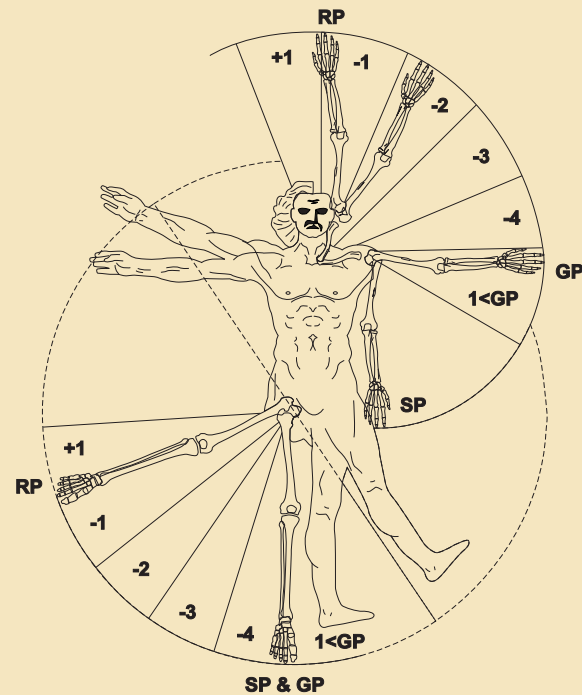


Functional Pathology of the Musculoskeletal System

“Train the Trainer” Faculty Development Workshop



Features

- Complementary to A Treatise on the Functional Pathology of the Musculoskeletal System—Introduction
- Tutorial style laboratory instruction
- Split session format to facilitate skill building

Seminar Objectives

- Understand the musculoskeletal system as an integrated organ system
- Recognize dysfunction of the musculoskeletal system as inefficient posture and movement
- Shift the emphasis of examination for dysfunction from malalignment of structure/posture to disturbance of systemic movement
- Learn a scientifically valid exam and nomenclature foundational to all manual medicine techniques
- Develop examination competency applicable to both primary and specialty care settings.
- Differentiate your practice with a transformative exam and treatment approaches.

Session A: August 15 – 18, 2024 Principles; Nomenclature; Regional Axial and Appendicular Skeletal Examination

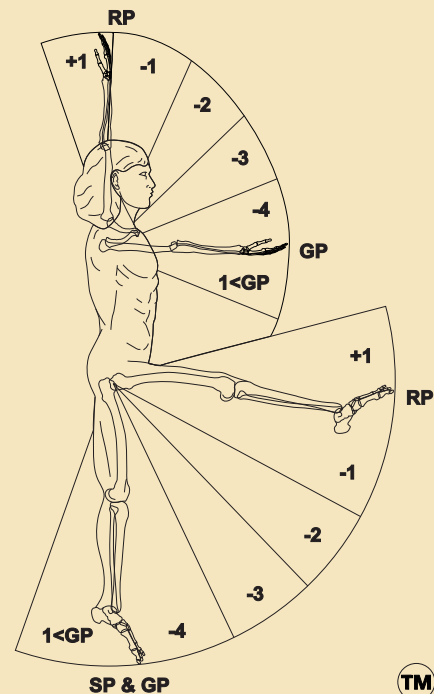
Learning objectives Session A

- Understand conceptual foundations of the FPMSS paradigm
- Appreciate a revised definition of somatic dysfunction
- Appreciate principles of scientific nomenclature for FPMSS
- Understand basic principles of musculoskeletal function
- Understand general principles of evaluation for MSS dysfunction
- Competently examine the regional axial and the appendicular skeleton, describing findings in accord with FPMSS nomenclature and principles

I. Overviews of Seminar and Session A

II. Conceptual Foundations

- Conceptual foundations of science
- Causation
- Conceptual foundations of biology
- Mini-labs



III. Critique and Revision of Historical Definition of “Somatic Dysfunction” Part #1

- ICD/TART
- Affirmative definition of somatic dysfunction
- Whole body mechanics
- Mini-labs

IV. Principles of Nomenclature

- Words matter
- Statics vs dynamics
- Required basic changes
- Mini-labs

V. Principles of MSS Function

- Measurable aspects of posture & movement
- Terminology of posture for FPMSS
- Kinesiology questions: kinetics and kinematics
- Terminology of movement: “Codman's Paradox” resolved
- Categories of motion ranges and barriers
- Mini-labs

VI. General Principles of Evaluation for Musculoskeletal Dysfunction

- Necessary and sufficient steps for a scientific clinical evaluation
- Principles of physical examination for kinematics
- Principles for interpretation for available motion
- First stage of interpretation: grading
- Mini-labs

Major Labs

- Utilize and describe findings using FPMSS principles
- Interpret available motion of the regional axial and appendicular skeleton: the first of 3 stages

Session B: September 12-15, 2024 Vertebral Examination; Clinical Application; Professional Considerations

Learning objectives Session B

- Appreciate the differences between the historical definition of somatic dysfunction & FPMSS
- Understand the clinical application of the FPMSS paradigm to regional musculoskeletal pain syndromes
- Appreciate the risks and contraindications of mobilization medicine
- Review professional considerations
- Competently examine the entire MSS (except the cranium & face); describe findings in accord with FPMSS nomenclature & principles; formulate a plan of treatment
- Preview general content of the Advanced Seminar

I. Overview of Session B

II. Session A Content Review & Questions

III. Required Reading

- Further stages of interpretation of available motion: profiling & prioritizing

IV. Critique and Revision of Historical Definition of “Somatic Dysfunction” Part #2

- Limitations of current osteopathic & related musculoskeletal exams
- Revised definition and naming of somatic dysfunction

V. Etiologies and Mechanisms of Somatic Dysfunction

- Mechanisms of dysfunctional opening / closing at a joint & of distorted posture
- Keys to history taking

VI. Clinical Application: Regional MSS Pain Syndromes

- Maintenance care vs restorative care
- General principles of restorative care
- Specific principles for restoring proportionate available motion
- Benefits of restorative care
- Management of “treatment reactions”
- Indications for maintenance care

VII. Diaphragms

- Role of diaphragms in generating economical posture & motion
- Six diaphragms: 3 respiratory; propulsive (each extremity); CNS
- Mini-labs

VIII. Risks and Contraindications

IX. Professional Considerations

X. Introduction to the Advanced Seminar

XI. Summary, Questions, and Seminar Evaluation

Major Labs

- Review available motion parameters taught in Session A
- Available motion of the sacrum in multiple contexts
- Available motion of the TL spine & posterior chest in multiple contexts
- Available motion of the abdomen, anterior chest, & C spine
- Summarizing data interpretation – **practice treatment**