

MOVEMENT WITH KEV

ROLLING WAYPOINT MODEL

Coach Study Binder - A mental map for deliberate rolling

THE MODEL

WAYPOINT -> DESTINATION -> PATHWAY -> PRESSURE -> EXPAND -> RETEST

The goal is not to wander around looking for a painful spot. Give the client a clear starting reference, a destination, and a tissue corridor between the two. Use tolerable pressure, preserve breathing, then retest the movement or expansion target.

STEP	MENTAL QUESTION	STOCK CUE
1. PRIMARY WAYPOINT	Where do we start?	Find your primary waypoint.
2. DESTINATION WAYPOINT	Where are we going?	Find your destination waypoint.
3. PATHWAY	What tissue corridor connects them?	Connect waypoint to waypoint.
4. PRESSURE	How much input do we need?	Pressure without guarding.
5. EXPAND	Where are we trying to create room?	Breathe into the space we're trying to open.
6. RETEST	Did the input change anything?	Same test. Same setup. What changed?

1. PRIMARY WAYPOINT - START

Purpose: Give the ball or roller a repeatable anatomical starting reference.

Stock language: Find your primary waypoint. - Set the ball here. - This is home base. - Start on tissue, not bone. - Know where you are before you move.

2. DESTINATION WAYPOINT - END

Purpose: Define the direction before the roll begins.

Stock language: Find your destination. - That's where we're traveling. - See the finish before you start. - We are going from here to here.

3. PATHWAY - CONNECT

Purpose: Create a deliberate tissue corridor between the two landmarks.

Stock language: Connect waypoint to waypoint. - Stay in the tissue corridor. - Follow the pathway; don't wander. - Slow enough to know where you are. - One clean line.

Directional vocabulary: Distal to proximal. - Proximal to distal. - Up to down. - Down to up. - Inner to outer. - Outer to inner.

4. PRESSURE - INPUT

Purpose: Create useful sensory input without provoking guarding.

Stock language: Pressure without guarding. - Sink into the tissue; don't attack it. - Enough pressure to create input, not defense. - More pressure is not automatically better. - If you can't breathe, back off.

Stop / redirect: Bone, sharp pain, numbness, tingling, radiating symptoms, or protective bracing are not the target.

5. EXPAND - CREATE ROOM

Purpose: Link the rolling input to the movement or ribcage space you are trying to make more available.

Stock language: Breathe into the space we're trying to open. - Make room here. - Let the inhale spread into this region. - Don't force the breath. - Keep the pressure and let the ribs move.

Language rule: Rather than claiming the ball literally pushes expansion through muscle fibers, describe the rolling path as an input intended to reduce compression / create space, then verify the result with breathing and retesting.

6. RETEST - VERIFY

Purpose: Rolling earns its place by changing the relevant test, movement, ease, symmetry, or symptoms without creating a new compensation.

Stock language: Same test. Same setup. - More range? - Easier? - Cleaner? - Did we create space? - Did it survive standing or walking?

Decision rule: Better? Keep it. - Same? Maybe. - Worse? Lose it.

HOW IT FITS THE MOVEMENT WITH KEV SYSTEM

Main framework:

POSITION -> CONTACTS -> STACK -> ACTIVATE -> EXECUTE -> EXPAND / COMPRESS -> BREATHE -> RETEST

Rolling-specific framework:

WAYPOINT -> DESTINATION -> PATHWAY -> PRESSURE -> EXPAND -> RETEST

For rolling, the waypoint/pathway system becomes the specialized version of CONTACTS + EXECUTE. You still establish a comfortable position, keep the neck and jaw quiet, breathe, and retest.

THE DEFAULT ROLLING SCRIPT

Find your primary waypoint.

Find your destination.

Connect the two.

Stay in the tissue corridor.

Pressure without guarding.

Breathe into the space we're trying to create.

Now let's retest.

STUDY EXAMPLES FROM THE CURRENT PHASE 1 BANK

ROLL	PATH / DIRECTION	PRIMARY PURPOSE IN CURRENT BANK
Sternal Pec	Distal -> Proximal	Shoulder IR / anterior expansion access
Clavicular Pec	Proximal -> Distal	Shoulder IR / anterior upper ribcage access
Up-Down Rib Cage	Up / Down emphasis	Posterior ribcage expansion; shoulder ER/flexion
Adductor Magnus	Distal -> Proximal	SLR; sometimes hip extension
Glute Med	Proximal -> Distal	SLR; sometimes hip extension
Vastus Lateralis	Proximal -> Distal	SLR; sometimes hip extension

Memory line: Start somewhere. Know where you're going. Follow the path. Control the pressure. Create room. Prove it with the retest.

Source basis: Movement with Kev Phase 1 Swayback Bank. The bank describes rolling as a low-threat input, uses directional rolling paths for multiple drills, and requires retesting rather than assuming more pressure is more effective.