

EXECUTIVE LONGEVITY SERIES

THE EXECUTIVE MOBILITY PLAN

*Optimize Your Mobility
Get Rid of Aches & Pains*

BY

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VALUE COMMITMENT FOR HIGH PERFORMERS THAT REFUSE TO OPERATE AT 70%

In over three decades of working with high-performing professionals, I've observed a consistent pattern: executives optimize their businesses meticulously — yet often neglect the biological system that powers everything.

This guide outlines the **integrated system** I use with private executive clients to ***enhance energy, eliminate pain, and elevate measurable health metrics.***

Not more effort.

More precision.



WHY YOU FEEL STIFF, TIGHT AND BEAT UP

If you're like most people I work with, you're not lazy.

You train. You move. You try to take care of yourself.

And yet...

You still feel tight. Stiff. Restricted. Maybe even in pain.



Most mobility problems aren't caused by a lack of effort — they're caused by a poor strategy.

Sitting, stress, repetitive movement, and poor mechanics teach your body to lock down certain ranges of motion as a protective mechanism.

And random stretching doesn't fix that. In fact, without the right system, it often reinforces the problem.

Mobility restrictions are strongly linked to neuromuscular control and habitual movement patterns rather than just tissue length alone.

EXECUTIVE LONGEVITY SERIES

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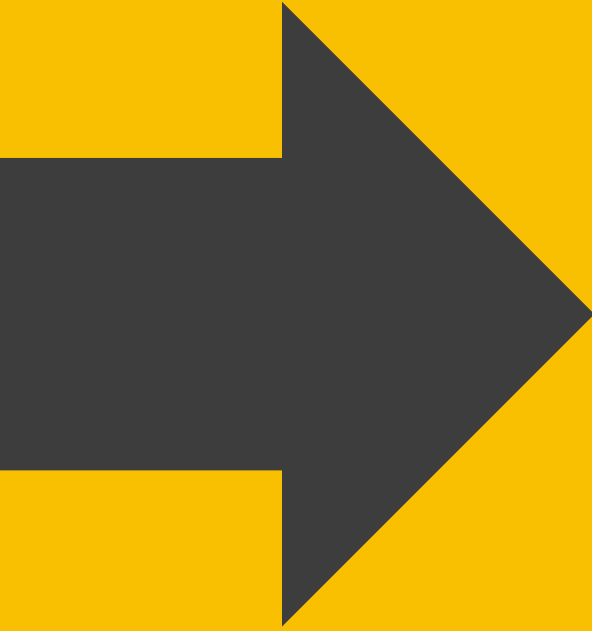
CHAPTER 9:

THE EXECUTIVE ADVANTAGE

LET'S BEGIN

CHAPTER 1: **THE REAL** **PROBLEM**

THE REAL PROBLEM



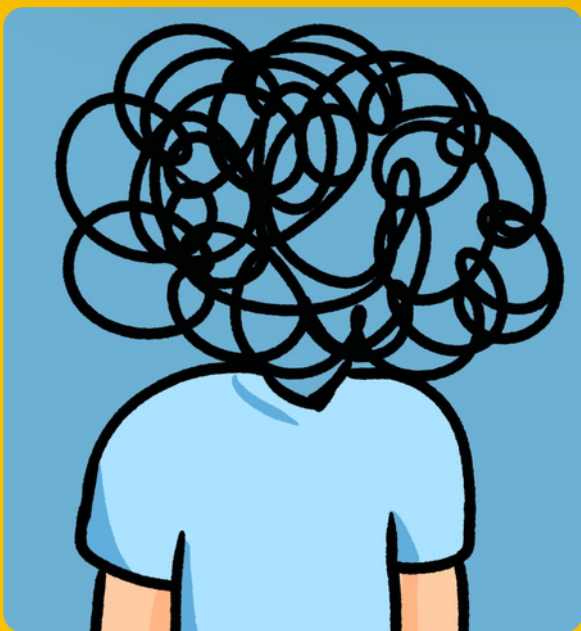
IT'S NOT A FLEXIBILITY PROBLEM. IT'S A CONTROL PROBLEM.

Most people think mobility means “being flexible.”

That's incomplete.



**True Mobility =
Range of Motion + Strength + Control**



If your brain doesn't trust a position, it will limit access to it.

That's why:

- You stretch... and get tight again
- You foam roll... and nothing sticks
- You move... and compensate

Your body doesn't give you access to motion it can't control.

This is where most programs fail — they chase range, not control.

Mobility restrictions are strongly linked to neuromuscular control and habitual movement patterns rather than just tissue length alone.

CHAPTER 2: WHY MOST MOBILITY PROGRAMS FAIL

WHY MOST MOBILITY PROGRAMS FAIL

Common Mistakes:

- ➔ **DOING TOO MUCH**
- ➔ **NO STRUCTURE**
- ➔ **NO PROGRESSION**
- ➔ **IGNORING STRENGTH**
- ➔ **NO END RANGE CONTROL**
- ➔ **NO CONSISTENCY**
- ➔ **NO ASSESSMENT**

- **Doing too much:**

- Too much too soon is one of the most common reasons for injury, pain, or lack of progress with a training program.

- **No structure:**

- Haphazardly approaching any facet of life that one seeks to improve upon leads to meager improvement. It is no different here. Further, not every person needs mobility in every area (or any area for that matter). Knowing where you need to improve upon and focusing the proper patterns, sequenced correctly, leads to efficiency.



WHY MOST MOBILITY PROGRAMS FAIL

- **No progression:**

- Mobility patterns and programs can be simple or complex as in any other aspect of training. Assuming any stretch will work for you, your joint, or your current ability level is an error. Soft tissue, stretching, activation/controlled movement, and integration all need to be progressed.

- **Ignoring strength & end range control:**

- Stretching without joint control is either limiting results (best-case scenario) or asking for problems (worst-case scenario). If the body has no strength or stability at the end range, it will either guard and reduce range of motion back to baseline or move without control (and likely cause pain or injury).

- **No consistency:**

- Consistency > Intensity. One hard session per week will not cut it. Further, biting off more than you can chew initially leads to a swift end



to a program and lack of consistency. Start small and grow.

WHY MOST MOBILITY PROGRAMS FAIL

- **No Assessment/Needs Analysis:**

- Not every joint needs to be stretched.

Nor does every person need to stretch! *Some people are already TOO*

MOBILE (Ehlers-Danlos Syndrom,

for example)! Stretching more would make them worse. Assessments pinpoint what areas are tight or stiff—and more importantly—*WHY* they are stiff. Then a plan can be developed. If you are haphazardly stretching muscles/joints because they hurt or “feel” tight, you may be reinforcing the problem.



ASSESS!
DON'T GUESS!

Mobility is not about doing more.
It's about doing the right things, at
the right time, on the right
joints...consistently.

Research shows variability in outcomes when stretching is applied inconsistently or without structured programming

CHAPTER 3

THE MOBILITY

HIERARCHY

THE 4-STEP MOBILITY SYSTEM I USE WITH MY CLIENTS.

- 1. TISSUE QUALITY**
- 2. MOBILITY**
- 3. ACTIVATION CONTROL**
- 4. INTEGRATION**

To create lasting change, mobility must follow a sequence:

1. Tissue Quality

- a. Reduce tone and stiffness

2. Mobility

- a. Improve usable range

3. Activation Control

- a. Increase strength at end ranges

4. Integration

- a. Apply to real movement



SKIP STEPS → RESULTS DON'T STICK

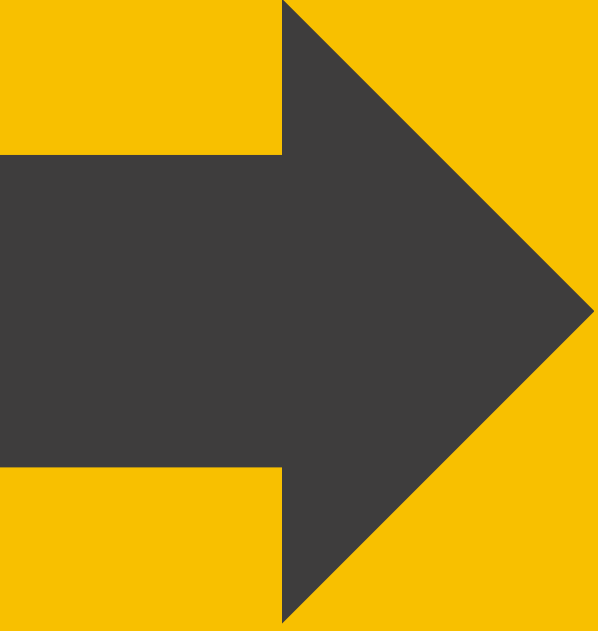
Soft tissue interventions and mobility work have been shown to improve joint range of motion in both healthy and clinical populations

CHAPTER 4

STEP 1:

SOFT TISSUE MOBILIZATION

STEP 1: SOFT TISSUE MOBILIZATION
IMPROVE TISSUE QUALITY



REDUCE TONE BEFORE
YOU TRY TO STRETCH.

If a muscle is overactive, tight, or guarding — stretching it won't work as well.

You first need to downregulate the nervous system.



Common Target areas:

- Upper Traps
- Pec Minor
- T-Spine/Upper Back
- Lats & Rotator Cuff
- Hip Flexors/Quads
- Glutes/Piriformis
- Outer Hamstring (Biceps Femoris)
- Outer Calves (Lateral Gastrocnemius)

TOOLS:

- FOAM ROLLER
- LACROSSE BALL
- TENNIS BALL
- BUTTER KNIFE (BACKSIDE)
- PERCUSSION GUN
- VIBRATION ROLLER
- S-HOOK/THERACANE
- SCRAPING TOOLS



Goal:

Decrease tone → improve movement access



Tools:

There are a variety of tools you can use. They range from cheap & simple and likely lying around the house to expensive & higher-end technology.

Soft tissue mobilization techniques demonstrate measurable improvements in range of motion, likely through neuromuscular effects rather than structural change

CHAPTER 5

STEP 2:

**SMART TISSUE LENGTHENING
(STRETCHING/MOBILIZING)**

STEP 2: SMART TISSUE LENGTHENING

Stretching works — but only when applied correctly.



What actually works:

- **Static stretching** (pre/post-training, inter-training): this stretching involves holding stretches for 20-60 seconds.
- **Active-Isolated/Dynamic stretching** (pre-training): this stretching is movement-based. The objective is to gradually increase the range and the speed you move through.



- **Lengthening under load/Eccentric-Load Stretching** (post-training): this stretching involves lowering a weight until a muscle is stretched and then assisting yourself back to the starting position to repeat (the load is ideally slightly more than you can lift)

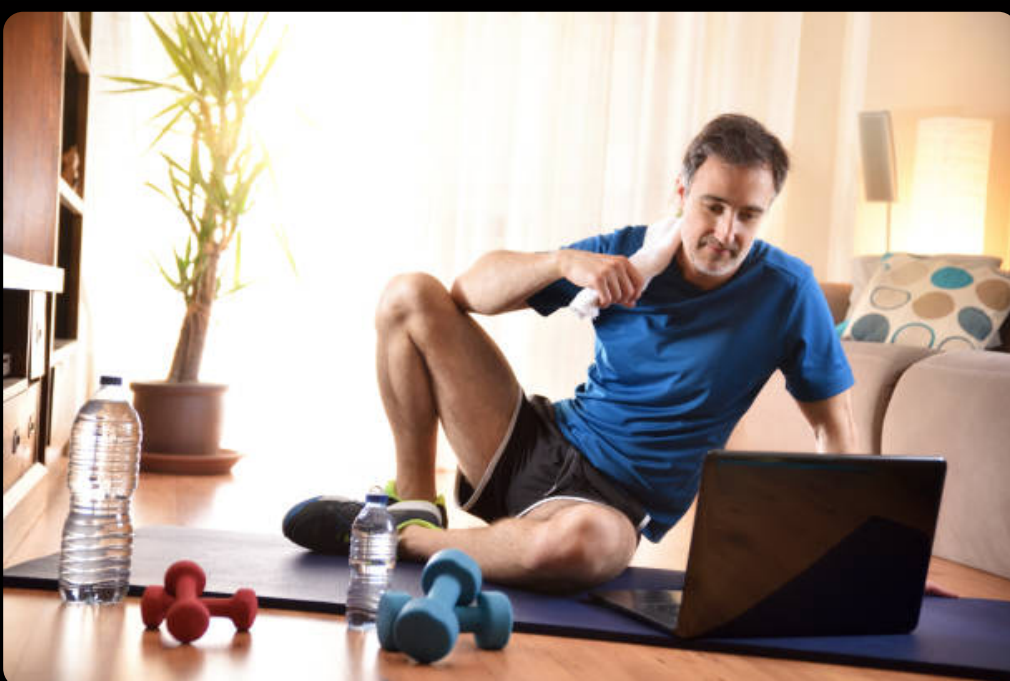
- **Neuromuscular stretching** (post training): this stretching involves contracting the muscle you are stretching, its opposing muscle, or both in the stretched position

STEP 2: SMART TISSUE LENGTHENING

- **Joint Mobilizations** (pre-training): this is a controlled movement applied to a joint, typically at end range to improve motion, reduce stiffness, and enhance joint mechanics (typically when there is pinchiness or stiffness in the direction you are trying to move)
- **Targeted, consistent application**

WHAT DOESN'T WORK

- **RANDOM STRETCHING NOT BASED ON INDIVIDUAL NEEDS**
- **NO CONSISTENCY**
- **NO INTEGRATION AFTERWARD**
- **NO END RANGE ACTIVATION/STRENGTH**



Meta-analysis shows stretching significantly improves flexibility and can reduce pain in populations such as low back pain patients

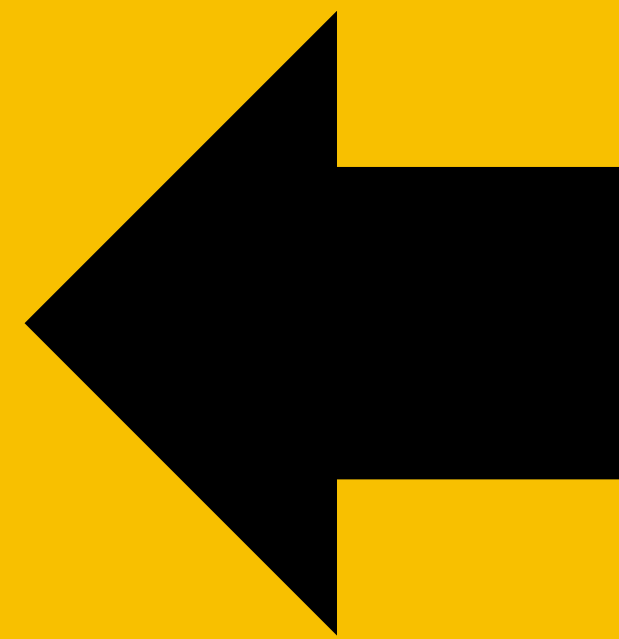
CHAPTER 6

STEP 3:

OWN YOUR RANGE

STEP 3: OWN YOUR RANGE

IF YOU CAN'T CONTROL IT... YOU DON'T OWN IT.



Creating range is only half the solution.
You must also control it!

This is where most people fail.
They create range... but can't use it.

Passive (or forced range from external pressure/overpressure) doesn't matter if you can't use it or recall that range as desired.

SOLUTION:

- **CONTROLLED ARTICULAR ROTATIONS (CARS)**
- **ISOMETRIC HOLDS AT END RANGE**
- **SLOW ECCENTRIC MOVEMENT**
- **FULL RANGE OF MOTION PATTERNS**

This is where mobility becomes permanent. Mobility without strength is temporary.

Mobility that includes active neuromuscular control produces greater improvements in movement quality than passive mobility alone.



Improvements in flexibility and movement quality are enhanced when mobility work includes active control and neuromuscular training components

CARS - Spina, A. (2016). Functional range conditioning: An evidence-informed system for joint health, mobility, and control.

STEP 3: OWN YOUR RANGE

**IF YOU CAN'T CONTROL IT...
YOU DON'T OWN IT.**

- **CONTROLLED ARTICULAR ROTATIONS (CARS)**



- **ISOMETRIC HOLDS AT END RANGE**



- **SLOW ECCENTRIC MOVEMENTS UNDER LOAD**



STEP 3: OWN YOUR RANGE

**IF YOU CAN'T CONTROL IT...
YOU DON'T OWN IT.**

- FULL RANGE OF MOTION PATTERNS**



CHAPTER 7

STEP 4:

INTEGRATION

STEP 4: INTEGRATION

MOBILITY MUST SHOW UP IN YOUR TRAINING AND IN YOUR MOVEMENT

If your new range doesn't show up in movement — you lose it.

The old adage “use it or lose it” applies here just as much as it does in other areas of movement and training.

INTEGRATE INTO:

- Squats
- Hinges
- Lunges
- Pushes
- Pulls
- Rotational patterns
- Combination Lifts
 - Squat to Press
 - Squat to Pull
 - Lunge Lateral to Rotational Press
 - Reverse Lunge to High Row

This is where:

- Pain decreases
- Performance improves
- Movement becomes efficient

Combining mobility work with active movement patterns improves functional outcomes and joint range of motion more than isolated interventions



CHAPTER 8

THE SYSTEM

THE 10 MINUTE DAILY SYSTEM

THE 10 MINUTE SYSTEM

Total Time: 10 Minutes

- **Step 1: Soft Tissue Mobilization (2–3 min)**
 - Tool of choice for key areas
 - **Lacrosse Ball**: Foot, Piriformis, Pec Minor
 - **S-Hook**: Upper Trapezius, Sub Occipitals
 - **Percussion Gun**: Quads, Hamstrings
- **Step 2: Static/Dynamic Mobility (3 min)**
 - **Static**: Lateral Hamstring, Hip Flexor
 - **Neuromuscular**: Pec Minor, Upper Trap
 - **Dynamic**: Hip openers, T-spine rotation
- **Step 3: Controlled Active Mobility (2–3 min)**
 - **Iso-holds** at end range
 - **CARs**
 - **Eccentrics**: Slow controlled loaded eccentric reps with end-range iso
- **Step 4: Integration (2–3 min)**
 - Squat or lunge pattern



**Done consistently, this
creates lasting change in
how your body moves**

THE 10 MINUTE SYSTEM

In the end, I'm a huge fan of getting it DONE! If you have to segment it, parcel it out, or mix up the order to get it done because of scheduling or access...DO IT!

That said, order of operations matters! You WILL get MORE BENEFIT and efficiency if you follow the structure.

CONSISTENCY > INTENSITY

Consistent mobility and stretching interventions improve function, reduce pain, and increase usable range of motion over time

**SIMPLE PLAN DONE WELL
>
COMPLEX PLAN DONE POORLY**

THE 10 MINUTE SYSTEM

EXAMPLE Programs

Focus: Ankle Mobility

Soft Tissue Mobilization (3 min)

Muscle (click link for video)	Time/Reps	Sets	Tool	Notes
Lateral Calf	30 seconds	1 each	Foam Roller	Find the most tender area. Apply a “tender” not painful pressure. Hold a static pressure for 30 seconds or until tenderness decreases by 50%.
Fibularis (side of lower leg)	30 seconds	1 each	The Stick	
Bottom of Foot	30 seconds	1 each	Lacrosse Ball	

Static/Dynamic Mobility (3 min)

Stretch (click link for video)	Time/Reps	Sets	Notes
Static Lateral Calf	30 seconds	1 each	Make sure foot is slightly turned in and knee is locked.
Static Soleus	30 seconds	1 each	Knee must be bent.
Active-Isolated Big Toe (1st MTP Joint)	30 seconds	1 each	Spread the toes first, create a foot arch, then stretch.

**Muscle/Patterns have video links*

THE 10 MINUTE SYSTEM

EXAMPLE Programs

Focus: Ankle Mobility

Controlled Mobility (2.5 min)

Pattern (click link for video)	Time/Reps	Sets	Notes
Activation: Toe Raise (Anterior Tibialis).	5 x 2 breath Isohold	1 each	Hold the end range position for 2 breath cycles (about 5 seconds)
Activation: Calf Raise w/Tennis Ball IsoHold (Posterior Tibialis).	5 x 2 breath Isohold	1 each	Hold the end range position for 2 breath cycles (about 5 seconds)
Ankle CARS	20 seconds each way	1 each	Take 30 seconds to complete a full rotation to ensure maximum end range of movement

Integration (1.5 min)

Pattern (click link for video)	Time/Reps	Sets	Notes
Balance w/Tri Planar Reach	3e x 3 seconds iso	1 each	Spread toes, create foot arch, reach forward, side, and reverse without changing hip position. Pause in each position.
SLDL - Prayer Squat	20 x 3 second iso	1	Drive knees forward as far as possible without lifting heels. Hold bottom position for 2-3 seconds.

**Muscle/Patterns have video links*

THE 10 MINUTE SYSTEM

EXAMPLE Programs

Focus: Hip Mobility

Soft Tissue Mobilization (3 min)

Muscle (click link for video)	Time/Reps	Sets	Tool	Notes
Piriformis (Deep Glute)	30 seconds	1 each	Tennis Ball	Find the most tender area. Apply a “tender” not painful pressure. Hold a static pressure for 30 seconds or until tenderness decreases by 50%.
TFL (Tensor Fascia Latae/Hip Flexor)	30 seconds	1 each	Percussion Gun	
Posterior Adductor (Groin)	30 seconds	1 each	Foam Roller	

Static/Dynamic Mobility (3 min)

Stretch (click link for video)	Time/Reps	Sets	Notes
Static Pigeon	30 seconds	1 each	Make sure spine stays neutral and shin is in contact with supported surface
Static ½ Kneeling Hip Flexor	30 seconds	1 each	Flex glute, tuck pelvic and pivot foot inward
Active Isolated Shin Box	5 x 2 breath isohold	1	Hold end range positions actively, stay and vertical as possible with torso

**Muscle/Patterns have video links*

THE 10 MINUTE SYSTEM

EXAMPLE Programs

Focus: Hip Mobility

Controlled Mobility (2.5 min)

Pattern (click link for video)	Time/Reps	Sets	Notes
Activation: Seated Hip IR w/Miniband (TFL, Pectineus).	5 x 2 breath Isohold	1 each	Hold the end range position for 2 breath cycles (about 5 seconds)
Activation: 1 Leg Glute Bridge w/Isohold Thigh (Glute Max).	5 x 2 breath Isohold	1 each	Hold the end range position for 2 breath cycles (about 5 seconds)
Quadruped Hip CARS	20 seconds each way	1 each	Take 30 seconds to complete a full rotation to ensure maximum end range of movement

Integration (1.5 min)

Pattern (click link for video)	Time/Reps	Sets	Notes
Squat Lateral w/Rotational Row	5 each x 2 second iso	1 each	Nose over toes in the bottom position; reach across body, row into a bow and arrow position when returning to start
Lunge - Hip Flexor - Ipsi Overhead Reach	5 each x 2 second iso	1	Pause in each position for 2 seconds (or 1 breath) and sink into the position

**Muscle/Patterns have video links*

CHAPTER 9

THE EXECUTIVE

ADVANTAGE:

INTEGRATED CARE

THE EXECUTIVE INTEGRATED CARE

Want a Program Customized For You?

This is the exact framework I use
with:

- High-performing professionals
- Busy individuals
- People dealing with chronic tightness and pain

IF YOU WANT:

- ✓ Less pain
- ✓ Better movement
- ✓ A structured plan
- ✓ Accountability



👉 **APPLY FOR ONLINE COACHING** 👉
([CLICK HERE](#))

I'LL HELP YOU:

- Identify your limitations
- Build a custom mobility system
- Eliminate guesswork

THE EXECUTIVE INTEGRATED CARE

High performers don't DIY every decision — they delegate, systematize, optimize.



Your health deserves the same:

- ➔ AN INTEGRATED PLAN
- ➔ EVIDENCE-BASED EXECUTION
- ➔ PERSONALIZED SUPPORT
- ➔ METRICS THAT INFORM OUTCOMES

THIS IS HOW BUSY LEADERS
SUSTAIN PERFORMANCE WITHOUT
BURNOUT.



THE EXECUTIVE INTEGRATED CARE



High performers build teams.

**YOUR HEALTH DESERVES THE
SAME LEVEL OF STRUCTURE AS
YOUR BUSINESS.**

If you're ready to implement a fully integrated Executive Wellness Plan, I offer concierge-level assessment and ongoing optimization tailored to your schedule and objectives.

**SCHEDULE AN EXECUTIVE
PERFORMANCE
CONSULTATION**

**BOOK A CALL
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THE EXECUTIVE
MOBILITY PLAN

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Chris Ecklund has spent over 30 years working at the intersection of performance training, corrective exercise, and manual therapy. With advanced academic training in kinesiology and extensive certifications, he specializes in helping executives eliminate pain, increase energy, and optimize performance through integrated systems. Chris is a subject matter expert, university adjunct faculty and international speaker, and author.

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