THE VISUAL READ

Movement with Kev - Human Chassis Field Guide

SEE THE PERSON BEFORE YOU TRY TO CHANGE THE PERSON.

Posture is not a pose that needs to be corrected. It is a snapshot of how the chassis is currently organizing itself against gravity and around the movement options it has available.

Our first job is not to force someone straight. Our first job is to listen with our eyes.

HOME BASE -> HORIZON -> STACK -> CENTER -> GROUND

1. The MWK Visual Read

The Visual Read is an observation framework. It helps us form a working hypothesis about how a person is managing gravity before we test movement.

A PHOTO GIVES US CLUES - NOT A DIAGNOSIS.

We use the visual read to decide what deserves a closer look. We then test, intervene, and retest before deciding whether our interpretation was useful.

HOME BASE - Where does the person live?

- Do they appear centered, shifted right, or shifted left?
- Do they appear to live forward or backward in space?
- Does standing look relaxed, or does it look like work?
- Where does the body appear compressed or held?

MWK question: Where is this chassis choosing to live before I ask it to move?

HORIZON - Head, eyes, and ears

- Are the eyes level?
- Are the ears level?
- Does the head appear side-bent?
- From the side, is the cervical spine relatively flat or curved/extended?
- Where is the head relative to the body's center of gravity?

Uneven eyes or ears can be a visual clue that the head is side-bent.

STACK - Shoulders, sternum, and rib cage

- Is one shoulder higher or lower?
- Which direction is the trunk leaning?
- Where does the sternum appear to point?
- Are the shoulders rounded forward or pulled back?
- Are the lower ribs flared?
- Does the sternum appear depressed or elevated?

A lower shoulder may accompany the sternum turning toward that same side. Treat the relationship as a clue to investigate, not an automatic conclusion.

2. Center and Ground

CENTER - Pelvis and knees

- Is one hip higher?
- Which direction does the pelvis appear to lean?
- From the side, does the pelvis appear anteriorly or posteriorly tilted?
- Where are the hips relative to the body's center of gravity?
- Is one knee higher?
- Does either knee appear more internally or externally rotated?
- How far are the knees in front of or behind the hips?

If the pelvis is hiked on one side, the knee on that same side may also appear higher.

GROUND - Feet and contact

Everything eventually has to meet the ground. The feet give us another view of how the chassis is receiving and managing the floor.

- Which toes are more abducted or spread?
- Which foot appears to have the higher or lower arch?
- From behind, which calcaneus appears more inverted/supinated or everted/pronated?
- Which calcaneus appears larger and flatter?
- Where does pressure appear to live?

The source notes that a higher arch may appear on the side a person is lateralized toward and potentially the more grounded side. A larger, flatter calcaneus may appear on the side receiving more lean. These are observational clues that should be checked against testing.

BEFORE WE ASK THE BODY TO MOVE DIFFERENTLY, UNDERSTAND HOW IT CURRENTLY MEETS THE GROUND.

Center-of-gravity clue

The source also notes that a more forward center of gravity at the hips may be accompanied by more toe-out. Use this as another visual clue rather than a stand-alone diagnosis.

3. The MWK Coaching Sequence

Once the Visual Read gives us a hypothesis, we move into the Movement with Kev work order:

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

POSITION

Choose a position the person can actually own. The position should reduce unnecessary effort and give us a clean place to begin.

CONTACTS

Establish useful contact with the floor, wall, bench, or other surface. Contact gives the nervous system information about where the body is.

STACK

Organize the sternum, rib cage, pelvis, neck, and gaze so the person can access the intended position without forcing it.

ACTIVATE

Use the minimum muscular effort needed to hold the new option.

EXECUTE

Perform the drill or movement without losing the contacts and stack that created the new option.

EXPAND / COMPRESS

Observe where the body can accept expansion and where it remains compressed or guarded.

BREATHE

Use breathing as part of the position rather than something separate from it.

RETEST

Return to the meaningful visual or movement test. If nothing changed, reconsider the hypothesis instead of forcing the intervention.

4. Language of the System

The goal is to keep our language curious and useful. We describe what we see without turning posture into a judgment.

Instead of...	MWK language
Your posture is bad.	Your body has chosen a strategy. Let's see what it is doing.
Your right shoulder is too high.	Your chassis appears to be organizing differently side to side.
You need to stand straight.	Let's find a position you can own with less effort.
Your pelvis is wrong.	Let's see where your pelvis is living relative to the rest of your stack.
Your foot is collapsed.	Let's see how this foot is receiving the ground.
We need to fix this.	Let's give your system another option and see what changes.

THE BODY IS NOT THE ENEMY. THE STRATEGY MADE SENSE SOMEWHERE. OUR JOB IS TO BUILD BETTER OPTIONS.

5. One-Page Coach Checklist

Use this sheet for the initial visual read. Circle, mark, or write short notes. Then select the most meaningful items to test.

Zone	What I See	Notes
HOME BASE	Centered / Right / Left / Forward / Back	
HORIZON	Eyes level? Ears level? Head side-bent?	
HEAD - SIDE	Flat/curved neck? Head forward/back?	
STACK	Shoulder height / trunk lean / sternum direction	
RIB CAGE	Rib flare? Sternum depressed/elevated?	
CENTER	Hip height / pelvic lean / pelvic tilt	
KNEES	Height / apparent IR-ER / front-behind hips	
GROUND - FRONT	Toe spread / arch height / weight distribution	
GROUND - REAR	Calcaneus inversion-eversion / flatness	

Working hypothesis

Where does the chassis appear to live? _____

What relationship deserves testing first? _____

What did the retest tell us? _____

MWK Rule

OBSERVE -> TEST -> INTERVENE -> RETEST

Visual analysis is a starting point for coaching observation. It does not replace medical evaluation or establish a medical diagnosis.

Movement with Kev - Human Chassis System