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# Journal of Bodywork & Movement Therapies

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## PREVENTION & REHABILITATION: PATIENT SECTION

### The Partial Get-Up



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The Turkish Get-Up (TGU) is an exercise with rapidly growing popularity amongst the fitness and rehabilitation communities. It is also one of the most complex exercises, with many discrete steps each requiring competency to avoid the exercise merely becoming a “feat of strength.” The drill shown here is designed to help the individual gain the “feeling” for how to initiate the TGU with good form. It is a rolling pattern, stabilized by the trunk muscles that are working to co-contract so that unnecessary twisting is avoided.

The Turkish Get-up, has not been examined in much detail in the literature in terms of its precise purpose. It has been mentioned that it has value as one of a group of “functional exercises to teach patients the motor control needed for their daily activities, occupation, and sports (Liebenson, 2011). Like many commonly prescribed exercises, there are anecdotal claims around its role in stability, but this has not been scientifically substantiated. However, it may be very useful as it does combine features of less complex exercises that have been validated, namely: the lunge, the glute bridge and modified side plank.

Exercise prescription for different populations involves client assessment, goal setting, a decision on training load (exercises, sets and reps) as well as teaching strategies. In all realms of exercise prescription, it is imperative that the client ascertains/hones the ability to perform exercises correctly. Technical proficiency of an exercise can often dictate the physiological response and subsequent adaptation of the patient/client. If a practitioner chooses to prescribe a complex exercise, he or she may have to break down that exercise into its components.

*“Pedagogical communication has a huge impact on the effectiveness and training process. Its role in motor learning is important and specific” (Ivanova, 2014).*

Another key challenge for practitioners is to account for individual characteristics during motor skill acquisition. “Traditionally,

practitioners (e.g., coaches, clinicians etc.) have adopted approaches which are prescriptive and repetitive, utilizing technical demonstrations that provide learners with a “visual template or criterion model” for the desired skill. The underlying assumption that has fueled such pedagogies is that an ideal movement pattern exists for a task and that the practitioner’s role is to help learners to recreate that pattern” (Lee et al., 2014).

This teaching strategy may not be an ideal approach if a step in the movement pattern, or series of patterns is too challenging for the client/patient. It might therefore, be necessary for the movement practitioner to “manipulate the constraints” imposed on the patient/client (Lee et al., 2014). Constraints are simply roadblocks in the sequence the client/patient encounters that is not allowing them to progress to the next movement. Manipulating a constraint can facilitate client/patient learning and success.

In this instance with the TGU a common failing is that someone simply pursues it to completion ignoring obvious flaws in performance. Performing it only to “task completion” will not only reduce the exercises’ effectiveness, but can result in injury. To ensure that the TGU is within an individual’s “trainable menu” the following drill has been developed (see Figs. 1–4).

Sets/reps/frequency:

1 set

4-5 Reps

**Perform on each side**

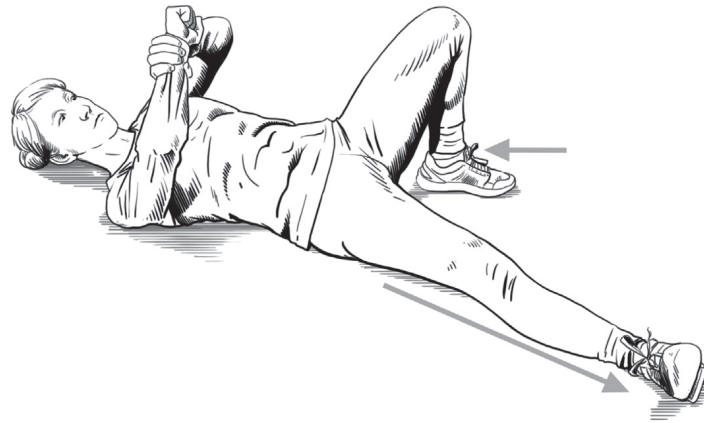
Daily as a movement prep prior to loaded exercises or sports

Progressions:

Perform Turkish Get-Up

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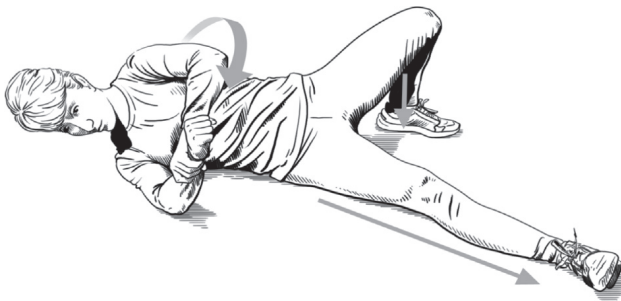
E-mail address: [craigliebenson@gmail.com](mailto:craigliebenson@gmail.com) (C. Liebenson).



**Start**

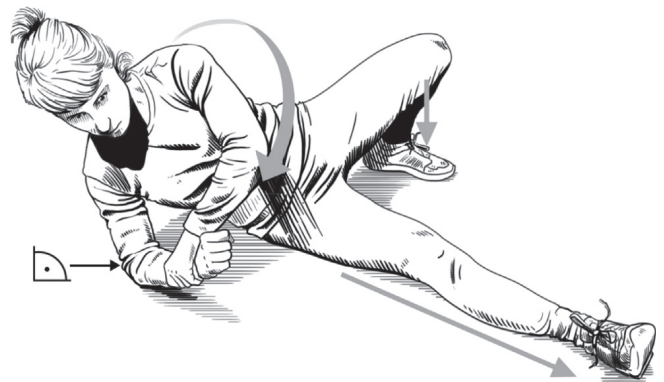
- Lay on your back and grasp the wrist creating a 'rigid hoop' with your arms.
- Keep hands over top of sternum.
- Ensure the neck position is neutral and eyes are focused ahead.
- Extend the right leg fully and pull your toes towards your chin.
- Bend the left knee and place the heel close to the buttocks.
- Press the left foot firmly into the floor.

**Fig. 1.** Starting position.



- Drive left foot downwards into the floor
- Keep hands in front of sternum while chin aligns with sternum
- Drive arm into floor and roll onto the upper arm
- Maintain the 'rigid hoop' and elbow angles
- Left foot maintains contact with floor
- Right leg remains extended with toes pulled upward

**Fig. 2.** Rolling onto upper arm.



- Maintain contact and pressure with left foot
- Maintain 'rigid hoop' in arms
- Continue rolling from upper arm onto elbow

**Fig. 3.** Rolling onto elbow.



- Continue to roll onto forearm.
- Ensure the left knee has not dropped toward the opposing knee.
- Ensure alignment of hands, sternum and chin.
- Ensure neutral neck position.
- Right leg remains extended.
- Slowly return to start maintaining rigid hoop and alignment of body segments.

**Fig. 4.** Finish position.

## References

- Ivanova, V., 2014. Communicative competence of pedagogical interaction in motor education. *Activities Phys. Educ. Sport* 4 (2), 223–226.
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- Liebenson, C.S., 2011. The Turkish get-up. *J. Bodyw. Mov. Ther.* 15, 125–127.