

Provisional programme, September 17th ,2017

FIMM/NVAMG 2017 International Scientific Spine Conference

09:30 – 11:00	Session 1	Session 2	Session 3
11:00 – 11:30	Coffee/tea break		
11:30 – 13:00	Session 4	Session 5	Session 6
13:00 – 14:00	Lunch		
14:00 – 15:30	Session 7	Session 8	Session 9
15:30 – 16:00	Coffee/tea break		
16:00 – 17:30	Session repeat	Session repeat	Session repeat

When registering please make your choice of first, second and third round sessions. The fourth round sessions will later be determined by popular demand and participants can choose their fourth round session freely in the afternoon of the 17th.

[Session 1 Loosening and Treatment of the Pelvis - Sickness Method](#)

[Session 2 Quick, Effective Manual Medicine for Upper Extremity Overuse Syndromes \(Hands-On\)](#)

[Session 3 Examining the Arm, Shoulder and Neck - The Danish Perspective.](#)

[Session 4 Developing Clinic Algorithms for the diagnosis of pain for the Family Practitioner](#)

[Session 5 Changing gait patterns by foot manipulation using pressure-plate](#)

[Session 6 The Delusive Pain of the Knee and their Relation with a Spine & The Somato-Sensorial Tinnitus : the Rule of the Cervical Spine](#)

[Session 7 An Introduction to Dry Needling](#)

[Session 8 Introduction to Musculoskeletal Ultrasound - Optimizing the Image Quality.](#)

[Session 9 Rapid Resistive Duction: Original Muscle Energy Technique Revisited & Relunched](#)



Session 1: Loosening and Treatment of the Pelvis – Sickness Method

Workshop Title: Loosening and Treatment of the Pelvis – Sickness Method (Hands-on)

Speakers: Dr. Lizzi Adeler, NVAMG en Nando Liem, VSG en NVAMG

Background & Aim: A tight pelvis it's highly likely that the patient will be experiencing some kind of persistent (chronic) pelvis pain. Pain coming from the pelvis can be felt around the sacroiliac joints, the pubic symphysis, groin, hamstrings, buttocks, iliotibial band and the abdominal and lower back muscles. The pelvic muscles not only help maintain continence but they also form one part of your 'core' and have to respond fluidly and efficiently to meet the complex, high-impact demands of movement. Recognizing the reason fore a tight pelvic is important and treatment with manual medicine can be very effective.

Method: The founder of the Dutch Orthomanual medicine is Dr. Sickness (1965). The background theory is that treatment of the pelvis only can succeed with treatment of the spine. The pelvis and the spine influence each other in special patterns that are important for the treatment of the tight pelvis. Based upon the theories of Dr. Sickness we will give the participants methods to recognize these patterns. We are expecting the participant to be dressed in clothes that makes it possible to examine the pelvis and spine.

Results: And the end of the workshop the participants will be able to recognize a pelvis disorder with influence on the spine and how to apply the manual treatment and loosening of the pelvis.



Session 2: Quick, Effective Manual Medicine for Upper Extremity Overuse Syndromes (Hands-On)

Workshop Title: Quick, Effective Manual Medicine for Upper Extremity Overuse Syndromes (Hands-On)

Speaker: Professor Michael L. Kuchera, DO, FAAO, FNAOME

Background & Aim: Upper extremity repetitive strain and overuse may result in carpal tunnel syndrome, lateral epicondylitis (“tennis elbow”) and medial epicondylitis (“golfers elbow”). These conditions often respond well to manual medicine approaches which improve biomechanics and decrease inflammation. Recognizing patterns of somatic dysfunction including myofascial trigger points permits manual medicine physicians to combine techniques into efficient, effective hands-on treatment protocols.

Method: This hands-on workshop will briefly review the pertinent functional anatomy of the upper extremity, emphasizing the muscles and joints affected by common overuse situations. Based upon ongoing research underlying manual approaches such as counterstrain and myofascial release, these elements will be packaged into easy to perform, effective manual medicine interventions. Participants will treat each other to acquire useful manual skills.

Results: At the end of the workshop, participants will be able to identify and apply integrated manual medicine approaches to treat joint and myofascial somatic dysfunctions related to upper extremity overuse disorders including carpal tunnel syndrome, tennis elbow and golfer’s elbow.



Session 3: Examining the arm, shoulder and neck - The Danish perspective.

A workshop-demonstration on how to manually examine a patient with arm-, shoulder- and neck-pain and a discussion about the different reasons for these symptoms

By Peter Silbye and Charlotte Voglhofer, GP's and teachers in musculoskeletal medicine at the University of Copenhagen and at The Danish Society of Musculoskeletal Medicine (DSMM)
peter_silbye@dadlnet.dk

Background and Aim: In primary care we often see patients with problems from the musculoskeletal system. We find that the GP's often lack the skills to examine and treat these patients in the right way.

In the Danish Society of Musculoskeletal Medicine (DSMM) we educate GP's and other medical specialists to master the skills. We have a number of courses in different manual treatments and offer a diploma after 300 lectures. DSMM is a society of around 500 members.

This session was first performed at the WONCA, World Organization of Family Doctors congress summer 2016 with big interest from many GP's all over Europe.

The session is based on Peter Silbyes article on the same subject to the monthly trade journal for Danish general practitioners, "Månedsskrift for Almen Praksis", May 2016.

Read it at <https://www.fimmcommunity.com/blank-3>

Method: In this presentation we will demonstrate how to examine and evaluate a patient with neck- and shoulder-pain radiating to the arm. It is our experience from primary care that patients with pain radiating to the arm often incorrectly is referred to the hospital, suspecting it to be a disc herniation, even though this condition is relatively rare. We will present the main causes of radiating pain from the neck to the shoulder and arm.

It is a practical workshop with "hands on". We expect the participants to be dressed in clothes that make it easy to examine the upper body.

Results: This workshop, in its original form, was meant as an appetizer for GP's for further education. In this form we hope to make the examination and treatment of neck- and shoulder-pain more simple and likely to use the next day in the clinic, even for highly trained physicians in musculoskeletal medicine. We hope the session will make it easier to differentiate between the different kind of causes of radiating pain from the neck to the shoulder and arm.



Session 4: Developing Clinic Algorithms for the diagnosis of pain for the Family Practitioner

Introduction:

One of the greatest challenges facing educators in musculoskeletal medicine is teaching basic concepts quickly and efficiently to physicians such as family practitioners. Realizing that most family practitioners have received little training in musculoskeletal problems it is necessary to supply them with the necessary skills to diagnose and ultimately recommend a treatment program. This workshop is designed to give you the skills necessary for teaching in this field.

After this workshop you will know how to teach:

- History taking in musculoskeletal medicine
- A concise approach to the physical examination
- A concise approach to defining a diagnosis and differential diagnosis
- Developing a therapeutic and diagnostic treatment plan

The workshop will be highly interactive and there will be time for practice and feedback

Workshop facilitators:

Dr. Simon Vulfsons

Director, Institute for Pain Medicine, Rambam Health Care Campus, Haifa, Israel.

Director, Rambam school of Pain Medicine

Past chairman of the Israeli Society for Musculoskeletal Medicine. President FIMM.

Dr. John Kent

Specialist in Family Practice, senior lecturer, Israel society for musculoskeletal medicine.

Senior lecturer, Rambam school of Pain Medicine

Past secretary of the Israeli society for musculoskeletal medicine



Session 5: Changing gait patterns by foot manipulation using pressure-plate

Background and aim: Biomechanics of the foot are an underestimated part of patient examination. The influence though on gait patterns are immense and should be a structural part of it. In this workshop we will discuss how biomechanics of the foot influences the movement of the legs and pelvis. Using a pressure plate we'll show how a blockade of the foot or ankle works through in motion and how releasing these blockades will immediately change the gait pattern.

Method: presentation combined with (live) demonstration

(expected) results: Understanding of foot biomechanics influencing body biomechanics



Session 6: The Delusive Pain of the Knee and their Relation with a Spine & The Somato-Sensorial Tinnitus: the Rule of the Cervical Spine

As promised, the SOFMMOO suggest two subjects for a workshop in Utrecht.

First : « The delusive pain of the knee and their relation with a spine »

Secondly : « The somato-sensorial tinnitus : the rule of the cervical spine »

Concerning the subject about the knee :

- After a short clinical presentation of the fonctionnal symptoms will develop the modalities of MMO's examination by the french school. Then we will show our therapeutic protocol for Taking charge of these patients

Concerning the subject about the tinnitus :

- We will remind the anatomo-physiological's basis of the SST (3-4 minutes)
- Then our protocol of examination
- And finally the therapeutic protocol and results of the study which were exposed at the French congress of MMO in 2016.

Each session will ask about 30-45 minutes.



Session 7: An introduction to dry needling: A practical hands-on workshop on the use of dry needling in the treatment of myofascial pain of the low back

Workshop staff:

Negev Bar - Family physician and Chairman of the Israeli Society for Musculoskeletal Medicine

Aharon Finestone - Orthopedic surgeon and past board member of the Israeli Society for Musculoskeletal Medicine

Workshop goals:

Low back pain is one of the most common reasons for primary care visits, and myofascial pain is by far the leading cause for low back pain. Among the treatment options available for myofascial pain, dry needling is one of the most effective, safe and evidence based methods available.

In this workshop we offer a glimpse into this fascinating world:

We will introduce clinical and physiological aspects of myofascial pain, go over the basics of building a comprehensive treatment plan, and will experience and train a full myofascial examination of the lower back.

Finally we will teach basic dry needling techniques and train on two muscles, frequently involved in low back pain.

Methods:

1. All participants will complete the free online internet course "The Theory of Myofascial Pain" prior to the workshop >>> Link to the free on line course.
2. Introductory lecture on myofascial pain and dry needling
3. Myofascial pain of the low back - a practical approach
4. Hands-on practice of dry needling of workshop participants on one-another.

Syllabus:

	title	speaker
30 min	Introduction to Myofascial pain and dry needling	Dr. Negev Bar
15 min	Myofascial pain of the low back - a practical approach	Prof. Aharon Finestone
45 min	Hands-on practice: dry needling of the lower back - <i>lumbar erectors</i> and <i>gluteus medius</i>	Dr. Negev Bar and Prof. Aharon Finestone

Workshop outcomes:

1. Participants will be able to make a diagnosis of myofascial pain syndrome of the lower back by taking history and conducting a focused physical examination.
2. Participants will know the indications and contra-indication for dry-needling, and will be able to use dry needling of the lower back in a safe and effective manner.
3. Participants will acquire the skills of dry needling of the following muscles of the lower back: erector spinae, gluteus medius.



Session 8: Introduction to Musculoskeletal Ultrasound - Optimizing the Image Quality.

Dr. Andrew Ip

MBBS, MScSEM(Bath), PgDipMSM(Otago), FHKIMM, RMSK.

President,

Hong Kong Institute of Musculoskeletal Medicine

Ultrasound scanning has been widely accepted as a complimentary imaging technique for musculoskeletal injuries, in addition to Xray, CT or MRI scanning. With the advance of technology, high quality portable scanners are available for point of care diagnosis and intervention.

This workshop will give an introduction of musculoskeletal ultrasound and discuss optimizing the image quality. Adjustments of ultrasound machine settings including frequency settings, depth settings, focus settings and techniques of probe maneuvers will be deliberated. Different scanning artifacts will also be discussed.

In addition, there will be an introduction of Doppler's signal settings adjustment. Factory settings may not be sensitive enough to detect small blood flow. Optimal Doppler's signal settings will help clinicians to find out early inflammation or new vessel formations.

This workshop is suitable for clinicians, who wish to start doing ultrasound scanning or those, who have already started ultrasound scanning and wishes to refine their scanning techniques.



Session 9: Rapid Resistive Duction: Original Muscle Energy Technique Revisited & Relunched

Workshop Title: Rapid Resistive Duction: Original Muscle Energy Technique Revisited & Relunched

Speaker: Professor Michael L. Kuchera, DO, FAAO, FNAOME

Background & Aim: Physician/Surgeon T. J. Ruddy originally used a muscle pump manual medicine technique in the post-operative period to enhance venous and lymphatic drainage and speed healing. Later he adapted the underlying technique (known as rapid resistive duction or RRD) to create an effective muscle-activated articular technique which, in turn, inspired FC Mitchell, Sr to develop what is now called Mitchell Muscle Energy Treatment (MET). Ruddy's contributions are very effective in approaching common clinical conditions ranging from rib dysfunction to acute torticollis.

Method: This hands-on workshop will provide a quick anatomical review emphasizing biomechanics and muscles used to correct cervical or chest wall dysfunction. An emphasis will be placed on incorporating muscle energy techniques in conditions such as acute torticollis and post-traumatic chest wall syndromes. To this end, participants will treat each other using strategies derived from integrating Ruddy's rapid resistive duction technique.

Results: At the end of the workshop, participants will be able to identify and apply integrated muscle energy manual medicine strategies inspired by the influence of pioneer TJ Ruddy. They will have the ability to treat a variety of clinical conditions ranging from chest wall disorders through the rib cage to acute torticollis.

