

# PILLAR

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proprioception and delayed protective muscle activation, deficits that Eldoa's emphasis on sustained positional awareness can address.

The modification of standard Eldoa protocols for ligamentously lax individuals requires sophisticated clinical reasoning to balance competing needs. Positions must be adjusted to work within smaller ranges while still achieving therapeutic decompression, often requiring additional external support or altered limb positioning to prevent excessive motion. The hold duration may need extension beyond 60 seconds to allow for neuromuscular adaptation without relying on passive ligamentous stretch. The breathing component becomes particularly important, as proper respiratory patterns can enhance core stability that compensates for ligamentous insufficiency. Paradoxically, many hypermobile individuals develop areas of significant restriction as their nervous system attempts to create stability through muscle guarding, requiring careful assessment to distinguish true restriction from protective tension. Success with this population often comes from emphasizing the neuromuscular control aspects of Eldoa while minimizing the mechanical stretch component, creating improved function through better movement quality rather than increased range of motion.

## Linear Periodization

The integration of Eldoa within linear periodization models requires understanding how spinal mobility work complements traditional strength and power development across training phases. During the anatomical adaptation phase, high-volume Eldoa sessions establish the movement quality foundation necessary for subsequent loading. This early emphasis on spinal health proves crucial, as restrictions identified and addressed during lower-intensity phases might become injury sources when training intensity increases. The hypertrophy phase typically maintains moderate Eldoa frequency, using targeted protocols to address areas experiencing increased stress from growing training volumes while avoiding excessive mobility work that might interfere with the stability needed for heavy loading.

As athletes progress through strength and power phases, Eldoa prescription must adapt to support rather than hinder performance adaptations. The strength phase often reduces Eldoa frequency while maintaining quality, focusing on key segments prone to restriction rather than comprehensive protocols. The power phase requires the most careful integration, as excessive mobility work immediately before explosive training can temporarily reduce force production. The solution involves temporal separation, with Eldoa performed at least 4-6 hours before power training or on separate days entirely. The competition phase minimizes novel Eldoa positions while maintaining familiar exercises that preserve spinal health without creating instability. This periodized approach recognizes that optimal mobility varies across training phases, with the flexibility developed in early phases providing a buffer that allows temporary reduction during intense training without reaching problematic restriction levels.

## Load Management