NAIOMT 670
MANUAL THERAPY FOR THE MYOFASCIAL SYSTEM

HIGHLIGHTS

- Immediate application to headaches, shoulder pain, repetitive strain, lumbo-pelvic pain, patellofemoral dysfunction, shin splints and other challenging conditions
- Assessment and mechanics of the fascial system
- Manual physical therapy techniques to restore optimal fascial function in the upper and lower quadrants

CLOCK HOURS: 21 CONTACT HOURS

COURSE DESCRIPTION

This course examines the significant role that assessment and manual physical therapy treatment of the fascial system can play in patients/clients with orthopaedic conditions. Current knowledge of fascial anatomy and physiology are reviewed and the relevance to mechanical dysfunction explored. “Manual Therapy for the Myofascia” involves the practical application and integration of current knowledge in neurodynamics, myofascial release, neurophysiological techniques, mobilization/manual therapy and prescriptive exercise. Current literature and evidence will be reviewed. The course will be approximately 60% lab and a course handout provided.

AUDIENCE:

Physical Therapists

PRE-REQUISITES:

- Licensed Physical Therapist (copy of current PT license required)
- NAIOMT 500 or equivalent medical screening and differential diagnosis course recommended but not required. NAIOMT 600 and 610 intermediate mobilization courses recommended but not required. NAIOMT Level II preliminary certificate recommended but not required

COURSE GENERAL OBJECTIVES

The course participant will gain an appreciation for the far-reaching implications that dysfunction in the fascial system can have on range of motion, motor control, neurophysiology and overall function of the patient/client. The course participant will also acquire practical experience in assessing fascial mobility and applying manual physical therapy techniques in order to improve the mobility and function of the fascial system, be able to integrate into their manual treatments and have an increased awareness of the status of pertinent current literature and evidence.

SPECIFIC COURSE OBJECTIVES:

At the completion of this course, the participant will be able to:

1. Apply anatomical and biomechanical knowledge of upper and lower quadrant fascial systems to the assessment of mechanical dysfunction of he fascia
2. Assess the upper and lower quadrant fascial systems
3. Integrate facial assessment with the assessment of joint kinematics and kinetics and neurodynamic mobility testing
4. Identify the patients/clients in whom abnormal fascial function contributes to their clinical picture
5. Apply mobilization techniques to restore facial extensibility and function
6. Integrate techniques with techniques of joint mobilization, neural mobility, myofascial release and neurophysiological techniques
7. Design a prescriptive exercise program to maintain the gains achieved during treatment
8. Discuss common clinical patterns of fascial dysfunction in the lower quadrant and its contribution to lumbo-pelvic pain, patellofemoral pain, shin splints and foot and ankle pain
9. Discuss common clinical patterns of fascial dysfunction in the upper quadrant and its contribution to headaches, shoulder pain and repetitive strain of the elbow and wrist regions
10. Communicate the rationales for this intervention to the patient/client, to other therapists, referral sources and other parties
11. Describe the strengths and weakness of manual physical therapy assessment and interventions to the fascial systems as demonstrated by the current literature and evidence

TOPICAL OUTLINE:
The descriptions of the minimum course components may vary according to the instructor's assessment of the needs or expertise of the class. Some areas may be covered in guided independent study.

1. Anatomy of the fascia of the upper and lower quadrant
2. Biomechanics of upper and lower quadrant fascial systems and their role in load transfer and function
3. Assessment of the upper and lower quadrant fascial systems
4. Integrating fascial assessment with joint and neurodynamic mobility testing
5. Typical clinical pictures of patients/clients in whom abnormal fascial function contributes to their pain and dysfunction
6. Mobilization techniques to restore facial extensibility and function
7. Integrating fascial techniques with joint mobilization, neural mobility, myofascial release and neurophysiological techniques
8. Prescriptive exercises to maintain the gains achieved during treatment
9. Common clinical patterns of fascial dysfunction in the lower quadrant and its contribution to lumbo-pelvic pain, patellofemoral pain, shin splints and foot and ankle pain
10. Common clinical patterns of fascial dysfunction in the upper quadrant and its contribution to headaches, shoulder pain and repetitive strain of the elbow and wrist regions
11. Communication of fascial
12. Current literature and evidence related to fascial assessment and treatment
NAIOMT 670: LOGISTICS AND POLICIES SUMMARY

Contact NAIOMT or Site coordinator guidelines for details of policies and procedures
www.naiomt.com or admin@naiomt.com

COURSE INSTRUCTORS:
Course was developed by Laurie McLaughlin PT, BHScPT, MCPA, FCAMT

INSTRUCTOR BIOGRAPHY OR RESUMÉ
See NAIOMT web page or records

COURSE TIMES
Typically: 8 am – 5 pm on 3 consecutive days

COURSE POLICIES
The course will be run under the current policies and procedures of NAIOMT, and in keeping with the following: faculty’s contract with NAIOMT; host site’s contract with NAIOMT; and with the host State’s Physical Therapy licensing laws. In States that have restrictions on physical therapist utilization of manipulation/thrust, the syllabus may be modified
The teaching Site’s contract includes but is not limited to: the site coordinator will keep accurate records of participant information and attendance hours, ensure privacy of personal information, issue course certificates, provide a means for course evaluation and publish cancellation policies.
Any potential course participants who are not physical therapists, or who are not on the list of participants for that specific course must be pre-approved by the NAIOMT Executive Committee and the faculty teaching the class.

COURSE METHODS
This course will include lecture, case study presentations, audio-visual presentations, demonstration on a model, lab time for practice of skills, course handout, directed self-study and resource materials.
Typically, the lab component will be 50% of the contact hours. The student to instructor ratio will meet NAIOMT standards. Optional or required pre-reading or post-course assignments will be at the discretion of the faculty

COURSE EVALUATION
The students will provide written evaluation of the course
Informal evaluation of the students’ knowledge and skills may include informal testing in lab time, and mini tests during lecture time.

SUMMARY OF CONTENT HOURS = 21
Typical distribution of components of OMPT education on course

- THEORETICAL/DIDACTIC COMPONENTS (BASIC SCIENCES) total = 5 hours /36%
  Communication and patient education:  1 hours/ 5%; Scientific inquiry: 1 hours/ 5%
  Clinical anatomy:  1/2 hours/ 2%;  Clinical neuroanatomy and neurophysiology: 1/2 hours/ 2%
  Clinical histology and biomechanics: 1 hours/ 5%
  Applied exercise physiology:  1 hours/ 5%
- OMPT PRACTICAL COMPONENTS
  Theory 4 hours /20%
  Practical/lab 12 hours /60%
MAJOR REFERENCES & BIBLIOGRAPHY: