

Integrative Health Education Integrative Neuromuscular Therapy Course

Course presenter: James Duffin

Part one - upper body

Four-day course

Posturology, dynamic functional and structural assessment

Learning how to accurately perform a complete evaluation of your clients postural distortions and faulty movements is of the upmost importance to obtain superior clinical outcomes in your treatments.

This information packed workshop will give you an overview of the critical aspect of clinical observation and recording of body posture and gait as the first step in creating an effective treatment protocol. We will:

1. Discuss the principles of INMT, including the eight physiological factors, the rehabilitation protocol and the physiopathological reflex arc;

2. Introduce the neurological laws supporting the INMT principles;

3. Discuss the importance of proper clinical observation, recording of findings and analysis of the information collected;

4. Explain the importance of a goal oriented treatment plan;

5. Exemplify some of the most common goals in the treatment of myofascial pain and dysfunction;

6. Demonstrate and practice the assessment of a LLLD (Lower Limb Leg Differential) versus a functional or pseudo LLLD;

7. Demonstrate and practice the assessment of a smaller hemipelvis;

8. Demonstrate and practice the assessment of pelvic distortions and the use of the goniometer;

9.Demonstrate and practice the postural evaluation protocol in the three fundamental postures: standing, sitting and lying down (prone and supine);



11. Outline the different postural deviations by body region;

12. Discuss the clinical significance of pathological breathing patterns;

13. Record all findings for posture using the specially designed forms;

14. Determine the primary goals of a treatment plan based on the clinical findings and the client's desired outcome;

15. Practice in cooperation with other students the protocols of postural assessment, LLLD, pseudo LLLD, smaller hemipelvis and respiration.

Evaluation and treatment of the cervical spine and skull

The cervical spine is one of the body segments where most soft tissue injuries occur, due to its ample mobility that exchanges for greater vulnerability.

The skull and neck along with all its fascial sheets, surrounding nerves, blood vessels, glands, and other capital structures such as the masticatory system, the stomatognathic system, part of the blood pressure feedback mechanism and the voice producing and swallowing mechanisms is an area with little space and many critical structures. Knowing how to evaluate and treat the soft tissues here is of vital importance to bring structural and functional homeostasis to the client.

In this workshop you will learn how to work in this intricate space with confidence and purpose. During this part of the workshop we will:

1. Review the anatomical highlights of the cervical spine, muscles, fascias and related structures;

2. Name and classify the different trigger points occurring in the neck and cranium, along with their clinical importance;

3. Identify specific cervical distortions and their intimate connection to the development of trigger points and other distortions in the body;

4. Discuss the most common complaints and pathologies related to the neck and cranium, including, whiplash injuries, loss of cervical lordosis, cervical pain, torticollis, tension headaches, eye pain, tinnitus, vertigo, high blood pressure, and sleep apnea;



5. Discuss Janda's upper cross syndrome and its application to INMT;

6. Demonstrate and practice the protocol addressing the cervical extensor musculature (including the fascias);

7. Demonstrate and practice the protocol addressing the superficial anterior cervical musculature (including the fascias);

8. Demonstrate and practice the protocol addressing the glossus and pharyngeal musculature, and the correct use of gloves and aseptic methods;

9. Demonstrate and practice the protocol addressing the deep cervical flexors (and fascias), including proper hand positioning, client questioning, safety precautions and contraindications;

10. Demonstrate and practice the cranial fascia release;

11. Discuss the functional link between the diaphragm, the stomatognathic system and the diaphragm, including the deep and superficial fascial sheets;

12. Demonstrate and practice the different active isolated stretching exercises for the neck musculature.

Evaluation and treatment of the shoulder complex & upper extremities

Myofascial pain of the shoulder complex (glenohumeral, acromioclavicular and scapulothoracic joints) and arm is a very common occurrence. In this workshop you will explore how distortions in the pelvis, talar joint, cranial base neck and thorax have a direct impact on the shoulder and its functioning.

Attendees will study the myofascial components of pathologies such as frozen shoulder, bicipital tendinitis, medial and lateral epicondylitis, carpal tunnel syndrome and how posture and abnormal gait specially affects the shoulder girdle. You will learn powerful techniques to release the hand, arm, shoulder and upper thorax fascia and muscles. During this section of the course we will:

1. Review the anatomical highlights of the shoulder complex, upper extremities (muscles, fascias, blood vessels, bursae and related structures);

2. Name and classify the different trigger points occurring in the shoulder, upper thorax and up-per extremities, along with their clinical importance;



3. Identify specific shoulder-arm distortions and their intimate connection to the development of trigger points and other distortions in the body;

4. Discuss the most common complaints and pathologies related to the shoulder complex and upper extremities, including, frozen shoulder, supraespinatus tendinitis, triceps tendinitis and biceps tendinitis;

5. Discuss Janda's upper cross syndrome and its application to shoulder pathologies;

6. Demonstrate and practice the protocol addressing the shoulder complex musculature.

7. Demonstrate and practice the protocol addressing the arm and forearm musculature.

8. Discuss the functional link between the pelvis, the neck, the cranial base, and the shoulder;

9. Demonstrate and practice the different active isolated stretching exercises for the shoulder complex musculature, and the upper extremities;

10. Present recommended corrective exercises for some shoulder and wrist conditions.