

The Brookbush Institute Publishes a NEW Article: 'Correcting an Asymmetrical Weight Shift'

The Brookbush Institute continues to enhance education with new articles, new courses, a modern glossary, an Al Tutor, and a client program generator.

NEW YORK, NY, UNITED STATES, December 5, 2025 /EINPresswire.com/ -- Excerpt from the NEW

Article: Correcting an Asymmetrical Weight Shift (AWS)

- New Course: <u>Hypertrophy Training: Evidence-based</u> Model

- New Glossary Term: Hypertrophy

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As stated in prior Brookbush Institute articles and courses, we are not interested in what works; we are interested in what works best."

Dr. Brent Brookbush, CEO of Brookbush Institute

DEFINITION

An asymmetrical weight shift (AWS) is a movement impairment (a.k.a. postural dysfunction) characterized by a consistent, observable lateral shift or frontal-plane tilt of the pelvis (one iliac crest higher than the other), during

bilateral lower-body movement patterns such as the squat or deadlift. It is most reliably identified during standardized assessments, particularly the Overhead Squat Assessment (OHSA). Note that an AWS may also be described as a hip shift, lateral pelvic tilt, pelvic elevates on one side, pelvic drops on one side, or favoring one side/leg.

INTRODUCTION

Numerous online recommendations claim to address AWS, but most are suboptimal. This is largely due to a few correctable issues. First, many approaches fail to distinguish between ankle dysfunction and lumbo-pelvic-hip complex dysfunction (LPHCD), despite both being common drivers of this observable sign. Second, the associated impairments are frequently inaccurately or incompletely described, for example, addressing the problem as excessive hip adduction or abduction rather than hip internal and external rotation. Third, most recommendations do not present an integrated strategy that accounts for the cluster of correlated impairments typically underlying an AWS. The result is recommendations with low expected value. That is, they are likely to have low reliability (the percentage of time an intervention works) and small effect sizes (the amount of improvement made). As stated in prior Brookbush Institute articles and courses,

we are not interested in what works; we are interested in what works best.

This article explains how to assess and correct AWS, often within a single session (note that a targeted home exercise program should reinforce all interventions). Three tiers of solutions are provided: a "quick and dirty" approach, a more complete corrective sequence, and a comprehensive plan derived from a movement assessment and a predictive model of correlated impairments. Although we are willing to bet that our simplest approach has a higher expected value than other recommendations online, the highest expected value will result from the comprehensive plan. We are so confident in this solution that we use this as the case study at the end of our Corrective Exercise Lab and Integrate Manual Therapy workshops. So many professionals struggle to understand and correct this dysfunction that our complete or near-complete resolution in a single session would elicit impressed gasps. It honestly is not magic. It is just a combination of thoughtful assessment, careful analysis, and an integrated approach, refined by research—more math than magic.



Correcting an Asymmetrical Weight Shift -

https://brookbushinstitute.com/article s/correcting-an-asymmetrical-weightshift-lateral-pelvic-shift

Quick and Dirty Solution:

Question 1: Which way do they shift?

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