HYBRID MVMT

FIELD GUIDE · PAIN RELIEF

THE PAIN-RELIEF BLUEPRINT

Fix lower back, neck, hip, and knee pain at the root — not the symptom. The movement-first system for getting out of pain and staying out.

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CONTENTS

WHAT'S INSIDE

This blueprint teaches you to think about pain differently, then walks you zone by zone through finding and fixing the real source. Read the foundations first — they're what make the protocols work.

CHAPTER 01

PAIN IS A MESSAGE

Where you feel pain is rarely where it's coming from. This single idea is the most important thing in this guide — and the reason most people chase relief for years without finding it.

Pain is not a damage meter. It's your brain's best guess about whether a body part needs protecting, based on dozens of inputs — tissue health, yes, but also how a joint is loaded, how well the area moves, your stress levels, your sleep, and your past experiences. That's why two people with identical scans can have completely different pain, and why an area can hurt with no "damage" at all.

For the everyday aches this guide addresses — the stiff lower back, the cranky neck, the achy knee — pain is most often a **signal of how you're moving and loading**, not a sign something is broken. Change the movement and loading, and the signal very often quiets down.

> STOP ASKING "WHAT HURTS?"
> START ASKING "WHAT STOPPED WORKING?"

WHY CHASING THE PAIN FAILS

When your lower back aches, the instinct is to stretch, rub, and ice the lower back. Sometimes that brings temporary relief — but if the real driver is stiff hips forcing your back to overwork, the ache returns the moment the relief fades. You're treating the smoke and ignoring the fire.

The blueprint approach is different: we hunt upstream and downstream of the painful area for the **restriction or weakness that's making it work overtime**, and we fix that. Relief at the painful site becomes a side effect of solving the actual problem.

> **Reframe:** the painful area is usually the victim, not the culprit. Your job is to find and re-employ the lazy or locked-up neighbour that's leaving it to do all the work.

CHAPTER 02

THE CHAIN PRINCIPLE

Your body is a chain of segments stacked on each other, and they alternate in what they're built to do. Understand this pattern and you'll know exactly where to look when something hurts.

From the ground up, your major joints alternate between needing **mobility** (freedom to move) and **stability** (the strength to stay controlled):

JOINT	PRIMARY NEED	WHEN IT FAILS…
Foot / Arch	Stability	Flattens → knee & hip strain
Ankle	Mobility	Stiff → knee takes the motion
Knee	Stability	Wobbles → pain from hip/ankle issues
Hip	Mobility	Stiff → lower back compensates
Lower Back	Stability	Forced to move → aches & spasms
Mid-Back	Mobility	Stiff → neck & lower back overwork
Neck	Stability	Forced to move → tension & headaches

See the pattern? When a joint that's meant to be **mobile** gets stiff, the **stable** joint next to it is forced to move in ways it shouldn't — and that's where pain shows up. The classic example: stiff hips (should be mobile) force the lower back (should be stable) to bend and twist, and the back pays the price.

> **The rule of thumb:** when a stable joint hurts, look to the mobile joint above or below it. Back pain? Check the hips and mid-back. Knee pain? Check the ankle and hip. Neck pain? Check the mid-back.

HOW TO USE THIS PRINCIPLE

Every zone chapter that follows is built on this logic. For each painful area, we'll identify the most common upstream and downstream culprits, give you a quick way to test them, and provide the corrective protocol to restore the missing mobility or stability. You stop guessing and start working the actual chain.

CHAPTER 03

SAFETY & RED FLAGS

This blueprint is movement coaching, not medical care — and knowing the difference is part of taking care of yourself. Most everyday aches respond beautifully to better movement. Some things need a professional first.

SEE A DOCTOR BEFORE USING THIS GUIDE IF YOU HAVE:

- Pain following a significant injury, fall, or accident
- Sharp, shooting, or electric pain that radiates down a limb
- Numbness, tingling, or weakness in your arms or legs
- Pain that wakes you at night or is constant and unrelenting
- Any loss of bladder or bowel control (seek care immediately)
- Pain with fever, unexplained weight loss, or feeling generally unwell
- A diagnosed condition your physician hasn't cleared you to train around

None of those mean you're doomed — they mean the situation needs eyes and hands this guide can't provide. Get assessed, get cleared, then come back.

THE PAIN RULES FOR EVERYTHING THAT FOLLOWS

Stay under a 3/10. Corrective work should feel like a stretch or gentle effort, never a sharp warning. If a movement pushes pain past a mild 3 out of 10, reduce the range or skip it.

The 24-hour rule. If an exercise leaves you noticeably worse the next day, it wasn't right for you yet. Back off the volume or intensity, or set that move aside.

Motion is lotion — but dose it. Gentle, frequent movement almost always beats both total rest and aggressive overstretching. Little and often is the rhythm of recovery.

> MOVEMENT IS MEDICINE.
> BUT THE RIGHT DOSE IS EVERYTHING.

CHAPTER 04

THE PAIN AUDIT

Before you fix anything, get specific. A clear picture of your pain points you to the right zone chapters and gives you a baseline to measure relief against.

MAP IT

For each area that bothers you, note: **where** exactly it is, **when** it shows up (morning, after sitting, during specific movements), **what** makes it better or worse, and **how intense** it is on a 0–10 scale. Patterns reveal causes. Pain that's worst after sitting points to one thing; pain that's worst first thing in the morning points to another.

IF YOUR PAIN IS WORST…	IT OFTEN POINTS TO…
After sitting for a while	Hip & postural restriction; under-active glutes
First thing in the morning	Inflammation/stiffness cycle; sleep position; needs gentle movement
When standing or walking a long time	Core endurance; postural fatigue
During a specific movement (twist, reach, squat)	A mobility gap in that exact pattern
At the end of a stressful day	Stress & breathing patterns amplifying muscle tension

RUN THE QUICK MOVEMENT SCREEN

From Book 1's assessment, quickly check your deep squat, toe touch, overhead reach, trunk rotation, and knee-to-wall. Restrictions here are frequently the upstream cause of pain elsewhere. Note your two worst — they'll likely show up as culprits in the zone chapters.

> **Re-audit every two weeks.** Track your pain scores and your movement screen the same way. Watching a 6/10 ache fade to a 2/10 over a month is the proof that you're fixing the cause, not just masking the symptom.

CHAPTER 05 · ZONE 1

LOWER BACK

The most common pain on earth, and almost always a victim joint. Your lower back is built for stability — to stay solid while the hips and mid-back move around it. When they don't, it's forced to move, and it complains.

THE USUAL SUSPECTS

- Stiff, tight hip flexors
- Under-active glutes
- Weak core bracing
- Stiff mid-back
- All-day sitting

QUICK TESTS

Hip flexor test: lie on the edge of a bed, hug one knee to your chest, let the other leg hang. If it won't drop level with the bed, your hip flexors are tight. **Glute test:** lying face down, squeeze one glute — if you feel the hamstring fire first, your glute is asleep.

THE CORRECTIVE PROTOCOL

1. **HALF-KNEELING HIP FLEXOR STRETCH** — 40s/side
   Tuck the pelvis, squeeze the down glute, hold. Releases the tissue pulling your back into an arch.

2. **GLUTE BRIDGE** — 12 reps
   Drive through heels, squeeze hard at the top, ribs down. Re-employs the lazy glutes.

3. **DEAD BUG** — 8/side
   On your back, brace your core and lower opposite arm and leg slowly. Teaches the core to keep the spine still.

4. **CAT–COW** — 45s
   Restore gentle, pain-free motion segment by segment.

5. **BIRD DOG** — 8/side
   On all fours, extend opposite arm and leg, stay level and braced. Builds anti-rotation stability.

DO & DON'T

DO

Keep moving gently · brace before you lift · get up and walk hourly · strengthen glutes & core.

DON'T

Bed-rest for days · repeatedly crunch into the pain · lift with a rounded, unbraced spine · rely only on stretching the back itself.

CHAPTER 06 · ZONE 2

NECK & SHOULDERS

Forward head, rounded shoulders, and a mid-back that's forgotten how to move — desk posture in three acts, and your neck pays for all of it with tension, knots, and headaches.

THE USUAL SUSPECTS

Forward-head posture | Stiff mid-back | Weak upper back | Tight chest | Screen + phone time

QUICK TESTS

Wall test: stand with your back to a wall — heels, butt, upper back. Can you get your head to touch without tipping your chin up? If not, you have forward-head posture loading your neck. **Rotation test:** turn your head each way; big differences or early tension signal mid-back stiffness migrating up.

THE CORRECTIVE PROTOCOL

1 **CHIN NODS** — 12 reps

Draw the chin straight back, lengthening the neck. Directly retrains forward head.

2 **OPEN BOOK** — 40s/side

Restore the mid-back rotation your neck is compensating for.

3 **WALL ANGELS** — 45s

Strengthen the upper back and reset shoulder position.

4 **DOORWAY CHEST STRETCH** — 30s/side

Open the tight chest that pulls the shoulders forward.

5 **BAND/TOWEL PULL-APART** — 12 reps

Pull a band or towel apart at chest height, squeezing the shoulder blades. Wakes the upper back.

DO & DON'T

DO

Raise your screen to eye level · take hourly posture resets · strengthen the upper back · keep the neck work gentle.

DON'T

Crank or rapidly "crack" your own neck · only ever massage the sore spot · ignore the mid-back · doom-scroll with your chin on your chest.

CHAPTER 07 · ZONE 3

HIPS

The hips are your power center and the body's most common bottleneck. Stiff, weak hips send trouble up into the back and down into the knees — so fixing them pays off in three places at once.

THE USUAL SUSPECTS

Tight hip flexors · Weak glutes · Limited rotation · Sitting all day · Never training the back side

QUICK TESTS

Rotation test: sit in 90/90 and compare internal/external rotation side to side — restrictions and asymmetries are common drivers of hip and back pain. **Glute test:** single-leg glute bridge — if one side cramps or can't lift level, that glute needs work.

THE CORRECTIVE PROTOCOL

1 **90/90 HIP SWITCH** — 60s
Restore internal and external rotation with control.

2 **DEEP SQUAT PRY** — 45s
Open the hips, knees, and ankles together. Lift the chest.

3 **PIGEON STRETCH** — 45s/side
Release the deep external rotators and glute.

4 **CLAMSHELLS / SIDE-LYING ABDUCTION** — 12/side
Strengthen the often-weak side-glute that stabilizes the hip.

5 **COSSACK SHIFT** — 6/side
Build strength through your new range, side to side.

DO & DON'T

DO

Train hip rotation both ways · strengthen glutes · stand and move often · build strength at the end ranges.

DON'T

Only stretch, never strengthen · force painful end ranges · ignore left-right differences · sit for hours without breaks.

CHAPTER 08 · ZONE 4

KNEES

The knee is a stable joint caught between two mobile ones — the ankle below and the hip above. Most knee pain isn't really a knee problem; it's the knee absorbing what stiff ankles and weak hips should be handling.

THE USUAL SUSPECTS

Stiff ankles | Weak hips/glutes | Poor foot control | Knees caving inward | Sudden load spikes

QUICK TESTS

Knee-to-wall test: if your knee can't reach the wall with the heel down, stiff ankles are forcing your knee to compensate. **Single-leg test:** stand on one leg and do a small squat — if the knee dives inward, your hip stabilizers are weak.

THE CORRECTIVE PROTOCOL

1 **KNEE-TO-WALL MOBILIZATION** — 40s/side
Restore the ankle dorsiflexion the knee is missing.

2 **CALF STRETCH (STRAIGHT + BENT)** — 30s each/side
Free the calves that limit the ankle.

3 **GLUTE BRIDGE & CLAMSHELLS** — 12 reps
Strengthen the hips that control knee alignment.

4 **STEP-DOWNS** — 8/side
Slow, controlled step-downs keeping the knee tracking over the toes. Builds stability under load.

5 **SPANISH SQUAT / WALL SIT** — 30–45s
Isometric quad strength that's famously kind to cranky knees.

DO & DON'T

DO

Mobilize the ankles · strengthen hips & quads · train the knee to track over the toes · progress load gradually.

DON'T

Assume it's "bone on bone" and stop moving · only foam-roll the knee · spike your mileage or load suddenly · let the knee cave on every rep.

CHAPTER 09 · ZONE 5

UPPER BACK & POSTURE

That stubborn knot between the shoulder blades and the slumped, heavy-shouldered feeling by evening. The mid-back is a mobile joint gone stiff — and waking it up relieves the neck and lower back at the same time.

THE USUAL SUSPECTS

- Stiff thoracic spine
- Weak postural muscles
- Rounded-shoulder pattern
- Prolonged static posture
- Shallow breathing

QUICK TESTS

Extension test: sit tall and try to arch your mid-back over the back of a chair — if it barely moves, it's stuck in flexion. **Endurance test:** how long can you hold a tall, neutral posture before it feels like work? Short endurance means the postural muscles need training, not just stretching.

THE CORRECTIVE PROTOCOL

1	**FOAM ROLLER EXTENSION** Restore extension over a roller, segment by segment.	45s
2	**THORACIC ROTATIONS** Get rotation back into the mid-back.	45s/side
3	**OPEN BOOK** Combine rotation and chest opening.	40s/side
4	**PRONE Y-T-W RAISES** Lying face down, lift arms in Y, T, and W shapes to build postural endurance.	8 each
5	**WALL ANGELS** Tie shoulder position and posture together.	45s

DO & DON'T

DO

Mobilize the mid-back daily · build postural endurance · breathe into the ribs · change positions often.

DON'T

Only dig at the knot · expect posture to fix itself · hold one position for hours · force a "military" stiff posture.

CHAPTER 10

BUILDING YOUR DAILY PROTOCOL

You don't need to do every move for every zone. Build a focused 10–12 minute daily protocol around your one or two worst zones, and stay consistent. Consistency is what re-trains a body out of pain.

THE TEMPLATE

1. **Open (2 min):** gentle, pain-free movement to warm up — Cat–Cow and the relevant mobility move for your zone.
2. **Mobilize (3–4 min):** the two key mobility moves from your primary zone, taking the restricted joint through its range.
3. **Strengthen (3–4 min):** the two key strength moves — this is the part most people skip and exactly why their pain returns. Re-employ the lazy muscle.
4. **Integrate (1–2 min):** a braced, whole-body move like Bird Dog or a controlled carry to tie it together.

A SAMPLE LOWER-BACK PROTOCOL

1	**CAT–COW** Open: gentle pain-free motion.	45s
2	**HALF-KNEELING HIP FLEXOR** Mobilize: release the front of the hips.	40s/side
3	**90/90 HIP SWITCH** Mobilize: restore hip rotation.	60s
4	**GLUTE BRIDGE** Strengthen: wake the glutes.	12 reps
5	**DEAD BUG** Strengthen: core anti-extension.	8/side
6	**BIRD DOG** Integrate: braced, whole-body control.	8/side

Give it three to four weeks of daily, honest work before judging it. Pain that took years to build rarely leaves in a weekend — but it leaves faster than you'd think when you finally address the cause.

CHAPTER 11

THE LIFESTYLE LEVERS

Pain isn't only mechanical. Your nervous system decides how loudly to turn up the volume — and sleep, stress, and fuel are the dials. Ignore these and even perfect exercises underdeliver.

SLEEP: THE MASTER RECOVERY TOOL

Poor sleep lowers your pain threshold, meaning the same input hurts more. It also blunts tissue repair. Protect a consistent sleep schedule, a cool dark room, and a screen-free wind-down. The evening breathing and mobility routine doubles as a sleep primer.

STRESS & BREATHING

Chronic stress keeps your muscles braced and your nervous system on high alert — a recipe for tension that no stretch fully resolves. Slow nasal breathing with long exhales (try 4 seconds in, 6 out) downshifts the system. A few minutes daily measurably reduces baseline muscle tension.

MOVEMENT SNACKS & NON-EXERCISE ACTIVITY

The single best thing for most desk-related pain is simply moving more often throughout the day. Hourly two-minute walks, taking the stairs, standing for calls — these "movement snacks" keep tissues nourished and stop the stiffness cycle from setting in.

FUEL & HYDRATION

Well-hydrated tissue moves and recovers better. A diet with enough protein supports tissue repair, and minimizing ultra-processed foods helps keep systemic inflammation in check. None of this is exotic — it's the unglamorous foundation that makes everything else work.

> **The big picture:** exercises fix the mechanics; lifestyle sets the volume. The fastest results come from working both at once — which is exactly what integrated coaching is designed to do.

CHAPTER 12

NERVE TENSION & SCIATICA

That radiating, electric, or 'zingy' feeling down a leg or arm is different from muscle tension — it involves the nerves, and it needs a gentler, smarter approach. (Severe or worsening nerve symptoms need a doctor first — see Chapter 3.)

WHAT NERVE TENSION FEELS LIKE

Unlike a dull muscular ache, irritated nerves produce sharp, shooting, burning, tingling, or numb sensations that often travel — down the back of the leg (classic sciatica) or down the arm. Nerves don't like to be aggressively stretched or compressed; they like to **glide** and move freely through the tissues around them. So the goal isn't to crank on them — it's to gently restore their ability to slide.

> **Important:** if you have progressive weakness, numbness, or any loss of bladder/bowel control, stop and seek medical care immediately. The techniques below are for mild, non-progressive nerve tension only.

NERVE GLIDES (FLOSSING)

Nerve glides gently mobilize the nerve by lengthening it at one end while shortening it at the other — so it slides without sustained tension. Move slowly, never into pain, just to the first hint of tension and back.

1 **SCIATIC NERVE GLIDE** — 10 slow reps

Seated, slowly straighten one knee while tipping your head back, then bend the knee as you tuck your chin. Smooth, pain-free, rhythmic.

2 **OPEN THE SPACE (KNEE HUGS)** — 30s/side

On your back, gently hug one knee toward your chest to decompress the lower back and create room.

3 **GLUTE / PIRIFORMIS RELEASE** — 30s/side

The deep glute can irritate the sciatic nerve. Figure-4 stretch, gently, to release it.

4 **CAT–COW** — 45s

Restore gentle spinal motion to keep everything gliding.

WHAT HELPS AND WHAT HURTS

HELPS

Gentle frequent movement · nerve glides · walking · changing positions often · addressing the hip/back root cause.

HURTS

Aggressive stretching of the painful leg · prolonged sitting · deep forward folds into the pain · total rest.

The root cause: nerve symptoms are usually downstream of a spine or hip issue compressing or tethering the nerve. Calming the symptom with glides buys room to fix the actual driver — which is exactly where a proper assessment earns its keep.

CHAPTER 13

HEADACHES, JAW & TENSION

Many everyday headaches start in the neck and shoulders — 'tension' and 'cervicogenic' headaches that radiate up from tight, overworked tissue at the base of the skull. The fix is often movement, not painkillers.

THE NECK–HEAD CONNECTION

The muscles at the base of your skull (the suboccipitals) work overtime when your head juts forward over a screen all day. They refer pain up and over the head, and into the temples and behind the eyes. Add a clenched jaw and shallow stress-breathing, and you have a recipe for the dull, pressing headache so many desk workers know well.

THE RELIEF PROTOCOL

1 **CHIN NODS** — 12 reps

Reduce the forward-head load that overworks the base of the skull.

2 **SUBOCCIPITAL RELEASE** — 60s

Lie back with a ball or your fingers at the base of the skull; let the muscles soften with slow breaths.

3 **UPPER TRAP & LEVATOR STRETCH** — 30s/side

Gently lengthen the side and back of the neck.

4 **JAW RELEASE** — 45s

Let the jaw hang slightly open, tongue resting on the roof of the mouth; gently massage the masseter (cheek) muscles.

5 **SLOW NASAL BREATHING** — 60s

Down-regulate the stress response that fuels tension. Long, slow exhales.

Daily prevention beats treatment: raise your screen to eye level, take hourly posture resets, unclench your jaw consciously, and breathe slowly. Most tension headaches are a posture-and-stress problem in disguise.

See a doctor for severe, sudden, or unusual headaches, or any headache with vision changes, confusion, or neurological symptoms. The above is for ordinary tension headaches only.

CHAPTER 14

RETURNING TO EXERCISE AFTER PAIN

Getting out of pain is half the battle. Staying out — and getting strong enough that it doesn't come back — is the other half. Rushing back is the most common way people re-injure themselves.

THE GRADED RETURN

Tissues and confidence both need to be rebuilt gradually. Think in stages, only advancing when the current stage is comfortable and pain-free for several sessions.

STAGE	FOCUS	RULE TO ADVANCE
1. Calm	Gentle pain-free movement, mobility, nerve glides	Daily activities are comfortable
2. Reactivate	Light strengthening of the weak/lazy muscles	No flare-up 24h after sessions
3. Rebuild	Progressive strength through full range	Strength returning, confidence growing
4. Load & perform	Full training, sport, or heavy lifting	Strong, controlled, pain-free under load

THE 24-HOUR RULE (AGAIN)

Your single best guide is how you feel the day after. Mild stiffness that settles quickly is fine. A clear flare-up that lasts means you advanced too fast — drop back a stage, rebuild, and progress more gradually. This isn't a setback; it's information.

BUILD IT BACK STRONGER THAN BEFORE

Here's the mindset shift that prevents recurrence: don't aim to return to where you were — aim to come back **more robust** than you were before the pain. The area that got injured was usually under-prepared for what you asked of it. Strengthening it past its old capacity is what makes the fix permanent. Pain-free isn't the finish line; resilient is.

> **This is the bridge to Foundations of Strength.** Once you're out of pain, building genuine, progressive strength through full range is the most reliable insurance against the pain ever returning.

CHAPTER 15

FAQ & WHEN TO GET HELP

"HOW LONG UNTIL MY PAIN IS GONE?"

For everyday mechanical pain, many people feel meaningful relief within one to two weeks of consistent corrective work, with bigger change over four to eight weeks. Longstanding issues take longer because there's more compensation to unwind.

"THE PAIN MOVED TO A DIFFERENT SPOT. IS THAT BAD?"

Often it's actually a good sign — as you change how you load your body, the demand redistributes. But monitor it: pain that's milder and shifting is usually progress; pain that's sharper or radiating is a reason to get assessed.

"SHOULD I STRETCH OR STRENGTHEN?"

Almost always both, in that order: mobilize the stiff joint, then strengthen the weak one. Strength is what makes the relief last. Stretch-only approaches are the number-one reason pain keeps coming back.

"CAN I STILL EXERCISE WHILE IN PAIN?"

Usually yes — gentle, pain-respecting movement beats rest for most aches. Stay under a 3/10, modify what aggravates it, and keep the rest of your training going where it doesn't hurt.

"WHY DOES IT ALWAYS COME BACK?"

Because the root cause was never addressed — only the symptom. Recurring pain is the clearest sign that there's an upstream restriction or weakness still in play. That's exactly what a hands-on assessment is built to find.

Get professional help if: pain is severe, worsening, or unchanged after several weeks of honest work; it radiates or comes with numbness/weakness; or it follows an injury. A self-guided blueprint is powerful, but some root causes need expert hands and eyes to uncover.

YOUR NEXT MOVE

FIND YOUR REAL ROOT CAUSE.

This blueprint covers the common patterns — but yours may be hiding one link further up the chain, and that's exactly what a hands-on assessment is for. James combines movement analysis, clinical bodywork, and corrective programming to find and fix the actual source. The first intro call is free.

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