



## MINDFUL MOVEMENT PRACTICE

DATE: / /

MOVEMENT NAME:

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**What parts of your body do you feel doing the work to accomplish this movement?**

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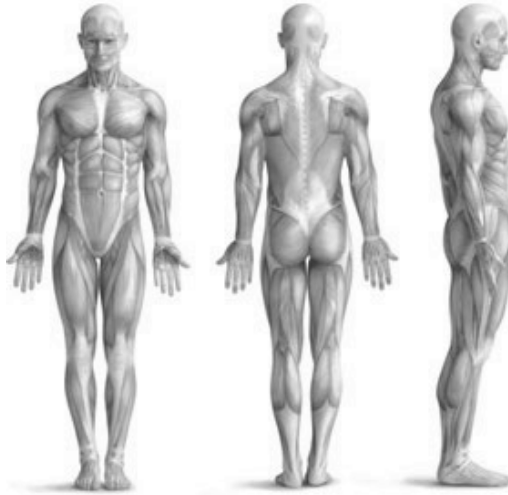
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**Do the places where you feel the work correlate with the goal for the movement?**

- Yes
- No
- I don't know!



**TIP:** Use colored pens and pencils to indicate different types of sensation!

**If you're unsure:**

- Replay the video, listen closely to the cues
- Try the movement again, slowly!
- Jot down some notes below
- Send them to us for further clarification!

**Notes / Questions / Challenges with Movement Goal:**

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**Do you have any pain or discomfort with the movement?**

- Yes
- No

**If you have pain, try the movement again slower and/or with less resistance. Then follow these prompts:**

Note where in your body you feel the strain

**TIP:** Draw on the anatomy model in a different color!

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Now, note at what time in the movement progression you have discomfort

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Using this information, do you have an idea about what to change with the movement so that it is more comfortable?

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If so, make the change and try the movement again. If not, send us your previous answers (and any other information) and we'll help guide you!

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DATE: / /

TIME:

Movement Name	Rounds	Reps

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