Where Do I Start?

A Neuro "Starting Point" Cheat Sheet

Hi Movement Pro,

I'm so glad you're here! I made this guide because over the course of my career, one of the questions I've been asked more than almost anything else is, "Where do I start?" And I GET IT. You can love the science, understand the assessments, and have a million great exercises in your toolbox, but when a real human is standing in front of you with an issue that doesn't "follow the rules," it can be hard to know where to start.

To be fully transparent, I've always hesitated to make a guide like this because we know the truth: there is no protocol that will work for everyone. That isn't possible because everything depends on... everything, right?!
So think of this as my best shot at a "what would Missy do?" style approach. NOT because this is the only way (because it sure as heck isn't) and it definitely isn't meant for you to try and replace your brain, your scope, your experience, or your clinical reasoning, that would be silly.

I just wanted to give you something you could *actually use*. Not another giant thing to study or memorize, but a *simple place* to come back to when you need to gather a few clues, choose one input, and reassess what changed.

I genuinely hope this helps you feel more clear and confident, and a little less like you're guessing.

Stay curious and be weird,
Missy



A Neuro

Starting Point

Cheat Sheet

Where do I *really* start?

Before you jump into exercises or neuro inputs, slow down because the goal is gathering information and choosing one clear starting point, testing it, and reassessing rather than guessing your way through.

Step 1: Be a Human First

Start by letting them tell you their story. Give them space to get it off their chest. Before you assess anything, let them feel heard. Listen like every word is gold because their story IS part of the assessment.

Step 2: Take a Thorough History

Watch for gold nuggets here!

Ask questions, write things down, and while they're talking, notice their breath rate, blinking rate, whether their face flushes, if they fidget or sweat. That information is gold even if they don't know it yet.

Look for patterns like reconstruction surgery, concussions, car accidents, abdominal surgery, major injuries, falls, chronic stress, dizziness, jaw or vision changes, breathing issues, and pain that has moved or never fully resolved. Your job is gathering clues and patterns that help you understand what's really happening with this person rather than looking for one perfect answer.

Step 3: Clarify Their Goals

Write down one short-term goal (what do they want to feel, change, or improve soon) and one long-term goal (what do they ultimately want to be able to do). Then ask if this is correct and if they agree, getting a verbal yes before moving on so you're both working toward the same thing.

Step 4: Watch Them Walk Uncoached

Have them walk for 30 seconds to 1 minute without coaching anything, just observing. My favorite view is them walking away so you can see the real pattern without their self-consciousness getting in the way.

Notice these things

Their head position, arm swing, rib cage organization, pelvis motion, foot position, scapular position, trunk rotation, asymmetries, guarding patterns, balance, breath holding, and how comfortable they look in their body.

Write down what you see because you're gathering information and creating a picture, not judging whether their gait looks good or bad.



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Peek Inside

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Step 5: Find the Golden Nuggets

Circle or highlight the biggest 3 to 5 pieces of information from their history and gait observation. These clues help you choose where to start and guide your next decision.

Step 6: Choose One Starting Path

Based on your top clues, pick one place to begin and remember there's no perfect order because the goal is applying one input and reassessing to see what actually matters.

IF

- Area feels fuzzy, guarded, disconnected, or poorly mapped
- Vision changes or disconnection noticed
- Balance issues or head-related symptoms present
- Multiple areas are involved
- Coordination seems off
- Guarding, bracing, or anxiety patterns showing up
- Jaw, neck, or midline tension appeared during assessment

THEN

- Sensation testing and skin stimulation
- Gaze stabilization, eye circles, or pencil push-ups
- Stare-and-nod or stare-and-shake exercises
- Assess joints above, below, or connected to problem area
- Simple balance and rhythm exercises
- Breathing work
- Tongue and mouth-based input

Step 7: Assess, Apply, Reassess (The Most Important Step)

Pick one thing, apply it, then reassess immediately. Ask if it's better, same, or worse while looking at their pain, range of motion, strength, balance, breath, gait, coordination, ease, confidence, and their main goal movement.

If it helps, you learned something valuable. If it doesn't help, you also learned something valuable because it's simply data, not failure. Let every result guide your next decision.

Step 8: Let the Result Guide the Next Step

You don't need to know everything before you start. You just need a clear process that flows like this: take the history, watch them move, find the biggest clues, choose one starting path, apply one input, reassess, and then co-create with the client from there.

That's how you stop guessing and start building a real framework.



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Thank You!

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Let's check out some case studies!

Dr. Rose's Story

"A patient came in saying, "I know I always enjoy sex once I'm in it and we feel so much more connected after but I feel such resistance. It's hard to get myself in the right headspace." I asked, "Zero to 10, how open are you to seeing if you could get in the mood right now?" She said, 2/10.

We did saccades, near-far focus, and single-leg balance.
In under 5 minutes, she went from a 2 to a 7 out of 10 in openness to intimacy. This is the kind of immediate, embodied change that happens when you treat *desire* at the level of the nervous system."



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Movement Coach and Licensed Massage Therapist

Katie's Story: From Chasing Symptoms to Finding Clues

"Missy's mentorship was my introduction to applied neurology and **completely changed the way I approach pain and movement with my clients.** Before learning this work, I would have been much more likely to chase the area that hurt. Now I know how to zoom out, assess the whole person, and look for better clues.

One client came in with **8/10 low back pain** and 'tight hamstrings' and limited toe touch. Instead of only working on her back or hamstrings, **I tested a few sensory inputs, including vision, trigeminal nerve stimulation, and tongue circles.** Within three minutes, **her pain decreased to 1/10** and her toe touch improved significantly.

This work has helped me stop guessing, stop chasing symptoms, and make better decisions about where to start."

Want more?

Check out The **Movement Mentality Mentorship!**

Take Me There!

Thank You!

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Let's check out some case studies!

Carol's Patient: Giving Hope Back to a Post-Stroke Patient

"Before learning from Missy, I didn't realize how much impact our sensory organs (eyes, ears, tongue, skin) had on our body as a whole! I love that I can now educate my clients on neural hierarchy and the concept that if their brain can't trust part of the sensory system, they may feel like they are constantly under stress, making physical symptoms and pain more likely.

A young woman who had a stroke the year prior and still couldn't fully use her right hand. After assessing a few cranial nerves and finding three exercises that improved her range of motion, I gave them as homework. **She had plateaued in multiple therapies, it was incredibly encouraging to see that simple exercises like eye movements and trigeminal input could help her progress where she had been stuck."**



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Morgan's Story: Not Another Tool. A Better Way to Think!

"Before learning from Missy, I had a master's degree, years of clinical experience, and countless certifications, but I still found myself wondering which technique to try first with more complex clients. **Her mentorship gave me a clinical reasoning process instead of another list of tools. Learning to observe, test one neurological input, reassess, and let the client's response guide the next step completely changed how I practice.** I now walk into difficult cases with far more confidence because I have a systematic way to gather information instead of guessing."

Want more?

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Peek Inside

This cheat sheet is just **one tiny glimpse** of what it's like inside The Movement Mentality Mentorship. Seriously, we dive into powerful techniques, assessments, and tools that sharpen your clinical skills AND help you ***grow a business that stands out.***