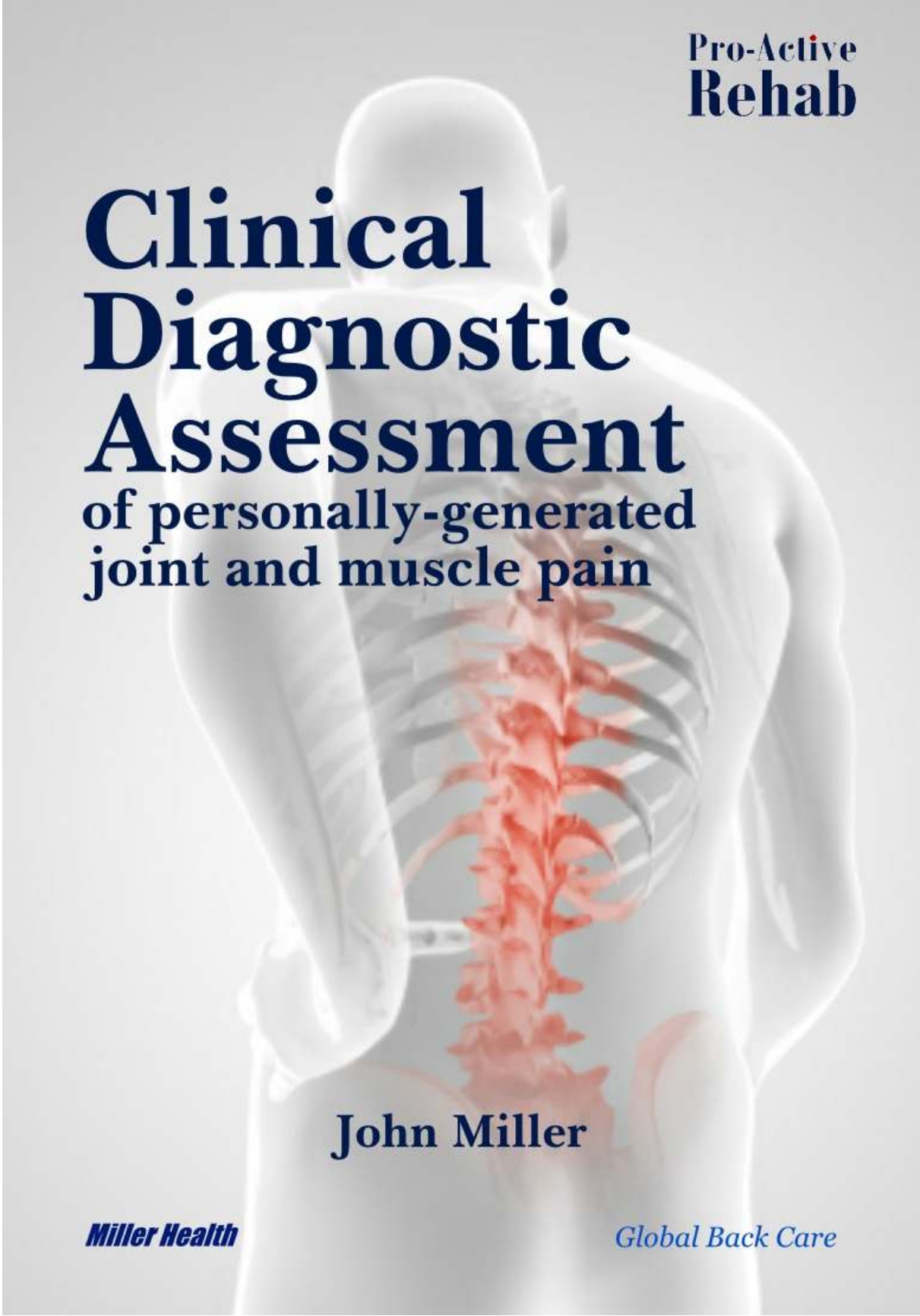


**Pro-Active
Rehab**



Clinical Diagnostic Assessment

**of personally-generated
joint and muscle pain**

John Miller

Miller Health

Global Back Care

DIAGNOSING THE LIKELY CAUSES OF LOWER OF JOINT AND MUSCLE PAIN

The **Clinical Diagnostic Assessment of Personally-generated Joint and Muscle Pain** has been designed to be completed by

- anyone suffering from back and other joint and muscle pain. You can do it yourself with the help of a friend.
- people accredited by **Pro-Active Rehab** to conduct this assessment including
 - work health and safety managers
 - doctors
 - physiotherapists
 - exercise physiologists
 - fitness practitioners
 - ...

For employers, the Clinical Diagnostic Assessment will provide their staff with information regarding the underlying cause of their joint and muscle pain and what they, *themselves* can do about it. This strategy will put a brake on workers compensation claims. The assessment is particularly relevant to those employees who have been identified as being 'at risk' in the screening that occurs in the Pro-Active Rehab **Musculo-skeletal Health Seminar**.

The Clinical Diagnostic Assessment and the accompanying exercise prescription will save clients a fortune visiting radiologists, surgeons, chemists and manipulative therapists.

For most people with joint and muscle pain, particularly lower back pain the best therapy is the therapy they give themselves. In fact, nobody can sub-contract out the flexibility and strength exercises that will get their skeleton back into better alignment.

For fitness practitioners, the Clinical Diagnostic Assessment can be used to assess people who have or are at risk of joint and muscle pain. Most people with joint and muscle pain have a fitness problem. The fitness centre is an appropriate setting for the diagnostic assessment and the subsequent prescription of strength and flexibility exercises and participation in Pro-Active Rehab group classes.

For manipulative therapists the Clinical Diagnostic Assessment promises to add another string to their therapeutic bow and speed up the recovery process.

John Miller

Director

Pro-Active Rehab

www.pro-activerehab.com

Clinical Diagnostic Assessment© John Miller

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**Pro-Active
+ Rehab**

John Miller

Fit and healthy online

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It's a big ask expecting to stay healthy without keeping yourself fit. It's an even bigger ask expecting to get better by having someone do something to you: sooner or later you have to do something to yourself

1. THE THESIS

PERSONALLY-GENERATED MUSCULO-SKELETAL DYSFUNCTION

Here's what happens.

Over the weeks, months, years and decades, muscles become weaker and tighter and move bones out of alignment. You advance closer and closer to the back pain cliff without noticing it. You could be 99% of the way to having a herniated disc and you think, 'My back's not in bad shape.'



Along comes an incident - something as innocuous as sneezing, lifting a bag of groceries into the boot of the car, swivelling around to pick up a phone book ... that tips you over the edge.

The incident gets the blame.

The great tragedy is that in lower back pain, the underlying, personally-generated cause is not just ignored, it's not uncovered. According to the National Health and Medical Research Council, (NH&MRC) the medical diagnosis of causation doesn't exist, let alone give advice on where to look.

'The majority (approximately 95% of cases) of acute low back pain is non-specific; serious conditions are rare causes of acute low back pain.'

In layman's terms, when the NH&MRC uses the term 'non-specific' in the context of identifying the cause of back pain, what they mean is, 'Low back pain comes from out of the blue.' So much for evidence-based medicine.

You're treated as though you're injured, the injury being caused by an incident that appears to be external to you. But 95% of the time the incident is one that people in good musculo-skeletal health take in their stride.

The enemy is within; it is us!

Anyway, to cut a long story short, that fact that your joint, muscle, ligament and tendon pain is personally generated is good news, because by doing the exercises I recommend there's a good chance you can personally 'ungenerate' it.

I'd like you to focus on these questions:

1. What is it that I've done to myself that has caused the pain in my lower back, neck, shoulders, hips and knees?
2. What could I have done to avoid it?
3. What can I do to restore poor function to good?

*Treat manipulative therapy as counting for only 20% of the rehab process.
What you do for yourself counts for the other 80%.*

2. THE GENESIS OF JOINT AND MUSCLE PAIN

Whilst lower back pain is the most frequently reported symptom of joint and muscle pain, neck, shoulder, hip and knee pain aren't far behind. Some of the pain - but only a small proportion - is the result of trauma: people have accidents.

Back pain is often alleged to be the result of lifting, but it's an allegation that doesn't stack up well in court. Think about it. People go to the gym and lift weights to make them stronger. Rarely do they come down with back pain. Go figure!

Most joint and muscle pain allegedly caused by lifting is personally-generated. If the skeleton is already out of alignment, if muscles are weak, then lifting a leaf off a lawn is enough to send some people 'over the edge'. The lifting incident and the site of the pain distract our attention away from the most likely cause.

So who do you blame?

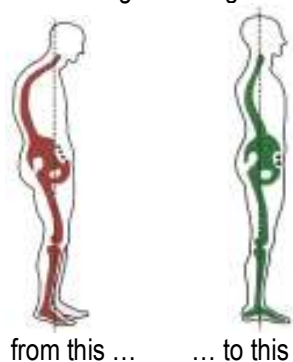
1. Blame tight muscles for taking first the pelvis and then the bones above and below it out of alignment.
2. Blame weak muscles for their inability to support the skeleton while lifting, pushing, pulling etc ...

If pelvis is out of alignment, the spine twists and turns in order that the eyes can look straight ahead and remain parallel to the horizon.

The upper and lower legs move out of alignment compromising the hip and knee joints.

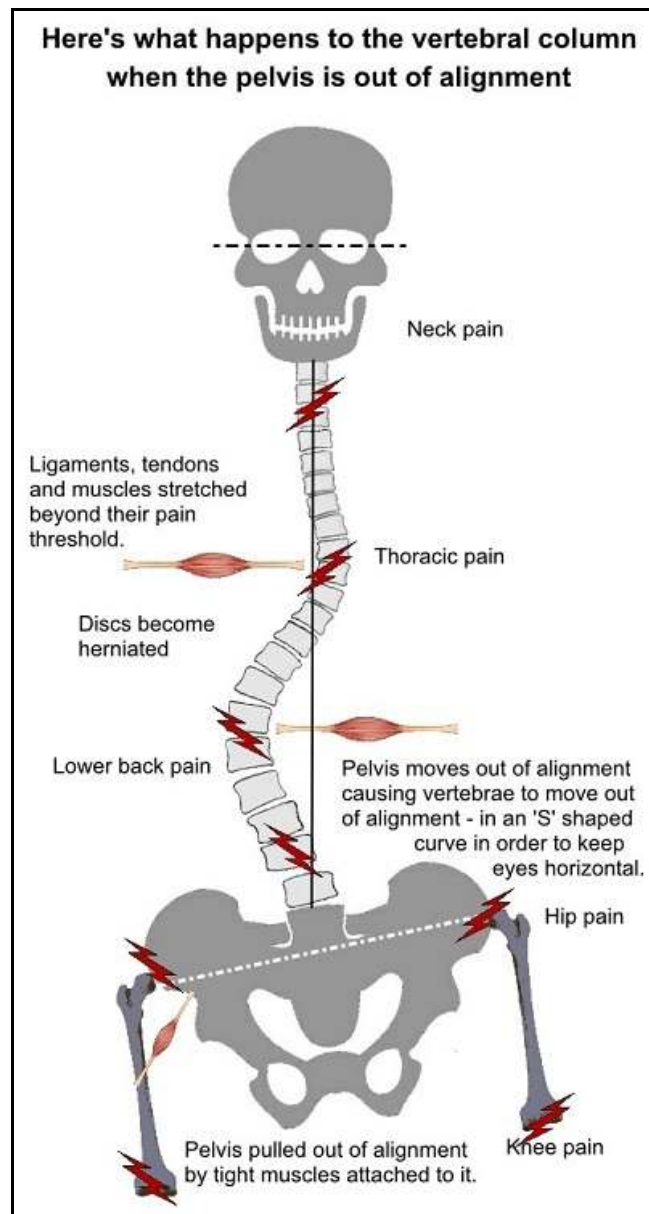
When bones are out of alignment, ligaments, tendons and muscles are stretched beyond their pain threshold. The pain is simply a symptom of misalignment. In the spine, discs become herniated.

So what we're looking to do is go



The Clinical Diagnostic Assessment will provide you with information about which muscles have taken your pelvis (and the bones above and below it) out of alignment.

Having done that the exercise prescription becomes obvious



3. THE CARDINAL RULES OF JOINT AND MUSCLE PAIN



1. (Trauma excepted) muscles move bones out of alignment. That's the bad news. The good news is that if muscles have moved bones out of alignment, there is a fair chance they can move the bones back into alignment.
2. Pain is a symptom that bones are out of alignment; that the ends of bones are rubbing against each other; that ligaments, tendons and muscles attached to the bones have been stretched beyond their pain threshold; that intervertebral discs have become herniated and may be impinging on your spinal cord.
3. Treat the cause of the pain and the pain will be relieved. Mask the pain with an analgesic and the structural problem remains – and gets worse. A small problem becomes a big problem.
4. The cause of the pain is rarely at the site of the pain. Once muscles attached to the pelvis draw the pelvis out of alignment, the bones above and below move out of alignment 'in sympathy.' In particular we need to do exercises to square up the pelvis.
5. Form (good skeletal alignment) follows function (the ability to successfully perform a range of postural/flexibility exercises).
6. If one 'part' (your lower back) of the skeleton is in pain, then you can be pretty certain that you have a system problem, not just a 'part' problem. Fix the system and the parts will look after themselves.
7. A high proportion of joint and muscle pain is personally-generated. In a way that's good news because chances are it can be personally ungenerated.
8. If you want to be pain free within the next hour or so, go to the chemist. But if you want to be pain free within the next 6 months (maybe more, maybe less) start doing the exercises that will get your skeleton back into better alignment. NOW!
9. The more often you do the re-aligning exercises and the longer you do them for the quicker your skeleton will get back into better alignment.
10. Joint pain is a symptom that the bones on either side of a joint are out of alignment. The joint (bearing) is becoming worn. Get the bones back into alignment - and the joint (bearing) will repair itself – providing it is not left too long before the realignment process is started.
11. Most joint and muscle pain is a fitness problem not a medical problem. Which begs the question, 'Why are you going to a medical practitioner when you should be going to a fitness practitioner?'
12. Hippocrates said, 'The physician speaks with more authority if he's had the disease.' Rarely is joint and muscle pain a disease – it's most frequently a personally-generated dysfunction caused by a body in poor musculo-skeletal condition. Someone who has relieved their joint and muscle pain is usually a useful source of advice. When it comes to the personally-generated body system dysfunctions, YouTube is becoming a better source of advice than most surgeries.

13. Most medical practitioners don't know how to diagnose the underlying cause of joint and muscle pain. The best they can do is shoot their customers off to the radiologist.
14. Generally speaking, the advice you're likely to receive about causation from a radiologist will be unhelpful. All the radiologist does is determine 'what is', not what's caused 'what is'. The radiologist doesn't comment on causation, that's the doctor's job. You're caught in a vicious medical cycle.
15. If the doctor and the radiologist can't determine causation you can be certain that the prescription to fix the problem will be inadequate in the extreme.
16. The Australian National Health and Medical Council opinion on causation is particularly unhelpful:

'The majority (approximately 95% of cases) of acute low back pain is non-specific; serious conditions are rare causes of acute low back pain.'

The term, 'non specific' is code for 'it doesn't have a cause'.

The Arthritis Australia website is particularly vague as to the cause of osteoarthritis. It has nothing to say about skeletal alignment or which exercises to do to improve it. One is left with the opinion that joint inflammation (*arthro* – bone, *itis* – inflammation) comes from 'out of the blue'.

17. This leads to 'the usual treatment' – passive therapy that involves rubbing crunching, strapping, heating, and vibrating.
18. Passive therapeutic treatments are well nigh useless. Joint and muscle pain is not caused by a lack of rubbing, crunching, strapping, heating, electronic muscle twitching or vibrating.
19. Surgery may be necessary in the case of trauma and if particular joints (hips and knees) are beyond personal repair. Research indicates that a high proportion of people who have had back surgery back feel little better after the surgery than before. Many feel worse.
20. The missing link in the treatment process is the flexibility (and strength) exercises people have to do themselves. The treatment cannot be outsourced to a passive therapist or a chemist.
21. For 80% of people there's an 80% chance that they can get themselves back to 80% of 'good nick' in around 80 days if they're diligent.
22. It's a big ask expecting to stay in good musculo-skeletal health without a good strength and flexibility training program.
23. It's an even bigger ask expecting to get better by having someone do something to you; sooner or later you have to do something to yourself.
24. When it comes to relieving joint and muscle pain, '*Nothing in the world can take the place of persistence.*' (Calvin Coolidge).

It's pretty simple, either you do it or you don't.

4. ASSESSMENT PROCEDURE

TO COMPLETE THE CLINICAL DIAGNOSTIC ASSESSMENT

With the help of the Clinical Diagnostic Assessment template, people with lower back and other musculo-skeletal pain (plus employers, workers compensation insurers, medical practitioners, fitness practitioners and rehab therapists) will be able to gain a clearer appreciation of the underlying cause of the pain and more accurately prescribe the most appropriate rehab treatment – one that focuses on treating the underlying cause of the problem, not the symptoms.

As an individual you can work your way through the Clinical Diagnostic Assessment yourself – with the help of someone to take photos of you in various diagnostic postures.

We recommend you take the photos on a smart phone or digital camera so you can download them onto your computer.

In the workplace, all it needs is a WHS officer to take staff members through the various assessments.

The Clinical Diagnostic Assessment comes with an **exercise prescription** that treats the cause of the problem by loosening tight muscles, strengthening weak muscles and getting the skeleton back into better alignment.

Our clients receive a copy of the [Global Back Care](#) suite of ebooks.

The exercise prescription is the most effective prescription there is for the treatment of most personally-generated musculo-skeletal dysfunctions. It's a prescription that people can administer themselves. In fact it's only they, *themselves* who can administer it. That's why it's the cheapest rehab program there is.

Most joint and muscle pain is personally generated. In the case of lower back pain, tight muscles attached to the pelvis have taken the pelvis and the bones above it out of alignment. Only on the rarest of occasions is lower back pain caused by a lack of rubbing, crunching, heating, cooling, vibrating, strapping, electronic muscle stimulation, stretching gadgets, doping or surgery,!

If you're a medical practitioner, fitness practitioner, manipulative therapist or work-health and safety manager you'll be able to use the template to quickly gain an appreciation of the strength, flexibility and skeletal alignment of your clients and provide them with an exercise prescription that they, themselves can use to become pain free.

It's frequently the case that people with low back pain also have other joint and muscle pain.

Accordingly, we have included in this assessment, tests to determine the cause of pain in several other areas of the body, particularly neck, shoulders, hips and knees.

How long will the assessment take?

By the time the assessments have been completed and the photos taken I'd say it will take a couple of hours – about the same time it takes someone to drive to a therapeutic appointment, flip through a 1997 Readers Digest in the waiting room, have their back 'cracked' and then drive back home!

DO IT YOURSELF INTERNET CLIENTS

Using the Microsoft Word version of the Clinical Diagnostic Assessment template you'll be able to get someone to take still photos (on a smart phone, ipad or digital camera) of you in various diagnostic postures.

Once taken the photos can be uploaded to a computer and using an image editing program (like Microsoft Paint), cropped so they are about the same size as the sample photos in the Clinical Diagnostic Assessment template and inserted into the appropriate place in the template.

Send us the completed template as an email attachment. john.miller@millerhealth.com.au

Give us a couple of days to get the report back to you. We'll analyse your results and photos and provide you with a report containing our opinion as to the likely causes of your joint and muscle pain - and provide you with a strength and flexibility exercise prescription that's designed to restore poor function to good.

PRACTITIONER CLIENTS

Your practitioner will take you through the assessment process, providing information about the underlying cause of your pain and prescribe exercises designed to get your skeleton back into better alignment and muscles strong enough to support it as it goes about every day tasks.

Your practitioner will then insert the photos into the template, complete a written assessment of the likely cause of your pain and what you yourself can do to relieve it and send the report to you as an email attachment.

With your approval, the practitioner may email your report to you or invite you to attend a follow-up session at which time your completed report will be discussed with you. This consultation will also provide the practitioner to run through the key exercises with you.

John Miller

Physical Education Graduate of the University of Adelaide
Qualified Fitness Practitioner

That which we
persist in doing
becomes easier,
not that the
nature of the
task has changed,
but our ability to
do has increased.

Emerson

5. SAFETY INFORMATION AND INDEMNITY

The Musculo-skeletal Health Assessment, the Universal Fitness Test and the analytic postures in the Clinical Diagnostic Assessment template have been developed to provide people with a set of performance-based measures from which they can gauge the status of their musculo-skeletal health.

For a high proportion of people in poor musculo-skeletal health, the underlying problem is a fitness problem, (not a medical problem) one generated by a lack of strength and flexibility.

In this assessment you'll be given a clear idea of which muscles are weak, which muscles are tight and which muscles are likely to be the underlying cause of your back pain.

You will be taken through a series of strength exercises and flexibility exercises in the form of diagnostic postures.

At the end of the assessment you'll be given a download link to the [Global Back Care](#) website from where you'll be able to download a suite of ebooks containing the exercises recommended to get yourself back into a pain free state.

SAFETY INFORMATION – the fine print

The diagnostic postures and exercises in the Clinical Diagnostic Assessment are safe for normal, healthy human beings and if done regularly lead to an improvement in your health, fitness and wellbeing.

However, because we have no idea of your current physical condition we need to provide you with some safety advice and request that you look after yourself during the assessments. The exercises and analytical postures included in the assessment are well within the capability of normal fit and healthy people, especially those in good musculo-skeletal health. If you're not in good musculo-skeletal health proceed with caution.

To signify that you have read the safety information below, remove the ✕ from the boxes.

- | | |
|--|------------------------------|
| 1. There is a risk that you could injure yourself during this session. Whilst it is unlikely, you may strain a muscle, tendon or ligament, particularly if you haven't done any strength or flexibility exercises for a long time. This is a risk you need to be aware of and one which I cannot shoulder. | <input type="checkbox"/> ✓ ✕ |
| 2. You may be stiff tomorrow, particularly if you haven't done squats, situps or pressups for years. This feeling of stiffness is normal. You may feel loser at the end of the session and in following days. | <input type="checkbox"/> ✓ ✕ |
| 4. You may be a bit tender for a day or two if you stretch – even gently – muscles that have been tight for years. This is normal. However, by the end of the assessment you'll have a fair idea of what you need to do to keep yourself in good musculo-skeletal health. | <input type="checkbox"/> ✓ ✕ |
| 5. If there is conjecture about the safety of some of the exercises I recommend, I will point out those safety concerns. | <input type="checkbox"/> ✓ ✕ |
| 6. If you don't want to do an exercise, don't do it. | <input type="checkbox"/> ✓ ✕ |
| 7. If it hurts while doing an exercise, stop doing it immediately. | <input type="checkbox"/> ✓ ✕ |
| 8. If you think you shouldn't do an exercise, don't do it. | <input type="checkbox"/> ✓ ✕ |
| 9. If a doctor or therapist has said 'Don't do that exercise', don't do it. I'm not going to argue with doctors and therapists in their absence. | <input type="checkbox"/> ✓ ✕ |
| 10. Look after yourself. | <input type="checkbox"/> ✓ ✕ |

Please sign on the dotted line to confirm that you've read this advice and are happy to participate in the exercise part of this assessment.

..... Date / /

John Miller

6. PERSONAL INFORMATION

Please complete the following details

Name:

Email address:

Phone number:

Skype address:

Age

Gender Male Female

Weight Lbs Kilograms

Height Feet and inches Centimetres

[Body Mass Index](#)

BMI - a standard measure of how close you are to your ideal weight. Use the calculator 'behind' the link.

Percent body fat

A better measure of body composition than BMI. Get yourself a set of bathroom scales that also read out percent body fat – and have an app that connects your results to your smart phone/ipad. That will keep you honest. Record your weight every morning after your shower.

There is a constant struggle between our need to move more and more and the pressure of science and technology to design and produce machines that enable us to move less and less.
Garry Egger

7. OUTLINE OF THE PROBLEM(S)

To begin the assessment, tell us why you're seeking a musculo-skeletal health clinical diagnostic assessment.

Tell us which parts of your body are causing you concern – ie which joints and muscles are painful. Some areas maybe extremely painful, some just niggles. Give us a good description.

Let us know what *you* think is the cause of the problem(s).

Be as expansive as you wish.

Keep in mind that despite the fact that this assessment is directed principally at people with lower back pain, the assessment is such that you'll also come away with clues as to why you have joint and muscle pain in other areas of your body.

Your comments:

8. HEALTH CLIMATE SURVEY

The Health Climate Survey will provide you with a general picture of the status of your health, fitness and wellbeing. Because of its personal nature, this survey is optional. Whether you let us see your results or not it will provide you with a good idea of your general health, fitness and wellbeing. We will hold your results in strictest confidence.

Circle the number appropriate to the degree to which you experience the symptoms on the left hand side of the page. The greater the symptom, the higher the score.

	None	Hardly any	A fair bit	A lot							
1.Headaches (including migraines)	0	1	2	3	4	5	6	7	8	9	10
2.Lack energy and vitality	0	1	2	3	4	5	6	7	8	9	10
3.Furry tongue, thrush, jock itch, tinea...	0	1	2	3	4	5	6	7	8	9	10
4.Poor sleep (Score 10 if you frequently use tablets)	0	1	2	3	4	5	6	7	8	9	10
5.Snoring, sleep apnoea (Score 10 if using mask)	0	1	2	3	4	5	6	7	8	9	10
6.Crook back, sore shoulders, stiff neck, RSI	0	1	2	3	4	5	6	7	8	9	10
7.Frequent colds, flu and sinus	0	1	2	3	4	5	6	7	8	9	10
8.Reflux unsettled stomach (Score 10 on tablets)	0	1	2	3	4	5	6	7	8	9	10
9.Overweight (1 pt for every 2kg over ideal weight)	0	1	2	3	4	5	6	7	8	9	10
10.Irritable bowel, constipation, trots...	0	1	2	3	4	5	6	7	8	9	10
11.Shortness of breath from asthma	0	1	2	3	4	5	6	7	8	9	10
12.Low level of fitness (Your estimate)	0	1	2	3	4	5	6	7	8	9	10
13.Chest pain, palpitations	0	1	2	3	4	5	6	7	8	9	10
14.Itchy, rashes, skin outbreaks, psoriasis...	0	1	2	3	4	5	6	7	8	9	10
15.Mouth ulcers, cold sores ...	0	1	2	3	4	5	6	7	8	9	10
16.Elevated blood pressure (Score 10 if on tablets)	0	1	2	3	4	5	6	7	8	9	10
17Elevated blood cholesterol? (10 if on tablets)	0	1	2	3	4	5	6	7	8	9	10
18.Elevated blood glucose? (Score 10 if on tablets)	0	1	2	3	4	5	6	7	8	9	10
19.Shakes, nervous tics and mannerisms	0	1	2	3	4	5	6	7	8	9	10
20.Grinding teeth	0	1	2	3	4	5	6	7	8	9	10
21.Alcohol intake (2 points per drink/day)	0	1	2	3	4	5	6	7	8	9	10
22.Smoking behaviour (1 point/cigarette/day)	0	1	2	3	4	5	6	7	8	9	10
23.Caffeine intake (1 point per cup)	0	1	2	3	4	5	6	7	8	9	10
24.Anxious about life, insecure, apprehensive	0	1	2	3	4	5	6	7	8	9	10
25.Are you depressed? (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
26.Are you in the wrong job?	0	1	2	3	4	5	6	7	8	9	10
27.Do you feel under appreciated at work?	0	1	2	3	4	5	6	7	8	9	10
28.Do you have a poor work/life balance?	0	1	2	3	4	5	6	7	8	9	10
29.Unhappy with your family life?	0	1	2	3	4	5	6	7	8	9	10
30.Unhappy with your financial status?	0	1	2	3	4	5	6	7	8	9	10

The score of a normal, fit and healthy human being is less than (see page 47) **TOTAL** _____

Tell us about your general health, fitness and wellbeing?

10. MUSCULO-SKELETAL HEALTH ASSESSMENT

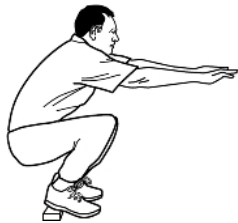
THE TEST ITEMS

On the next page is the ten point musculo-skeletal health assessment.

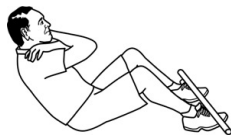
The test items are:



Weight percent body fat
or kilos over ideal weight.



Squats



Situps



Pressups men



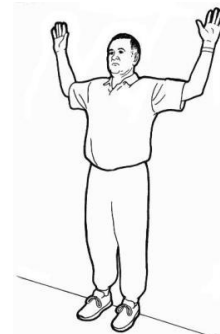
Pressups women



Hamstring flexibility



Buttock Flexibility



Shoulder function

Pass mark is 70/100. Any score below 50 is an indication of risk or evidence of current dysfunction.

A score of less than 50 is typical of a body that's either weak, out of alignment, over-weight – or probably all three.

It's certainly symptomatic of a body that's under exercised

It is not unusual for people in good physical condition to score 100/100. To do that you have to have a regular and systematic strength and flexibility training program.

The lowest score recorded was 6/100.

Any score less than 70 is redeemable. All you have to do is train.

MUSCULO-SKELETAL HEALTH ASSESSMENT SCORES

Warning: If you don't think you should do any of these exercises, don't do them. If it hurts while you are doing any of the exercises stop doing them immediately. **Record your scores** in the boxes on the right hand side of the page.

1. Current condition.

How would you rate the current condition of your musculo-skeletal system?

Dreadful										Excellent
0	1	2	3	4	5	6	7	8	9	10

Score

2. Body composition. How close are you to your **ideal weight**? Scores based on kilos over your ideal weight. #

Kg

>20	20	18	16	14	12	10	8	6	4	2
0	1	2	3	4	5	6	7	8	9	10

3. Lower body strength – squat

How many full squats can you do? Bottom must get at least half way between your knees and your heels, Use a heel raise if you need to. #

>5	5	8	10	13	15	18	20	23	25	30
0	1	2	3	4	5	6	7	8	9	10

4. Lower body strength – sit-ups with feet held #

>5	5	8	10	13	15	18	20	23	25	30
0	1	2	3	4	5	6	7	8	9	10

5. Upper body strength – press-ups Men on toes, women on front of thighs with knees, bottom and shoulders in a straight line. #

>5	5	8	10	13	15	18	20	23	25	30
0	1	2	3	4	5	6	7	8	9	10

6. Sit and reach – hamstring flexibility

Sitting on the floor, with feet outstretched in front of you, see how far down Past your toes you can reach with your fingers. Keep your legs straight.

Can't touch	Fingers			Palm		Wrist	
0	4	5	6	7	8	9	10

7. Ability to sit up straight with legs crossed – buttock flexibility

With legs crossed and hands clasped behind your back, see if you can sit up straight. Just being able to sit up with hands clasped scores 7/10. Sitting up exceptionally straight with a hollow in your lower back scores 10/10. Falling backwards on one or both sides scores 0.

Fall over	Barely		Just		Perfect	
0	5	6	7	8	9	10

8. Shoulder function – wall test

Stand with you back to the wall. Place your hands in the surrender position with the back of your forearms, wrists and hands flat back on the wall. Score 10 if you can do it with ease. 7/10 is just getting the 'flat' position. Score lower if you can't do it at all.

0	1	2	3	4	5	6	7	8	9	10

9. Strength training behaviour

Do you have a regular and systematic strength training program either at home or at the gym. Sessions per week.....

		1			2					3
0	1	2	3	4	5	6	7	8	9	10

10. Flexibility training behaviour

Do you have a regular and systematic flexibility training program either at home or the gym. It may include yoga, body balance, Pontius Pilates ... Sessions per week.....


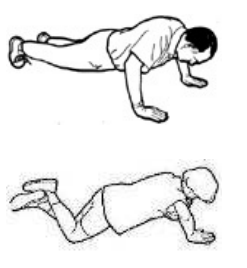
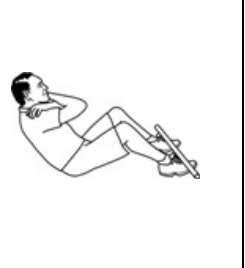
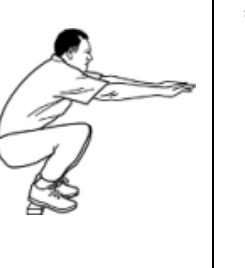

		1			2					3
0	1	2	3	4	5	6	7	8	9	10

The 'pass mark' is 70/100.

TOTAL/100

11. UNIVERSAL FITNESS TEST

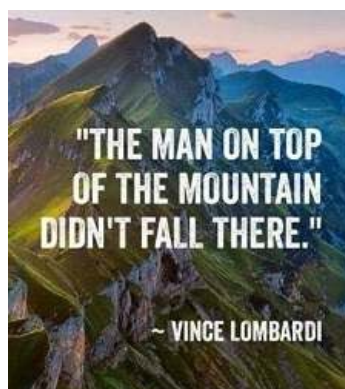


				
<p>20m run How many times can you run between two lines 20m apart in 5 minutes? One foot must go beyond the line at the end of each lap</p>	<p>Pressups - maximum consecutive number - men on toes, women on front of thighs.</p>	<p>Situps - maximum consecutive number - feet held, arms crossed, hands clasping opposite shoulders, coming up so elbows touch the knees, upper back (not head) 'hitting' the ground.</p>	<p>Squat – maximum consecutive number of times you can squat down so your backside is midway between your knees and ankles and stand-up (straight).</p>	<p>Arm Hang – number of seconds</p>

Your award is based on the lowest score you achieve for any assessment item.

Level	Award	20m run - laps		Pressups	Situps	Squats	Arm hang (secs)		% body fat		Award
		Men	Women				Men	Women	Men	Women	
10	Platinum	55	52	70	70	70	100	80	<14	<24	
9	Diamond	53	49	60	60	60	80	60	<16	<26	
8	Ruby	50	46	50	50	50	60	50	<18	<28	
7	Emerald	45	43	40	40	40	50	40	<20	<30	
6	Gold	40	38	30	30	30	40	35	<22	<32	
5	Silver	38	36	25	25	25	35	30	<24	<34	
4	Bronze	36	34	20	20	20	30	25	<26	<36	
3	Green	32	30	15	15	15	25	20	<28	<38	
2	Amber	26	24	10	10	10	20	15	<30	<40	
1	Red	22	20	<10	<10	<10	10	10	<35	>45	
0	Black	<22	<20	<5	<5	<5	<10	<10	>35	>45	

It is not anticipated that people will complete the 20m run test of aerobic fitness in the clinical diagnostic assessment.



12. CLINICAL DIAGNOSTIC ASSESSMENT

SOMETHING TO KEEP IN MIND

While you're being taken through the diagnostic postures keep in mind that

- it's muscles that move bones out of alignment
- the cause of the pain is unlikely to be at the site of the pain
- the muscles that are most likely to be causing back, hip and knee pain are the muscles attached to the pelvis. Pull the pelvis out of alignment and the bones above and below it will move out of alignment.
- form (good skeletal alignment) follow function (the ability to do the analytic postures included in this template)
- pain is a symptom that the joint (the 'bearing') between two bones is 'wearing out' because the bones on either side of the joint are out of alignment. The solution? Start re-activating the muscles that will get the bones back into alignment.

The diagnostic assessment begins on the next page and takes you through 26 diagnostic postures – starting with an assessment of whether you stand up straight.

I can give you
the program
but I can't do
it for you.

Kenneth Cooper

1. Standing up straight - front on

Wearing shorts, T-shirt and bare feet, take a picture of yourself, standing up straight, front on and with feet comfortably apart.

	<p style="text-align: center;">Image 1.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	---

Based on your own personal assessment, is your body in good alignment?

We'll be checking to see whether your skeleton is in good alignment. We'll take note of the position of your hands.

Poorform

Good form

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Your comments:

Our comments:

2. Standing up straight side on

Wearing shorts, T-shirt and bare feet, take a picture of yourself side on - standing up straight with feet comfortable apart. Don't even think of holding your abdomen in!

	<p style="text-align: center;">Image 2.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	---

Based on your own personal assessment, is your body in good alignment?

Poor


Excellent

0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

3. Can you put a sock on your RIGHT foot while standing on your left leg?
 Knee must be pointing straight ahead.

	<p style="text-align: center;">Image 3.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	---

Give yourself a personal rating on how well you performed the task.

Poor

Excellent

Couldn't do it					With difficulty				Easy	
0	1	2	3	4	5	6	7	8	9	10


Your comments:

Our comments:

5. Calf and hamstring flexibility test. Can you sit up straight against a wall?

Sit up against a wall, legs straight and backs of knees on the floor. Push your bottom back as close to the wall as you can.

Let us know which muscles feel tight when you push your bottom closer to the wall.

	<p style="text-align: center;">Image 5.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	---

Give yourself a personal rating on how well you performed the task.

Bottom, cms from the wall.

Poor					Excellent					
20	18	16	14	12	10	8	6	4	2	0
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

6. Right hamstring flexibility test against a wall: right leg against the wall

Get in close to the corner of a wall, or a doorway. Start with your left leg flat on the floor. Keeping your right leg straight, put the heel on the wall and then gradually edge your bottom in towards the wall.

Take a photo at the point where you can't move your bottom any closer into the wall. We're interested to see if there is a gap between your bottom and the wall and if there is, how large it is? Make sure you keep your left leg straight and flat on the floor.

	<p style="text-align: center;">Image 6.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	---

Give yourself a personal rating on how well you performed the task.

Bottom, cms from the wall

Poor

Excellent

20	18	16	14	12	10	8	6	4	2	0
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

7. Left hamstring flexibility test against a wall: left leg against the wall

Get in close to the corner of a wall, or a doorway. Start with your right leg flat on the floor. Keeping your left leg straight, put the heel on the wall and then gradually edge your bottom in towards the wall.

Take a photo at the point where you can't move your bottom any closer into the wall. We're interested to see if there is a gap between your bottom and the wall and if there is, how large it is? Make sure you keep your right leg straight and flat on the floor.

	<p>Image 7.</p> <p>Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	---

Give yourself a personal rating on how well you performed the task.

Bottom, cms from the wall

Poor

Excellent

20	18	16	14	12	10	8	6	4	2	0
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

8. Right buttock function test

Can you sit up straight with your legs crossed; left leg under the right and right leg over the left - and hands clasped behind your back?

	<p style="text-align: center;">Image 8.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	---

Give yourself a personal rating on how well you performed the task.

Poor

Excellent

Couldn't do it – fell over backwards.					Only just.		Easy and up straight with hollow in lumbar spin			
										0

Your comments:

Our comments:

9. Right buttock function test - side on:

Can you sit up straight with your legs crossed; left leg under the right and right leg over the left - and hands clasped behind your back?



Image 9.

Insert a cropped and re-sized image here or upload direct to www.myalbum.com

Give yourself a personal rating on how well you performed the task.

Poor

Excellent

Couldn't do it – fell over backwards.					Only just. Back in a 'C' shape.		Easy and up straight with hollow in lumbar spin			
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

10. Left buttock function test - front on.

Can you sit up exceptionally straight with your legs crossed; right leg under the left and left leg over the right - and hands clasped behind your back?

	<p style="text-align: center;">Image 10.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	--

Give yourself a personal rating on how well you performed the task.


Poor						Excellent						
Couldn't do it – fell over backwards.						Only just.				Easy and up straight with hollow in lumbar spin		
0	1	2	3	4	5	6	7	8	9	10		

Your comments:

Our comments:

11. Left buttock function test - side on.

Can you sit up exceptionally straight with your legs crossed; right leg under the left and left leg over the right - and hands clasped behind your back?

	<p style="text-align: center;">Image 11.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	--

Give yourself a personal rating on how well you performed the task.

Poor

Excellent

Couldn't do it – fell over backwards.						Only just. Back in a 'C' shape.		Easy and up straight with hollow in lumbar spin		
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

12. Hip crossover: twisting to the left

Start with feet flat and knees up. Put the side of the heel of your right foot up near the top of your left thigh (but not on the knee). Then drop the left knee and right foot onto the floor on the left side of your body.

Comment on whether you are having difficulty getting the knee and foot onto the floor. Many people can't do this, their back and hips are too tight and/or too painful.

Get the person who's taking the pictures to vigorously massage your right buttock. Record below whether or not it was painful.

	<p style="text-align: center;">Image 12.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	--

Give yourself a personal rating on how well you performed the task.

Poor					Excellent					
Couldn't get knee and foot to rest on the floor – too painful.				Only just - right side of body tight				Easy.		
0	1	2	3	4	5	6	7	8	9	

Pain experienced when right buttock massaged vigorously.

Poor					Excellent					
Excruciatingly painful				Painful				No pain at all.		
0	1	2	3	4	5	6	7	8	9	

Your comments:

Our comments:

14. Super hip and thigh stretch: twisting to the left

Wear long trousers, shoes and socks for this test.

Lie on your back with your legs straight. Swing your straight right leg over your body so your right shoe touches the floor.

See if you can grab hold of the toe of the right shoe with your left hand.

If you can't grab the toe of your shoe, either grab the laces of your shoe, your sock or the leg of your trousers.

Make sure the right leg stays straight and your right shoulder and arm are flat on the floor.

Take the photo at your 'most stretched' position.



Image 14.

Insert a cropped and re-sized image here or upload direct to www.myalbum.com

Give yourself a personal rating on how well you performed the task.

Poorform

Good form

Trousers held half way up the leg.			Cuff of trousers	Socket	Laces	Easy				
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

15. Super hip and thigh stretch: twisting to the right

Wear long trousers, shoes and socks for this test.

Lie on your back with your legs straight. Swing your straight left leg over your body so your left shoe touches the floor.

See if you can grab hold of the toe of the left shoe with your right hand.

If you can't grab the toe of your shoe, either grab the laces of your shoe, your sock or the leg of your trousers.

Make sure the left leg stays straight and your left shoulder and arm are flat on the floor.

Take the photo at your 'most stretched' position.

	<p>Image 15.</p> <p>Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
--	--

Give yourself a personal rating on how well you performed the task.

Poorform

Good form

Trousers held half way up the leg.				Cuff of trousers	Sock			Laces	Easy	
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

16. Feet over head

Lying on your back, can you take your feet over your head and grab hold of your toes – with back of hands on the floor.

This is an exercise you would have had no difficulty doing as a child.

Take a photo of the furthest point you can reach.

	<p style="text-align: center;">Image 16.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	--

Give yourself a personal rating on how well you performed the task.

Poor

Excellent

Couldn't get feet past vertical.					Feet 30cms from the floor.				Easy. Feet touch the floor	
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

17. Tight muscles at top of buttock – Prone frog test of groin muscle flexibility

This position takes a bit of getting in to.

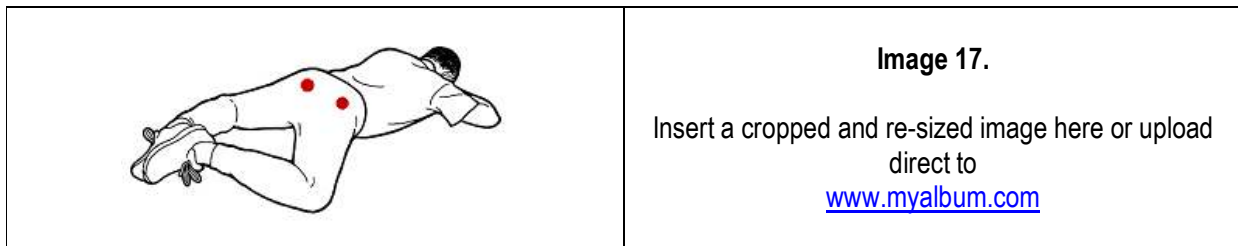
Start on hands and knees with your knees as wide apart as you can get them.

With lower legs up off the floor and soles of feet together, take your body forward so the front of your pelvis is pressing in to the floor and your chin is resting on your hands.

Let your feet hang toward the floor. Don't worry if they don't reach the floor. Most people find their feet won't touch the floor.

Get someone to stand over you and dig their thumbs into your buttock muscles in the places indicated by the red spots.

Observe how tender those spots are and whether one side is more painful than the other.



Give yourself a personal rating on how well you performed the task.

Poor						Excellent					
Toes further than 10cms from the floor					Toes within 10cms of the floor				Toes touching floor.		
0	1	2	3	4	5	6	7	8	9	10	

Pain experienced when right buttock massaged vigorously.

Poor					Excellent						
Excruciatingly painful					Painful				No pain at all.		
0	1	2	3	4	5	6	7	8	9		10

Pain experienced when left buttock massaged vigorously.

Poor					Excellent						
Excruciatingly painful					Painful				No pain at all.		
0	1	2	3	4	5	6	7	8	9		10

Your comments:

Our comments:

18. Right quadriceps function - front on.

This test will also assist in determining the cause of knee pain. Do the test with shoes on.

Stand about 30cms away from a bench about the same height as a kitchen bench. We suggest you have something to hold onto for balance.

Place the toe of your right shoe on the bench. Stand up straight with a hollow in your lumbar spine and lean back toward the bench.

	<p style="text-align: center;">Image 18.</p> <p>Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	--

Give yourself a personal rating on how well you performed the task.

Poor

Excellent

Knees 10cms or more apart.					Knees 5cms apart				Knees together	
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

19. Right quadriceps function - side on.

This test will also assist in determining the cause of knee pain.

Do this test with shoes on.

Stand about 30cms away from a bench about the same height as a kitchen bench. You may need something to hold onto for balance.

Place the toe of your right shoe on the bench. Stand up straight with a hollow in your lumbar spine and lean back toward the bench.

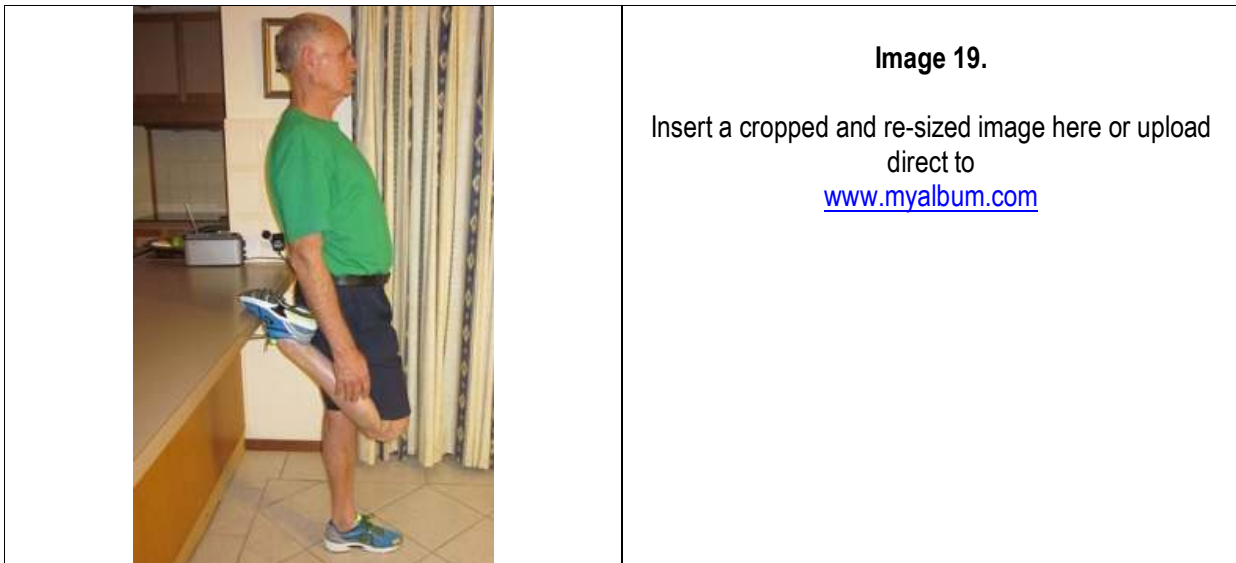


Image 19.

Insert a cropped and re-sized image here or upload direct to www.myalbum.com

Quadriceps pain experienced when leaning back.

Poor

Excellent

Excruciatingly painful					Painful				No pain at all.	
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

20. Left quadriceps function - front on.

This test will also assist in determining the cause of knee pain.

Do this test with shoes on.

Stand about 30cms away from a bench about the same height as a kitchen bench. You may need something to hold onto for balance.

Place the toe of your left shoe on the bench. Stand up straight with a hollow in your lumbar spine and lean back toward the bench.

	<p style="text-align: center;">Image 20.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
--	--

Give yourself a personal rating on how well you performed the task.

Poor

Excellent

Knees 10cms or more apart.					Knees 5cms apart				Knees together	
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:


21. Left quadriceps function - side on.

This test will also assist in determining the cause of knee pain.

Do this test with shoes on.

Stand about 30cms away from a bench about the same height as a kitchen bench. You may need something to hold onto for balance.

Place the toe of your left shoe on the bench. Stand up straight with a hollow in your lumbar spine and lean back toward the bench.

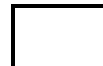
	<p style="text-align: center;">Image 21.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
--	--

Quadriceps pain experienced when leaning back.

Poor

Excellent

Excruciatingly painful					Painful				No pain at all.	
0	1	2	3	4	5	6	7	8	9	10



Your comments:

Our comments:

22. Right hip function

Along with the hip crossover exercise, this exercise will provide you with clues as to the cause of any dysfunction in your hips.

To check your right hip function, lie on your back with your left leg on an ottoman (or a chair) and the right foot on the floor, leg bent at the knee, with your foot resting against the ottoman.

Move the right knee down toward the floor. If it's functioning well, you'll be able to rest the knee on the floor with ease. If it is dysfunctional it won't go anywhere near the floor.

Take a photo to see how close to the floor your knee can go.

Report on how well you can do it, whether it's painful or not and if you notice any differences between the sides.

	<p>Image 22.</p> <p>Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
--	--

Give yourself a personal rating on how well you performed the task.

Knee cms from the floor.

Poor						Excellent				
20	18	16	14	12	10	8	6	4	2	0
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

23. Left hip function

Along with the hip crossover exercise, this exercise will provide you with clues as to the cause of any dysfunction in your hips.

To check your left hip function, lie on your back with your right leg on an ottoman (or a chair) and the left foot on the floor, leg bent at the knee, with your foot resting against the ottoman.

Move the left knee down toward the floor. If it's functioning well, you'll be able to rest the knee on the floor with ease. If it is dysfunctional it won't go anywhere near the floor.

Take a photo to see how close to the floor your knee can go.

Report on how well you can do it, whether it's painful or not and if you notice any differences between the sides.

	<p>Image 23.</p> <p>Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
--	--

Give yourself a personal rating on how well you performed the task.

Knee cms from the floor.

Poor						Excellent				
20	18	16	14	12	10	8	6	4	2	0
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

24. Shoulder function

Stand with your heels, backside and shoulders against the wall.

We're interested to see whether you can get the back of your forearms, wrists, hands and fingers comfortably flat against the wall when in the 'surrender' position.



Image 24.

Insert a cropped and re-sized image here.

How do your shoulders feel?

Dreadful

Excellent

A lot of pain					Some pain				Loose – no pain	
0	1	2	3	4	5	6	7	8	9	10

How far are your forearms, wrists and fingers off the wall when the forearm is in the vertical position?

Left arm, cms from the wall.

Poor

Excellent

20	17	15	13	11	9	7	5	3	1	0
0	1	2	3	4	5	6	7	8	9	10

Right arm, cms from the wall.

Poor

Excellent


20	17	15	13	11	9	7	5	3	1	0
0	1	2	3	4	5	6	7	8	9	10

Your comments:

Our comments:

25. Neck function

Stand with your heels, backside and shoulders flat against the wall. Then put your head against the wall. Does it go flat back against the wall so you can see the skirting on the other side of the room, or do you look up toward the ceiling?

			<p style="text-align: center;">Image 25.</p> <p style="text-align: center;">Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
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How does your neck feel?

Poor

Excellent

A lot of pain					Some pain			Loose – no pain		
0	1	2	3	4	5	6	7	8	9	10

Head: cms from the wall when looking straight ahead.

Poor

Excellent

10	9	8	7	6	5	4	3	2	1	0
0	1	2	3	4	5	6	7	8	9	10


Your comments:

Our comments:

26. Sitting at your desk

We'd like to see a picture of you sitting at your desk working on your computer.

Get someone at work to take the picture when you are least expecting it.

 A black and white line drawing of a person sitting in a chair at a desk, viewed from the side. The person is looking at a computer monitor on the desk. The desk has a keyboard and a mouse. The person is wearing a short-sleeved shirt and pants.	<p>Image 26.</p> <p>Insert a cropped and re-sized image here or upload direct to www.myalbum.com</p>
---	--

Your comments:

Our comments:

You're all done

13.**DIAGNOSTIC IMAGES OVER VIEW**

At the completion of the assessment you should have uploaded the following 26 images.



1. Standing up straight - front on



2. Standing up straight - side on



3. Putting sock on right foot



4. Putting sock on left foot



5. Calf and hamstring flexibility



6. Right hamstring flexibility



7. Left hamstring flexibility



8. Right buttock function - front on



9. Right buttock function - side on



10. Left buttock function - front on



11. Left buttock function - side on



12. Right side flexibility



13. left side flexibility



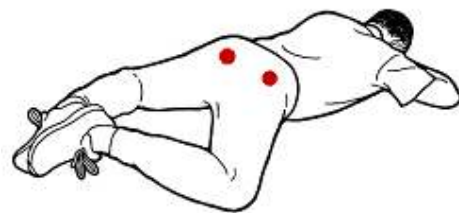
14. Hip crossover - right side of body function



15. Hip crossover - left side of body function



16. Back side of body flexibility.



17. Groin muscle flexibility



18. Right quadriceps flexibility - front on



19. Right quadriceps flexibility - side on



20. Left quadriceps - front on



21. Left quadriceps - side in



22. Right hip function



23. Left hip function



24. Shoulder function



25. Neck function



26. Work station assessment

Health Climate Survey Score

The score of a normal, fit and healthy human being is less than 20. 'Not bad' is less than 40. Once you get over 80 there is a lot of 'background noise' in your life. The good news is that in three months you can halve your score if you're diligent. To do that you'll need a good aerobic fitness, strength and flexibility training program; you'll need to eat from the top of the [Hourglass](#).

14.

REPORT SUMMARY

To be completed by practitioner supervising the assessment

15.**ABOUT US**

The Pro-Active Rehab program has been developed by John Miller, director of Canberra (Australia) based corporate health company Miller Health.

<http://www.millerhealth.com.au/>

Our aim is to inspire and motivate people to keep themselves fit and healthy to the best of their ability. If everyone did that, doctors, radiologists, chemists and chiropractors would be sitting around twiddling their thumbs!

The Pro-Active Rehab website contains information about the personally-generated body system dysfunctions that affect:

- metabolic health
- musculo-skeletal health and
- mental health

<http://www.pro-activerehab.com>

Over the last few years Miller Health has been running musculo-skeletal health seminars and assessments for individuals and staff of corporate organisations. Musculo-skeletal health has become one of our specialities.

Most people are unaware of the cause of their joint and muscle pain or what they, *themselves* can do to relieve it, particularly if treated when the pain first appears. The therapeutic treatments they pay for are often of a pain relieving nature, rather than being directed at restoring poor function to good.

Less than 10% of people have a regular strength and flexibility training program. The other 90% leave themselves open to either intermittent or constant pain. It's our aim to assist these people to embark on a long-lasting, regular and systematic strength and flexibility training program.

With respect to corporate organisations our aim is to help them

- measure, manage, monitor and minimize the risks associated with employing staff who are in poor physical condition
- reduce to ZERO, the workers compensation claims for personally generated body system dysfunctions, regardless of legislative guidelines and regardless of whether they are self insured or have an external insurer.

John Miller

Director, Miller Health Pty Ltd

<http://www.millerhealth.com.au/>

<http://www.johnmiller.com.au>