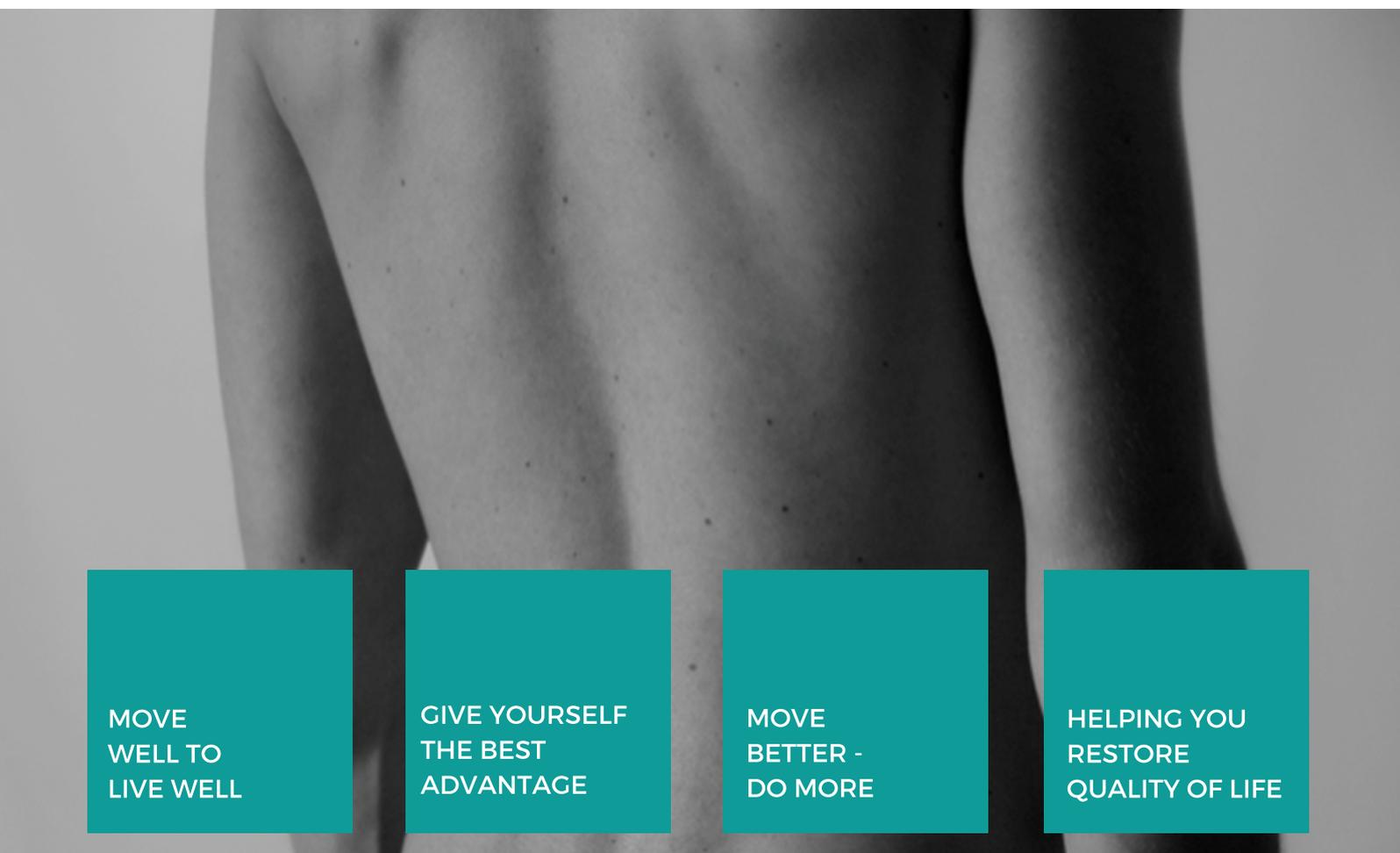


MASTERCLASS

SOLUTIONS FOR THE SACROILIAC JOINT & PELVIS



MOVE
WELL TO
LIVE WELL

GIVE YOURSELF
THE BEST
ADVANTAGE

MOVE
BETTER -
DO MORE

HELPING YOU
RESTORE
QUALITY OF LIFE

**KINETIC
CONTROL**

20 YEARS OF OPTIMISED MOVEMENT HEALTH

COURSE OVERVIEW:

The pelvis represents a complex link between the low back and hip. Understanding its function and related uncontrolled movements is essential for the complete movement management of lumbo-pelvic presentations. This course details not the evaluation of movement restrictions but also the identification and individualized retraining of uncontrolled movement.

COURSE OUTLINE:

Traditionally, the sacro-iliac joint was considered not to 'move' and therefore is unlikely to contribute to lumbo-pelvic pain. This course considers this perspective and presents a contemporary clinical approach to the management of the SIJ and patients' presentations linked to it. For example, questions arise such as 'Can you identify and mobilise restrictive dysfunctions of the sacro-iliac joint? Can you diagnose the site and direction of compensatory mechanisms of uncontrolled movement within the sacro-iliac complex?' This course supplies insight on such questions.

The biomechanics of the sacro-iliac complex are integrated with contemporary osteopathic concepts. Myofascial restrictions, articular restrictions and mechanisms of what is typically referred to as 'instability' of the sacro-iliac are outlined. The diagnosis of mechanical 'dysfunctions' of the sacro-iliac complex is developed around a systematic process of assessing restrictions and identifying the associated compensation within the movement system. An identification of uncontrolled movement is made, based of Kinetic Control's system of identifying the site (sacral, ilial or pubic) and the direction (rotation, shear, torsion or sidebend) of uncontrolled pelvic motion.

Once the relevant (presentation associated) uncontrolled movement has been identified, specific techniques to mobilise myofascial and articular restrictions are demonstrated. These techniques include muscle energy techniques and direct manual mobilisation where appropriate.



This course examines the role of both the local and global stabilizer role synergists' contributions to movement demands of the pelvis. The assessment of sacro-iliac joint 'instability' includes a manual assessment of sacro-iliac joint segmental articular motion, 'hypermobility' of pelvic motion, and specific functional tests of 'self-locking failure'.

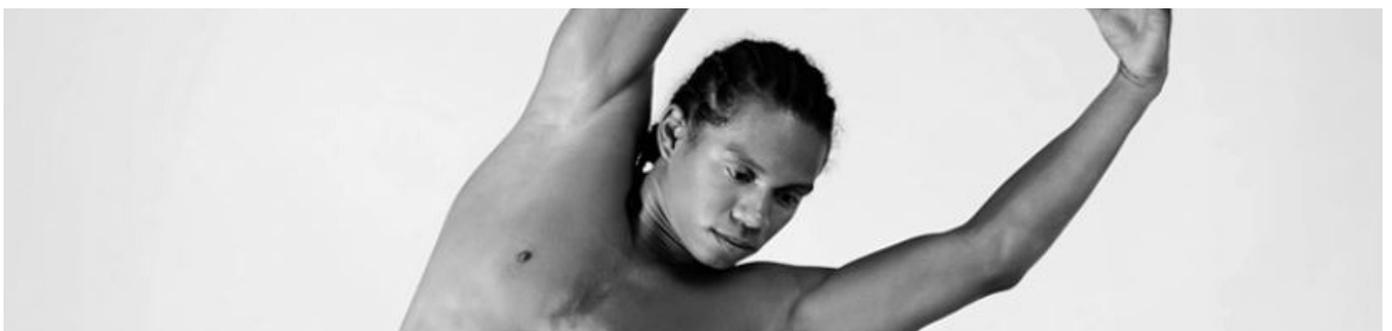
Assessment of local stabilizer role synergist recruitment aims to identify and restore efficiency in these misunderstood contributors to Movement Health of the pelvis, low back and hip. The course identifies how both their assessment and retraining is highly individual specific - what may work for one individual may not be effective in another. A unique clinical reasoning assessment process then matches the most appropriate recruitment strategies to regain control of different self-locking deficits.

While the local stabilizer role synergists possess the ability to manage intersegmental articular motion, they are effective in the control of hypermobile range. The global system is advantaged to maintaining control throughout large range motion. Strategies to facilitate and retrain the global system of lumbo-pelvic movement are detailed.

Based on a diagnosis of the site and the direction of uncontrolled sacro-iliac motion, specific global system retraining is instituted to target mechanisms associated to sacral, innominate and pubic presentations. This individualised rehabilitation, integrating both local and global systems, is steered by a rigorous clinical reasoning framework. This course is orientated to a 'hands on' practical application of uncontrolled movement assessment and retraining, using patient examples where possible.

KEY FEATURES:

- Perform a systematic movement assessment to identify uncontrolled movement in the SIJ and pelvis
- Understand the links between restrictions of motion, movement system compensation strategies and the development of uncontrolled movement
- Assess for pain related low threshold recruitment changes in local and global system muscle synergists
- Use evidenced based literature to support the choice of retraining strategies to these recruitment changes

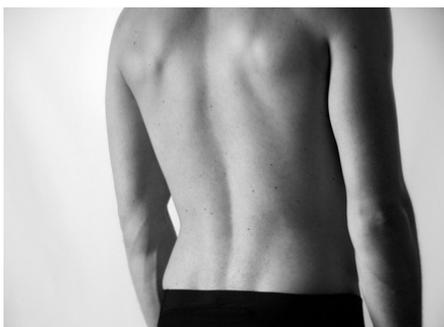


COURSE CONTENT WILL INCLUDE:

- Where we are at with movement assessment and retraining
- The functional anatomy and biomechanics of the sacro-iliac complex
- Myofascial restrictions, articular restrictions and mechanisms of 'instability' of the sacro-iliac
- Sequencing the mobilisation of sacro-iliac joint restrictions
- Muscle energy techniques and direct manual mobilisation
- Identifying impairments with the control of pelvic joint movement in people with low back and pelvic pain
- How to test for uncontrolled range and translation of the pelvic girdle
- How to prioritise and where to start retraining interventions and how to develop appropriate progressions

This course will help you to:

- Re-evaluate muscle function around the pelvis
- Identify changes in global system synergists likely to contribute to the presence of restrictions
- Look at pain producing activities and making links to identified uncontrolled movements
- Identify direction - related uncontrolled movement related to symptoms
- Use of palpation assessment to test for uncontrolled, long arm & short arm glides and identify which muscles are best advantaged to controlling this range
- Identify mechanisms of the pelvis related to pain and assess for related uncontrolled movement
- Identify and retrain uncontrolled movement and altered recruitment strategies linked to the local stabilizer role synergists
- Design specific individual retraining programmes



LEARNING OUTCOMES:

At the end of this course the participant should be able to:

- Understand the development of uncontrolled movement
- Analyse the inter-relationship between restriction and compensation in articular and myofascial tissues
- Identify and palpate all relevant landmarks, ligaments and muscles of the lumbopelvic region
- Understand how the articular structure, muscles and ligaments interact to optimise or compromise lumbo pelvic function
- Perform and interpret the relevance of tests of sacro-iliac complex mobility
- Based on a sequence of testing, be able to diagnose the site and direction of uncontrolled sacro-iliac complex motion
- Perform and interpret tests of sacro-iliac articular hypermobility
- Perform and interpret tests of sacro-iliac self-locking to identify functional 'instability' within the sacro-iliac complex
- Evaluate the recruitment efficiency of the local stabilizer role synergists of the sacro-iliac complex and identify enhanced recruitment strategies for each muscle, for different individuals
- Assess and retrain local stabiliser role synergist function at the sacro-iliac complex
- Using a clinical reasoning process, demonstrate the ability to choose the appropriate muscle and recruitment strategy to more efficiently manage the identified functional self-locking problem
- Based on a diagnosis of the site and direction of uncontrolled sacro-iliac complex motion, identify and assess the effectiveness of global stabilizer role synergists to address uncontrolled movement

PROGRAMME:

DAY ONE:

9.00 - 10.30 Sacro-Iliac Complex (theoretical component)

Review of key concepts of movement control impairments

Anatomy, Function, the sacro-iliac joint as a source of pain (peri-articular and intra-articular), evidence of sacro-iliac joint movement, biomechanics, strain and stress: mechanisms.

Sacro-Iliac Movement & Control Mechanisms (practical / lab component)

Biomechanical Control Systems - Form Closure and Force Closure:

Ligamentous Support System:

1: Anatomy review

2: Palpation of bony landmarks of the lumbo-pelvic region

3: Palpation of ligaments for asymmetry and pain sensitivity

10.30 -10.50 Coffee

10.50 - 12.30 Myofascial Control System - Form & Force Closure: (theoretical component)

Review of muscle function affecting the sacro-iliac complex

Factors optimising sacroiliac function

Factors compromising sacroiliac function

12.30 - 13.30 Lunch

13.30 - 15.00 Sacro-Iliac Motion Dysfunction Tests (practical / lab component)

Trunk Flexion Tests:

Standing (Tests for the presence of inappropriate intra-pelvic torsion)

Sitting (Tests for the presence of inappropriate intra-pelvic torsion)

Standing Hip Flexion Tests:

Ipsilateral (I/S motion restriction)

Contralateral (S/I motion restriction)

Prone Extension Tests for Torsion:

L5 - S1 restriction causing sacro-iliac motion strain (backward sacral torsion)

Piriformis asymmetry causing sacral compensation (forward sacral torsion)

15.00 - 15.20 Tea

15.20 - 17.00

Arthro-kinematic Tests:

Myofascial vs. articular restriction

Hypo-mobile vs. hyper-mobile articular glides (Lee) (Emerson) (Fowler)

Articular Glide palpation

Diagnosis of Positional Compensation (theoretical component)

DAY TWO:

9.00 - 10.30 Identify the site and direction of uncontrolled compensation

Sacral:

Torsion (forward or backward)

Sidebend (nutated or counternutated)

Innominate:

Rotation (anterior or posterior)

Shear (superior or inferior)

Flare (out or in)

Pubic:

Shear (superior or inferior) (anterior or posterior)

10.30 - 10.50 Coffee

10.50- 12.30 Management Strategies (practical / lab component)

Differentiate Lumbar Spine and Sacro-Iliac Joint:

Identify which is primary and which is secondary if both regions are contribution to dysfunction and pain

Assess and correct different positional restrictions:

Manual techniques to mobilise the diagnosed dysfunctions are detailed

Myofascial and articular techniques

Demonstration and practice

Mobilise Restriction Dysfunctions: (practical / lab component)

Assess and correct different positional restrictions (continued)

Manual techniques to mobilise the diagnosed dysfunctions are detailed

Myofascial and articular techniques

Demonstration and practice

12.30 - 13.30 Lunch

13.30 - 15.00 Exercise to maintain Movement Health (practical / lab component)

Develop exercise options to maintain mobility of the specific restrictions that have been mobilised

Tests of Sacro-Iliac Motion Hypermobility:

Arthro-kinematic Tests:

- Hypo-mobile vs. hyper-mobile articular glides

- Articular Glide palpation

- Short arm glides

- Long arm glides

- Innominate anterior rotation (coupled glide testing)

Pubic symphysis instability

15.00 - 15.20 Tea

15.30 - 17.00 Review



DAY THREE:**9.00 - 10.30** Sacro-Iliac Complex Dysfunction:

Signs & symptoms of dysfunction

Revisiting the local system of lumbo-pelvic region

- Lumbo-pelvic local muscle synergist review

Identification of optimal recruitment for the local stabilizer role synergists:

Transversus Abdominis

Pelvic Floor

Posterior Fascicles Psoas Major

Deep Sacral fibres of Gluteus Maximus

Segmental Lumbar Multifidus

Diaphragm dissociation

10.30 - 10.50 Coffee

10.50- 12.30 Continue

12.30 - 13.30 Lunch

13.30 - 15.00 Tests of Sacro-Iliac Joint Self-Locking Dysfunction:

Open chain functional tests (non-weight-bearing)

Closed chain functional tests (weight-bearing)

Self-Locking Re-stabilisation:

Clinical reasoning framework

Matching local system recruitment to enhanced self-locking properties

Matching local system recruitment to enhanced management of articular glide hypermobility

15.00 - 15.20 Tea

15.30 - 17.00 Continue



DAY FOUR:**9.00 - 10.30** Coordination efficiency: test and retraining:

Flexion

Extension

Rotation

Lateral flexion / shift

10.30 - 10.50 Coffee**10.50- 12.30** Global Stabiliser Role Synergists: Uncontrolled Movement:

Retrain Global Stabiliser role synergists:

- Gluteus Maximus, Gluteus Medius, Gluteus Medius, Lateral Abdominals, Iliacus, Anterior Psoas, Stabilising Adductors

To manage Specific SIJ Uncontrolled Movement

- Sacral, innominate and pubic compensations

12.30 - 13.30 Lunch**13.30 - 15.00** Control of Mobiliser Role Synergist Extensibility:

Lengthen, inhibit & regain extensibility of global mobiliser role synergists:

- Quadratus Lumborum, Tensor Fascia Latae and the Ilio-tibial band, Piriformis, Iliocostalis, Latissimus Dorsi, Rectus Femoris, Hamstrings

15.00 - 15.20 Tea**15.30 - 16/17.00** Review**(Programme subject to change)**