

An Integrated Approach for Restoring Function & Relieving Pain

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Summary

PLEASE NOTE: The details below are for the 2010 series. The 2011 series will be one day longer and the price has yet to be finalised.

This 14 day series is a unique opportunity to work with both Diane and LJ, both from Vancouver, who individually are widely published and have presented internationally at WCPT, IFOMT and the World Congress on LBP and the Pelvis. Following feedback on previous individual courses they have consolidated the material from their upper and lower quadrant courses to take a small group of people on a clinical journey. Over a number of weekends, with time in between for consolidation and practice, delegates will cover the lumbopelvic hip, this will then be integrated with the lower limb and finally the thoracic spine and upper quadrant. The UK is one of only three places in the world where the series is happening in this format.

The course focuses on skilled assessment and treatment through manual, myofascial and exercise techniques. Real time ultrasound is integrated into the course structure and through all material is underpinned by tight clinical reasoning.

The course has some lectures and a large practical content. With respect to payment, all course fees need to be paid before the start of the first weekend, unfortunately this is non negotiable. Participant numbers are limited to a maximum of 30. Assistants will be present during practical sessions.

Content

Research in the last decade has greatly increased our understanding of muscle and joint function, leading to the development of multi-modal, evidence-based approaches such as The Integrated Model of Function (Lee/Vleeming). This model highlights the interplay of form closure, force closure, motor control, and emotional components in restoring optimal function and requires the clinician to be skilled in manual therapy (techniques involving touch), exercise instruction (both for facilitation of optimal muscle patterning and then progressions) and education (pain neurophysiology) in order to empower their clients with the tools necessary for recovery. In addition, there have been recent advances in the use of real-time ultrasound imaging for both assessment of core muscle function and biofeedback during re-education as well as dry needling (IMS) techniques for myofascial release. All of this and more will be covered and integrated into this series of courses as it is clinically applied to the thorax, shoulder girdle, lower neck, lumbar spine, pelvis and lower extremity.

This series will be conducted in lecture, practical and student interactive discussion sessions. Due to the ongoing nature of the course, students will develop both their clinical reasoning, manual assessment and treatment skills over a year leading to mastery of the techniques listed below. Both Diane and LJ are extremely excited about this series of courses which allows them to take a select group of people and to work with them to develop over a period of time. Attendance is required at all parts of the course.

Objectives

1. Discuss the principles of a system-based classification and multi-modal integrated approach.
2. Discuss the osteokinematics and arthrokinematics of the lumbar spine, pelvis, lower limb and thorax spine.
3. Identify sites of failed load transfer and determine the primary driver or cause for the patients symptoms.
4. Demonstrate the streamlining of their clinical assessment to determine the role of the articular, myofascial, neural and visceral system.
5. Identify common patterns of dysfunction seen in each region including those of excessive compression (stiff joints, hypertonic global muscle system, joint fixation) and insufficient compression (loose joints, insufficient recruitment of the local muscle system) and a combination of both.
6. Evaluate subjective and physical findings to reach a diagnosis/classification.
7. Synthesise a multi-modal treatment program which is patient and condition specific - NO RECIPES.
8. Demonstrate specific articular mobilisation techniques, release with awareness (Lee & Lee) techniques and breath work for release of the rib cage and restoration of optimal function of the diaphragm.
9. Discuss the protocol for a prescriptive exercise program and the role of external supports such as braces, sacroiliac belts, and taping in augmenting restoration of optimal strategies for function and performance.
10. Prescribe and evaluate an exercise strategy for restoring a neutral spine/pelvis/lower extremity/shoulder girdle position.
11. Demonstrate expertise in the use of imagery and touch for facilitation of the local muscle system.
12. Identify cues and techniques to facilitate coordination of the local and global muscle systems during functional activities, movement behaviour training and exercises.
13. Clinically reason how to decide which are the 'best' exercises for your patient.

The above objectives are heavily biased towards finding THE most effective programme of treatment for an individual patient.

Preparation

Eight weeks before the series starts and once course fees are paid in full, a copy of 'An Integrated Approach to the Assessment and Treatment of the LumboPelvic-Hip Region' will be sent to each participant. This will need to be watched in full before the start of the first weekend. Whilst not included in the course fee, it is HIGHLY recommended that participants read the Thorax book prior to the second weekend.

Day 1

Time	Activity
8.45	Registration
9.00	Start
13.00	LUNCH
17.00	Close

The same start and finish times will be used on Day 2 to 14.
Morning and afternoon breaks will be taken at varying times.