



Assessment Outline

The Assessments are going to be following two different tracts. The first track looks at the spine specifically, and whether you live more into extension or more into flexion. There's no better or worse if you are more prone to one or another, but there's some exercises that may not go well for you if you're in them, so we want to know beforehand what's going to work well for you and what won't, and then also make sure you don't do a program that's going to push you further down that road to a point where you may develop a problem down the road.

The second tract is to determine whether you have a lot of mobility or not. If you have a lot of mobility, congratulations!! I hate you and wish I could do the things you could do, but the good news on that is you don't have to do a lot of stretching or active mobilization, but you will need to do a few more stabilizing and pre-activation exercises to keep you in check, so to speak. If you have low mobility, welcome to the club. I'm sure you've seen videos of me rocking some sweet hip mobility, but it's all an optical illusion. I just pick the movements that work well for me and rock them out like no ones business. For you, we'll need to do more soft tissue work, active mobility, and a bunch of other fun things, but we won't need to work as much on stabilization.

This section has an accompanying video that will walk you through how to do the assessments, as well as some of the key components you'll want to know about, how to troubleshoot, score, and come to a conclusion about how seed yourself into the 4 quartiles of the program. This will

determine what workouts you do, regardless of how much time you have to use in the gym, what equipment you have, or anything like that. IT'S INCREDIBLY IMPORTANT, SO MAKE SURE YOU GET IT FINISHED.

The video is about 10 minutes long, and it will take you about 5 minutes to do on your own, so it's important and incredibly simple to get into.

Click [HERE](#) to access the video. The password is **htstraining1**

Below are the scoring components. If you think it's a 2 or a 3 but don't know for sure, go with your gut. If you're really struggling with it, **email me** at dsomerset@worldhealth.ca and send me a video of you going through it. You can use Youtube or Vimeo, but set the security to either public or viewable with the link, not to private. I'll help you out.

Flexion/Extension Posture

Flexion

3 Key Features:

1. Stiff/tight traps, difficulty getting arms overhead straight.
2. Rib angle is compressed tight to abdomen, not flared out.
3. Less rotation range of motion through hips and ribs.

Extension

3 Key Features:

1. Rib flare, lower ribs out away from abdomen.
2. Tense low back & hip flexors
3. Wide collarbones, shoulder blades close together

Assessments

1. Sphynx pose: propped on elbows with legs and hips flat on the floor. Goal is to have the hips on the floor with the shoulders shrugged down away from ears. If your hips can't touch the floor in this position or if you can't shrug the shoulders down without losing the ability to breathe normally, Check one for flexion-based posture. If you can sit comfortably in the outlined pose, check one for extension-based posture. This could also be affected by previous low back injuries.
2. Wall facing arm retraction: facing into a wall, hold your arms overhead with the elbows straight. Your nose should be touching the wall, as should your chest and hips. Keeping the elbows straight, pull the arms off the wall behind you. The goal is to get your hands more than 6 inches from the wall when you pull your straight arms off the wall. If you can't keep the elbows straight while still keeping the nose, chest and hips on the wall, check one for the flexion-based posture. If you can only pull your arms an inch or two off the wall with great effort, you're a blend of the two. If you can get your straight arms off the wall more than a couple inches with straight arms, check one for extension posture. This could also be negatively affected by previous shoulder injuries.
3. Cat Camel stretch: on hands and knees with your hands vertical under your shoulders and knees vertical under your hips, round your back so that your spine goes up towards the ceiling as high as possible with your chin tucking down to your chest, and not how far you move and whether it feels easy and unrestricted or stiff and tight. Then push your belly button down towards the floor and look up to the ceiling as far as possible, and note how far you can look up and whether it feels easy and unrestricted or stiff and tight. If you are more comfortable looking down with your back rounded, check one for flexion. If you're easier to move your belly button down and look up, check one for extension.

Checklist

Include your score into the table to determine which postural basis you're working with.

| | Extension Based | Flexion Based |
|-----------------------------------|-----------------|---------------|
| Sphynx pose | | |
| Wall facing arm retraction | | |
| Cat camel stretch | | |

This will give you a composite score of whether you're more prone to be in extension or flexion. A score of 2 or 3 of either will designate you as that postural bias. For instance, let's say you scored in extension on the shoulder retraction and sphinx pose, but scored flexion on the cat camel stretch. You would have 2 in extension, therefore, your programming would be extension-based.

High/Low Mobility

Whether you have a high degree of joint mobility is independent of whether you have stiff or tight muscles. Actually, if you have a lot of mobility, you might feel like you have chronically stiff muscles as they're trying to pull double duty to help actively make up for the lax passive stabilization system of the joints, which means they're always "on" and never get any rest, making them stiff and sore.

If you have a lot of available mobility, it means you're not going to need to do a lot of stretching or work to increase the movement you have overall, but may need to spend some time on specific areas that could be restricted. If you have low mobility, you will need to spend a little more time to increase your available range of motion, and also incorporate different strategies like breathing, rate of stretch application, etc.

High Mobility

3 Key Features

1. Very large range of motion at all joints, not just the main ones like the hips or shoulders.
2. Repetitive movements and activities can cause more shear forces on the impacted joints, which could lead to more soft tissue strain and require longer recovery times.
3. Typically need to work more on stabilizing movements versus stretching movements.

Low Mobility

3 Key Features

1. Have a greater difficulty producing a passive or active range of motion. This could be congenital or degenerative depending on how old they are.
2. Typically get into a stress response when getting to the end of the range of motion (holding the breath, feeling pain, muscles not allowing further movement), even if they're not at an anatomical end point of the range of motion from bone to bone contact.
3. Will compensate for a lack of mobility at one joint by producing more from another. An example of this would be a hip hinge where the hips run out of range of motion and wind up driving more of the movement from the low back.

Assessments

1. Palms to the floor: Standing with your feet together and touching at the toe and heel, keep the knees straight and bend forward as far as possible trying to put your palms flat on the floor. This will be graded on a 4 point scale. 4 points is given if you can put your palms flat on the floor with straight knees. 3 points is given if you can only touch the floor with your finger tips. 2 points is given if you cannot touch the floor but get your wrists lower than your knees. 1 point is given if you can't get your wrists lower than your knees.
2. Seated hip rotations: while sitting on the ground, try to sit as tall as you can with your knees bent and heels on the ground in front of you held about 2 feet apart from each other. Turn your hips so you touch both knees to the ground on one side, trying to keep your sit bones on the ground or trying to get the rotation and then getting back to your sit bones on the ground with both knees still touching the floor. Repeat to the other side. This will be scored on a 4 point scale. 4 points will be given if you can touch both knees on both sides without lifting your sit bones. 3 points is given if you can touch one side but not the other within 3 inches of the floor. 2 points is given if you can't touch either side within 3 inches of the floor. 1 point is given if both knees can't get within 3 inches or if you can't complete the movement without leaning back on to your hands.
3. Upper Body Hand Tests: There will be 2 tests. The first involves bending your thumb down to see if it can touch your forearm on the right side only. The second involves pulling your ring

finger up to see how high it can extend without pain or discomfort on the right side only. This will be scored on a 4 point scale. 4 points will be given if you can both touch your thumb to your forearm and pull your ring finger up to a vertical alignment with your hand. 3 points is given if you can either touch your thumb to your forearm or pull your ring finger up to a vertical alignment, but not both, and get them within 30 degrees of contact or vertical. 2 is if both can't touch and are within 30 degrees of contact. 1 is given if neither is within 30 degrees of contact.

Checklist

| Movement | Palms to floor | Seated Hip Rotations | Upper Body Hands Test | Total Score |
|----------|----------------|----------------------|-----------------------|-------------|
| Score | | | | |

Composite score

The maximum score attainable is 12, and the minimum score is 3. **A score of 9 or above** would be considered “high mobility” for the purpose of this workout. **A score of less than 9** would be considered “low mobility” for this workout.

Scoring over 9 means each test would have scored above 3, or that at least 2 scored 4. A score below 9 means each test averaged less than 3 points.

Putting It All Together

So now you have a score that will help seed you into the quartiles.

- If you're extension based and high mobility, you're in Q1
- If you're extension based and low mobility, you're in Q2
- If you're flexion based and high mobility, you're in Q3
- If you're flexion based and low mobility, you're in Q4

QUARTILE ASSESSMENT & PROGRAM SELECTION



| | HIGH MOBILITY | LOW MOBILITY |
|-------------------------|---------------|--------------|
| EXTENSION-BASED POSTURE | Q1 | Q2 |
| FLEXION-BASED POSTURE | Q3 | Q4 |

Pretty simple, right? Once you know your workout, you can select the corresponding folder to select your workouts. From there, you can ***“Choose Your Own Adventure,”*** so to speak, by setting up your program based on what goal set you want, whether it’s gaining more muscle or losing some body fat, selecting your training frequency (2, 3, or 4 days per week), and then selecting which equipment type you have access to whether it’s a basement dungeon type home gym, a fully stocked commercial facility, or a Spartan bodyweight and milk jug style workout.

If you have any questions about the assessments, or have any problems going through them, email me. We’ll get you sorted out.

FAQs and SAQs (Should Ask Questions)

1. I have an injury. Will this program be one I can do?
 - A. I don’t know. Each injury is different so I can’t say whether yours will be impacted positively or negatively. That being said, there’s progressions and regressions to each exercise given, and what I would ask you to do is try it to the best of your pain-free ability. **If it hurts, don’t do it.** Get checked out by a doctor or a chiropractor or a physical therapist, maybe even a voodoo shaman, I don’t care, but make sure this workout program isn’t going to cause you damage as you go through. There’s always risk going on with any physical activity program, so understand that before you get into the nitty gritty of it and realize the workouts weren’t beneficial for you. That being said, by picking a workout program that’s somewhat customized to your ability, you have a better chance of not causing pain with the movements.

2. What if I have to travel or won't have access to my normal gym for a weeks vacation or work trip?
 - A. You can take the bodyweight/Spartan workout with you to get the workouts in while in a hotel room or your aunt Gladys' basement without needing specific equipment. Just jump into the same month of the program so you can stay on point versus getting into month 3, taking your trip, and then using day one of the first month and starting back at the beginning again. If you're in a metabolic phase, I don't want you going through a foundational phase workout again since you're further forward than that.
3. What if I don't have specific equipment?
 - A. There's equipment substitutions throughout. I'll have a glossary of exercises to accompany the program so that you can see what to switch out without screwing up the flow of the workouts and without making the pages like *War and Peace* long.
4. Can I add in anything to the workouts?
 - A. Try not to. Just like if you're cooking a meal based on a recipe, make the recipe first before you tinker with it. If you're cooking some French dish like a cassoulet and you start adding paprika to the dish just because you enjoy paprika, you're not eating cassoulet any more. And don't tell me you didn't just Google the hell out of what cassoulet is. Know this: it's delish.

Stick to the workouts as written as much as possible. If you specifically have to do some sort of corrective exercises for your specific situation, then that's fine. If you want to do anything additional to these days, pick a couple of the metabolic conditioning workouts each week.

5. Should I be taking any supplements on this program?
 - A. Not really. If you have some you normally take, go for it. I'm pretty minimalistic when it comes to supplements, so I would normally only recommend a vitamin pack, protein shake following a workout, and maybe some creatine if you're looking to gain mass. Otherwise, if you have specific things you enjoy and like to take, go for it. Otherwise, we'll keep it minimal.
6. Can I re-organize the sets of exercises in case it's tough for me to get in some of the series as listed for space and equipment means?
 - A. Absolutely, but try to make sure you're pairing similar kinds of exercises as listed in the workout. For instance, don't do deadlifts and glute ham raises together if it's listed as deadlifts and then dumbbell chest presses. If you need to switch up the chest presses, switch it to pushups instead as it's similar to the exercise you're substituting out.
7. I'm really out of shape. Will this program work for me?

- A. Yes, there's a regression to each exercise to make it easier, but also there's a volume component that you can adjust to make it more appropriate for you. For the first week or two, I would recommend cutting the number of sets in half to make sure you're not blowing up. For instance, if there's 4 sets listed per exercise, cut it to 2. If there's 5 sets listed per exercise, cut it to 3.
8. (Females Only) I have really bad menstrual symptoms around my period. What do I do about this?
- A. This is very individual to how you are affected by your cycle. That just means you have to find what works for you. Some options you could utilize would be to decrease the load, decrease the volume, or switch it out to one of the recovery workouts given. Essentially, don't feel like you're locked into the workout, and adjust as needed.
9. I'm feeling pretty beat up today. Do I have to do 9 sets of squats as you listed them out with the same loads and rep scheme or can I do less?
- A. You know your body better than anyone else, so if you're really gassed out and can't do it, follow the recommendations listed for the menstrual question before. That said, if you're just feeling tired and cranky, you may need to do a gut check and get your mind right to make sure you're making the kind of progress you're working towards achieving. We can convince ourselves of pretty much anything, and that includes stating that we're "tired" or even worse "exhausted." If you just pulled a double shift moving scrap iron while under the gun from your supervisor to hit a specific quota without any meal or pee breaks, then you're probably exhausted. If you just feel like you need a hug and a cookie, get in the gym and work it out. If you're truly exhausted from the workouts you've been going through, then you've earned a recovery day or even a day off. Don't be afraid of taking one, but make sure it's for the right reasons.
10. What if some of the single leg exercises are next to impossible due to me having a complete lack of any kind of balance?
- A. Use a range of motion that works for you, don't feel like you have to turn into a ballerina or anything like that. For instance, for a single leg RDL, if you can only lower the weight to mid thigh without shaking and losing your control, that's as far as you go. That's perfectly acceptable. If you can hit the floor but fall as soon as you touch the weight to the ground, keep it back one or two inches so that you can maintain control throughout the process. It's in there for a reason, so work on increasing your performance at it and make sure you're staying patient and under control.
11. Some of the workouts are really long and it's hard for me to do them in the time I have. What should I do?
- A. Most of the workouts should only take around 1 hour to 75 minutes, depending on the time used for rest, but understandably some workouts could take a bit longer depending
- B.

on spacing, gym set up, etc. If the workouts are too long, one option could be to cut out one set from each of the strength exercises to reduce the overall time. This way you're still getting the benefits from the exercises without crushing your schedule.

12. I have an old injury to my (insert body part here). Will this program make it worse?
- A. It's hard to say without knowing the specifics of the injury. I take a lot of considerations to teaching how to do specific movements, and also include a list of regressions and progressions for each exercise to adjust the intensity appropriately for as wide of an audience as possible, but everyone is different. What would normally be a very therapeutic exercise for one shoulder could be traumatic for another. Always look to get clearance before beginning any exercise program, and that includes checking with a health care provider if you have a history of long standing or acute injuries.

If anything else pops up, please email me. I know I've said that a bunch of times before, but I'm actually looking to help you get through these workouts as much as possible. There are no dumb questions, especially if it helps you understand the process and application in a more beneficial manner that helps you get more out of the workouts, and motivates you to complete the workouts. If all it takes is me answering a simple email question for you to have a lightbulb moment, I'm happy to oblige.

Now all you have to do is just hit the workouts and smash the hell out of yourself, but only in a positive and beneficial manner. There's no better feeling than a workout that's great for you, gets you towards your goals, and makes you feel like doing it again, so I want to help you get that.

Let's go lift some heavy things.

Yours in strength;

A handwritten signature in black ink, appearing to read "Dean Somerset", with a long horizontal line extending to the right.

Dean Somerset, creator High Tensile Strength training system