib cage on each side just as they did with the block and there we have it.

The final question is whether they think they could stand like this at their office space for an extended period of time and as you can imagine the general response is no, standing with attention to detail is quite difficult especially when multi tasking.

Transitioning to the Plank



Now repeat the process with the plank. However, I choose to have my patients do this from a pushup position versus forearm.

NOTE: Other than a teaching tool, I have other means in which I train the core such as doing a dynamic plank, aka pushup. Therefore I want to make this as close to the real deal as plausible. Note either variation works.

Now comes the Q & A portion

1. What happened to the legs i.e. the quadriceps, adductors (inner thigh) and knees?

The answer should be they tightened or firmed up and some may say the knees lock which as long as the quadriceps and adductors properly tightened, this should be expected and is perfectly ok.

2. What happened to the core, in particular focus on the navel (belly button)?

The answer is it firmed up and the navel drew inward toward the spine and thus the core became engaged and we are stronger

3. What happened to the gluteals (the butt)?

These also tightened up and are firm

What about the Upper Body?

To enhance the upper body, I go back to the towel between the arm and rib cage but in a standing position to reinforce how the scapula (shoulder blade) works to help solidify the position and remove stress from the neck and shoulders while teaching proper postural mechanics of the shoulder girdle and thoracic spine. When performing the plank it is rather difficult to hold the towel, so I will cue via touch and reminders to help reinforce the position.

The One Other Question

I always add one important question to this specific position, how is the lower back? Often in the plank and push up positions people fail to engage the core and thus “sag” in the middle thereby stressing the low back. If all things are connected this should be resolved with the block squeeze. They may need additional cues because transitioning to the floor is quite different from a kinesthetic standpoint and sometimes people struggle translating positions from standing to sitting to lying, etc.

Summary

The ultimate take away is how much stronger they patient feels but also how much harder the plank is as well as standing. The next step is to reinforce the cues and concepts/principles in other movements. As you can imagine the standing variation relates to all squat patterns, swings, olympic lifts, etc. It is crucial to establish a strong base and foundation/platform from the ground up to help support a bar on the shoulders, overhead, etc.

TAP BOXES FOR MORE

upper crossed syndrome **lower crossed syndrome zone 1** **lower crossed syndrome zone 2**

the slouch

upper crossed syndrome

Imbalance: Tight shoulder, rear-neck, and chest muscles cross with weak deep-neck flexors and midback muscles.

Injury Zones: Neck strain and rotator cuff syndrome or rotator cuff tears.

Overactive or tight muscles and underactive or weak muscles can include:

- 1 TIGHT** rear-neck and side neck: levator scapulae, scalenes, deep-neck flexors, upper trapezius, shoulder internal rotators, subscapularis, levator scapulae, anterior deltoids.
- 2 WEAK** upper-arm external rotators: latissimus, posterior deltoids, levator scapulae, shoulder stabilizers, rhomboids, serratus anterior, middle trapezius (along midback), lower trapezius (along midback).
- 3 TIGHT** chest/muscles: pectoralis major, pectoralis minor.
- 4 WEAK** deep-neck flexors: longus capitis, longus colli.

TAP BOXES FOR MORE

upper crossed syndrome **lower crossed syndrome zone 1** **lower crossed syndrome zone 2**

the slump

lower crossed syndrome zone 1

Imbalance: Tight hip flexors and low-back muscles cross with weak butt and ab muscles.

Injury Zones: Front-knee pain from uneven pressure on the kneecap, disc problems or soft tissue inflammation of the low back.

Overactive or tight muscles and underactive or weak muscles can include:

- 1 TIGHT** deep-back extensors: erector spinae.
- 2 WEAK** butt: gluteus maximus, gluteus medius.
- 3 TIGHT** hip flexors: psoas, iliacus femoris.
- 4 WEAK** abdominals: transverse abdominis, rectus abdominis, internal obliques.

TAP BOXES FOR MORE

upper crossed syndrome **lower crossed syndrome zone 1** **lower crossed syndrome zone 2**

the slump

lower crossed syndrome zone 2

Imbalance: Tight calf and thigh muscles cross with weak muscles along the shins.

Injury Zones: Heel pain (plantar fasciitis).

Overactive or tight muscles and under-active or weak muscles can include:

- 1 TIGHT** thighs: iliopsoas, psoas, adductors.
- 2 TIGHT** calves: gastrocnemius, soleus.
- 3 WEAK** along shins: fibula anterior, tibia posterior.

In summary, the plank is a tool and when instructed as I have explained above has the ability to teach and create an awareness within your clients or patients. The ability for them to feel this and how connected they are from head to toe, shoulder to hip girdle, through the core and spine, etc. is quite powerful. A simple way to improve posture and strengthen the body. As for the tools, blocks are cheap and quite useful beyond this drill and towels, well we all have them. It is amazing how the simplest things provide such wonderful results.

Please see Photos below which explain in detail more of the common orthopedic issues and how they may be addressed using the Plank. These photos come from an article on the Yoga Journal website.

Also a couple links to help

<http://www.yogajournal.com/poses/types/standing/go-to-grounding-pose-fall-mountain-pose-tadasana/>

<http://www.dailybandha.com/2014/12/connect-your-feet-to-your-shoulders-in.html>

<http://www.dailybandha.com/2012/01/co-activating-gluts-and-abs-in.html>