**Let people know a little about you? (Focus on the post rehab)**

I’m a kinesiologist in Edmonton, Alberta, and I’ve built a practice around the gap that exists between rehabilitation in the classic sense and gym-based workouts. Most patients will be discharged from physiotherapy or chiropractic and still have needs to build strength, mobility and flexibility through a lot of their movements, and will need someone to walk them through the process. Over the past decade I’ve formed relationships with over 100 allied health professionals in my city who refer me their patients to continue their rehab, and who I refer clients out to if I feel there is something deeper than just a tight muscle or a weak muscle

I run a large component of my companies (World Health) continuing education program, including the Post-Rehabilitation workshop being promoted here. This is the first exposure a lot of trainers have with any concepts involving injury, what to do with them and what not to do with them to get them stronger and not risk re-injury. By teaching other trainers how to increase the results they can get with a broader base of clients, as well as how to prevent and help recover from various injuries, their perceived value goes up in the eyes of their clients and their potential clients, and also lends a degree of reputation to our organization by having a standardized course all trainers have to take to work with any medical referrals we receive.

My main interest in Post-rehab came from my own injuries after playing competitive athletics for the majority of my early years. I wasn’t very good. I managed to get injured a lot, so I spent a lot of hours in physio clinics, chiropractic clinics, and doctors offices. A lot of the time my questions of “what should I do now?” fell on deaf ears. I wanted to know if there was anything I should do more of or less of on my own to help the process out, but found getting any specific guidance was difficult. Because of that, I had to do a lot of research, trial and error, and find out on my own what worked of different injuries and problems, then I refined that by working with over 1000 different post-rehab clients over the course of my career.

**What is "Post Rehab"?**

Post Rehab is the gap that exists from the time a patient is discharged from their treatments until the time they could be considered to have a complete recovery from their injuries. Many clinicians will discharge when the person is able to return to work, when their insurance runs out, or when their insurance company deems they are ready, not necessarily when the person is physically capable of preventing their injury from coming back. As a result there are a lot of people with recurrent injuries that weren’t addressed properly in the first incidence, and have to go through further rehab.

To give an idea, I recently started working with a client discharged from physio following a motor vehicle accident in 2010 that resulted in a broken ankle and a rotator cuff tear. He was still walking with a noticeable limp, acute tenderness through the foot, and reduced range of motion in his shoulder. He wanted to get back to playing recreational hockey and be able to rough house with his kids without feeling like the tin man, but the way he was presenting if he would have strapped on the skates he wouldn’t have made it to the second period without some serious problems, and the first flying body slam would have sent him to the ER. He needed a lot more strength, balance and range of motion through his ankle before we could put him on the ice, so we trained to get him ready for it. After 2 months of training, he now skates three days a week, no problem and hasn’t had any issues in his shoulders since prior to starting.

Post-Rehab is also about helping those with long-standing injuries who don’t necessarily fit nicely into the mix of the “average” population. Considering the fact that nearly half of people over 60 show evidence of rotator cuff tears on MRIs, you could say that if you train anyone over the age of 50, you would need to be proficient in managing shoulder injuries. Likewise with spinal issues, knee problems, and other musculoskeletal conditions. As I said earlier, I had a lot of my own injuries, and training for the first little while was a crap shoot of wondering if this set of deadlifts will make my spine buckle or if there was another way to get strong without the risk, and sifting through the confusion of where physio should end and where training should begin. This series helps reduce the confusion and get trainers off on the right foot to help people when they can, and understand when they need some additional assistance.

**Why is it important for a fitness professional to know about post rehab?**

Post-Rehab training services are going to be the next wave for fitness professionals to capitalize on as the population continues to age. Trainers who know how to work with post-rehab clients will be able to work with a broader array of clients, and through a larger portion of the wellness continuum. To put it another way, if your clients get injured and you can’t work with them, you’re out of business. This will help keep you in business and keep your clients in the game.

**From talking and teaching fitness professionals what common mistakes or misconceptions do they have about post rehab?**

Aside from thinking they’re fragile little birds who can only do tubing exercises and walk on the treadmill, some of the biggies would be the biomechanical components that go into an injury development pattern. If a client says their shoulders are sore, performing sets of side raises and military press will probably make it worse sooner than Kim Kardashian can file for divorce. Along the same vein, trying to give an exercise to everyone because it’s good for a shoulder or a hip, even if the person doesn’t need to develop that specific area in that specific way. We go through assessments in the videos and learn how to tailor a workout around what those assessments show, be it tightness in the ankle, weak balance in one hip versus the other, limited internal rotation in the shoulder, or a flexion bias through the spine. Exercise is like medicine, the right medicine for the right reason produces the best benefits, whereas the wrong medicine can produce either no benefits or massive repercussions.