I’m Gray Cook, talking today with Brett Jones about an upcoming event with StrongFirst called Foundational Strength, where we’ll be working with the FMS and a lot of the FMS Level 2 information. But even to a greater extent, it will be more tailored toward the StrongFirst community. The reason we’re talking today is to make sure medical professionals, specifically our SFMA populations we’ve trained via TPI and those who’ve learned at different places—we want you to realize you don’t have to become a strength coach to at least appreciate and speak ‘strength coach.’

Before we get started, before I ask Brett some questions, I want to show a common thread. Greg Rose, Mike Voight, Kyle Kiesel and I all had a strength and conditioning background right beside our clinical backgrounds. And I think it’s almost an intangible amount of success we’ve had in sports and athletic and even fitness communities because we at least speak fitness. We speak strength and conditioning. And that has been a hallmark of the way the four of us have practiced for quite some time.

When Brett and I were originally working with the Functional Movement Screen and with kettlebells, we invited one of the clinicians, Behnad Honarbakhsh who’s also one of our SFMA instructors, to attend one of the events. His entire education had been more on the personal fitness side, on the physical therapy side, on the osteopathic side. And with the new skill set we gave him—simple stuff like the Turkish getup, deadlift, kettlebell lifting maneuvers, farmer’s carry, swing and even some MovNat skills, Behnad immediately and successfully incorporated those into his clinical practice.
This is the environment we’re engineering with StrongFirst. Clinicians can really broaden the ability to discuss and implement basic strength and conditioning within these three days.

Brett: Absolutely. The brilliant thing Mark, StrongFirst and Pavel have done with this Foundational Strength event is to create a situation where a person doesn’t have to be a kettlebell instructor.

The StrongFirst kettlebell certifications are physically demanding. We put people through the ringer. We make sure they can perform the lifts to our standards, and we make it physically demanding. The opportunity people coming into this Foundational Strength workshop have is not only the opportunity to see the FMS Level 2 correctives, but also to get a window from within FMS to gaining mobility competency, going after static stability, dynamic stability, and then performance.

Within the SFMA communities, it’s reset, reinforce, reload. This Foundational event is a window to all of those things. We’re going to talk about static motor control and dynamic motor control. We’re going to talk about reloads within the SFMA, and how the getup and the kettlebell correctives we use to clean up movement patterns play so well within that.

But we’re going to make sure it’s user-friendly. We’re going to make it accessible. All you need to know is the FMS Level 1. This event will bring you into the Level 2 information. And we’re going to show you how we think the kettlebell can be a great tool for that reload or for that static and dynamic motor control.

Gray: If you like what we’re saying, your ticket to play is an FMS Level 1 certification that you can either do at a live event or online. Brett, something you and Lee Burton and I have talked about many times is that many of us dealing in sports medicine or athletic training talk injury prevention, but really what we are is first responders. We wait till an injury occurs, and then we try to be there with the best evidence and best possible treatment.

But we’ve all witnessed so many other things on the sidelines, in the gym and in the clinic that can be done. Unfortunately we’re operating without signs, and we have to wait for symptoms.
The movement screen sort of offered us a way through that, but even more so, getting on the tail end of rehabilitation once an injury occurred or scrutinizing a workout, hopefully before an injury has occurred, what you’re giving us a template that gets us back to function. What I mean by that is strength training or endurance training should not have a negative side effect.

You’ve heard me say this a million times: I look at a runner and say, ‘Running’s left a bigger mark on you than you left on it.’ I could tell you the same thing about a powerlifter or another athlete.

Exploit whatever your specialty is, but also make sure you don’t have a negative side effect as a result of it. It’s really what watching the movement baselines does.

Get strong, but not at the expense of flexibility.

Pavel Tsatsouline is a walking, breathing testament to this. The guy is strong, but he can still move. And so many of the people who have heard his message lose that. He’s a moving, living example of it, and that’s what he and Mark are trying to show. The StrongFirst bodyweight classes, straight bar classes, kettlebell classes—they all have a fundamental movement base inherent in them.

And Brett, when you really try to get a PR in powerlifting, you intelligently know you’re giving up some movement to get this, but you know how to get it back and you understand the risks involved. That’s very important; not just identifying the risks, but being able to go in the gym or into the weight room and delete five exercises and introduce only two.

As a coach, you can say, ‘I saved you 10 minutes, three times a week, and you’re going to be just as strong but more functional.’

*Brett:* My new favorite joke is that the only place fitness comes before health is in the dictionary.
Gray: I like that. I like it.

Brett: And too many people forget that. They get too zeroed in on accomplishing goal X. And like you said, you’ve got a powerlifting meet coming up, you got whatever event you’re trying to peak for, there can be some sacrifice involved in that. But you have to come back to center after it.

Dr. Thomas told us that traditional training centered around the martial and the restorative. Martial was the ability to respond appropriately to aggression, whether it was boxing, or as a soldier. Now fitness is our martial art, and we’ve forgotten how to come back to center.

How do we do restorative? Maybe the reason you keep burning your hand is you keep putting it on a hot stove. We might have to take something away and get you doing one or two other things and become healthier so we can make you fit.

And it’s a nice way to do it. Some of the best information on how to get and be strong safely is within StrongFirst. As long as we keep our movement base and make things appropriate, we’re going to keep championing that message as we go along.

Gray: One of the things I’d like to point out specifically to the SFMA community or clinicians working in sports medicine is the example that Greg Rose and Mike Voight set as they were teaching the SMFA through the TPI golf community. Prior to the introduction of the TPI science, which is largely based on movement screening, we had a bunch of people trying to replicate the golf swing with bands and cords and weights and devices. And one thing Greg and Mike have been able to articulate was that there’s a lot of that in the getup; there’s a lot of that in the swing; there’s a lot of that in the deadlift. There’s a lot of that in upper body mobility.

What they’ve done is given us permission to secure the foundation, which is the one thing I want to communicate to clinicians. We’re responsible for movement health. And the coach, the technical expert, the guru is responsible for specialized movement. One of the things we
need to do in both our rehabilitation mind and in our transition back into athletics or fitness is to hold the line on fundamentals.

We need to hold the line on the fundamental lifts, and we need to understand that anything in the program that takes this away is probably not as beneficial as we think. What you and Mark and Pavel have done is package a set of exercise that’s not only the fundamental foundation for strength and conditioning and fitness professionals, you’ve given us that exact same touchstone for the clinician. Know these lifts and own these lifts.

One of the reasons a lot of chiropractors and athletic trainers and physical therapist don’t like the deadlift is they’ve never met a healthy person who deadlifts. They’re going to meet a lot of healthy people who deadlift in the StrongFirst community, and that’s because they do it right and they never try to do it before they own the movement or own the technical precision in the lift. You don’t have to know 30 exercises. I’d rather you know three or four at a level of an expert. That’s tangible and possible for clinicians. It really is.

*Brett:* Absolutely. And I think the goal within Functional Movement Systems for a long time has been that of community, that ability for the trainer to refer to the medical professional, and for the medical professional to refer to the fitness professional. And then to know we’re somewhere on the same page, that indications and contra-indications are going to be listened to, and that there can be a much better integration. The StrongFirst Foundation Strength Event is a great way to be introduced to excellent corrective work, excellent strength work, and to our reloads and our static motor control performance lifts.

I’m really looking forward to this. Plus we’ll have all kind of live case studies on the third day, which is going to provide a lot of entertainment and learning.

*Gray:* That’s spot on. People are always saying they really enjoy watching you and me develop our kettlebell training and the other FMS collaborations. They’ve seen us on video, seen us on YouTube. They ask when we’re going to be working together again. This is us telling you when we are, and inviting you to attend. Both of our schedules get busier and busier. And as old as I’m getting, one day I may just decide not to get on planes anymore.
But I’ll tell you what, I’ll be there in Pennsylvania in June to teach with you and to try to improve on some of the work we’ve already done. And that the improvement is going to follow the same template Pavel set down in his new book Simple and Sinister. He literally pressed himself on a program minimum. This is the absolute minimum.

One thing any medical professional can appreciate—first of all, you and I are going to teach this. You're an athletic trainer, and I’m a physical therapist. We’re going to teach how to work in the minimum effective doses. We won’t be there to use up your time and use every piece of equipment in the gym. We’re going to use a bare minimum of equipment, a bare minimum of time and a very efficient, economical program to give you the minimum effective dose that will keep your clients and patients moving well, and maintain respectable degrees strength in the process.

Everybody’s always asking when you and I are going to teach together again. I can’t guarantee the next event, but I can sure guarantee this one.

*Brett:* That’s it. I’m looking forward to it.

*Gray:* All the information you need to find out more about this event is below. Thanks, Brett.

Brett: Thank you, sir.

*Gray:* Alright, buddy. See ya.

[Click Here for details on this event.](#)