Evolution of Wellness

WRITTEN MOVEMENT AND WELLNESS ASSESSMENT — SAMPLE

Movement Assessment: J.T., Age 34, Office-Based Role

ILLUSTRATIVE EXAMPLE — Fictional client and details, for demonstration purposes only.

Intake Summary

J.T. works a desk-based job, sits for the majority of the workday, and reports lower back tightness by mid-afternoon along with stiffness in both hips when standing up after long periods seated. No prior injury reported. Goal: reduce daily discomfort and build a simple, sustainable movement habit.

Observations Based on Intake

The pattern described, afternoon lower back tightness plus hip stiffness on standing, is common in people who sit for extended, uninterrupted periods. It is frequently related to shortened hip flexors and reduced glute activation rather than an underlying structural issue, though this written assessment is not a substitute for an in-person medical evaluation if symptoms are severe or worsening.

Recommended Starting Point

1. Hourly Movement Break (2 minutes)

Every hour, stand and perform 10 bodyweight hip hinges, focusing on feeling the glutes engage rather than the lower back. This directly counters the seated hip flexor shortening that is likely contributing to the afternoon tightness.

2. Morning Hip Flexor Stretch (5 minutes)

A daily kneeling hip flexor stretch, 30 seconds per side, 2 rounds, done first thing in the morning before the workday begins. Consistency matters more than duration here.

3. End-of-Day Reset (5 minutes)

A short lower back and hip mobility sequence in the evening, aimed at reducing the compounded tightness that builds by the end of a sitting-heavy day.

Why This Approach

The plan is intentionally short. A 12-minute daily commitment split across three points in the day is far more sustainable than a longer routine attempted once, and the hourly break specifically interrupts the pattern most likely driving the described symptoms, rather than only treating it after the fact.

When to Seek In-Person Care

If tightness progresses to sharp pain, numbness, or tingling down either leg, that warrants an in-person evaluation with a physical therapist or physician rather than continuing with a written movement plan alone.