About the Instructor, Gordon Browne PT

Gordon Browne is a Physical Therapist with 25 + years of clinical experience in outpatient orthopedics and manual therapy. With a lifelong passion for movement, he has modified and medically articulated the clinical use of various integrated movement systems; the Feldenkrais Method®, Yoga, Pilates and Tai Chi. Lecturer for 15 + years and author of two books; "A Manual Therapist's Guide to Movement" and "Outsmarting Low Back Pain".

CEUs & State Approval (16 Hours)

All of our courses are designed to meet state requirements for continuing education for PT, PTA, ATC & other licensed health care professionals. All courses are submitted for continuing education approval in the state in which it is being held, if required. Please call if you have any questions regarding state approval. Course certificates will be awarded at the completion of the course.

Registration Confirmation

A confirmation letter with specific location information, course times and suggested attire will be emailed once registration is received. **Location changes may occur** so please refer to your confirmation letter for details.

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Comprehensive Stabilization Strategies for the Low Back, Pelvis & Hips

Teaching Postural Control & Optimal Movement Skills

Course Description

In this fun and interactive movement lab we'll observe, analyze and participate in movement sequences/exercises while learning new treatment strategies designed for immediate clinical application. This approach goes beyond strengthening the muscles to teaching integrated movement patterns that simultaneously elicit core muscle activation, stretch and strengthen relevant hip muscles, facilitate proprioceptive self-awareness and teach posture and body mechanics optimization. Since recent Regional Interdependence research has shown a clear correlation between hip limitation and low back pain, we know the hips need to be mobilized in one or more directions to reduce lumbar hypermobility stresses. But sometimes the hips themselves are unstable; people with trochanteric pain syndrome, femuro-acetabular impingements, hip replacements and damaged labrums need to learn stabilization. Because of the complex regional inter-relationships in this area and the repetitive and unconscious nature of human movement, muscle strengthening alone does not guarantee stability. Nor does it force a change in the habitual and sub-optimal movement and postural patterns that created the instability in the first place. Carrying forward aspects of current stabilization principles but progressing to something both more informative and functional, we can borrow from selected aspects of dynamic integration movement systems to improve patient compliance, outcomes and extrapolation to daily activities. Connecting the dots between exercise and ADLs is imperative for long lasting results.

Course Objectives

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

- **Define** Regional Interdependence and list three examples of hip limitation/lumbar instability relationships.
- **List** the two primary differences between Static Integration- and Dynamic Integration-based exercise.
- **Identify** three examples of common violations of the principle of Appropriate Distribution of Movement relating to the low back.
- **Define** the difference between Global and Differentiated movement or postural patterns and list two examples of each in the low back/hip region.
- Identify two examples of common violations of the principle of Fascio-Skeletal Weight Bearing related to the hips.
- **Define** a Pelvic Force Couple and list the relevant pairs of muscle synergists.
- **Perform** teaching techniques throughout the course that make exercise more "informational"; reciprocating movements, use of constraints, change of venue, goldilocks principle and link to functional context.

Course Outline

Lab sessions include experiential movement, partner observations, facilitation techniques, modifications & discussion of clinical relevance.

Day 1

7:45-8:00—Registration & Snacks

8:00-8:45—Introduction to Dynamic Integrated Movement Systems 8:45-9:45—Lab I: Anterior/Posterior Lumbo-Pelvic Relationships

- Hip Extensor-Abdominal & Hip Flexor-Back Extensor Synergies
- Balancing Antagonists Locally & Regionally

10:00-12:00—Lab II: Finding & Maintaining AP Neutral Spine

- Facilitating Accurate Patient Perception
- Functionalizing Exercise: Sit, Stand, Bend, WIFS

12:00-1:00—Lunch on your own

1:00-3:15—Lab III: Anterior/Posterior Lumbo-Thoracic Relationships

- Mobilize Thoracic/Stabilize Lumbar: Funneling Movement Where We Want It
- Applying Constraints & Changing Venues: Targeted Thoracic Activation

3:30-5:30—Lab IV: Lumbo-Pelvic Rotational Relationships

- Mobilizing Hip IR/ER: Stabilizing Pelvis & Low Back Rotationally
- Balancing Pelvic Antagonists: Pelvic Force Couple Balance & Competence

Day 2

8:00-9:45—Lab V: Lumbo-Pelvic Rotational Relationships (Continued)

- Adding Resistance: Functionalizing Core Awareness & Control
- Coordinating the 3 Components of Lumbo-Pelvic Stabilization

10:00-12:00—Lab VI: Lumbo-Pelvic Diagonal Relationships

- Unilateral Hip Flexor & Hip Extensor Use: Balancing Antagonists L/R
- Belly Up & Belly Down Orientations

12:00-1:00—Lunch on your own

1:00-3:15—Lab VII: Lumbo-Pelvic Diagonals (Continued)

- Trochanteric Pain, FAI, Labrum, THR & Piriformis: Stabilizing the Hips
- Cueing Proprioceptive Awareness: Fascio-Skeletal Weight Bearing

3:45-5:30—Lab VIII: Putting It All Together

- Gait Patterns for Hip & Lumbar Stability: Pelvic Force Couple Drills
- Case Studies, Questions & Discussion

Comprehensive

Skills