MBA Pain Relief Seminars

Title: MUSCLE BALANCE ANALYSIS SEMINAR

Dates & Times: 5-6 March 2011
Saturday 8:30 a.m. – 5:30 p.m. (NOTE: Registration: 8:00 a.m. – 8:30 a.m.)
Sunday 8:30 a.m. – 5:30 p.m.

Organisers: Al Skrobisch, CNMT, CHom.
Kate Carlisle, CNMT, RN

Coordinator: Kate Carlisle, CNMT, RN
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Venue: Fairway Lodge Function & Conference Centre,
7 Argus Place, Takapuna, Auckland
www.fairwaylodgeauckland.co.nz

Admission Requirements (See Prerequisites page 5 below)

This interdisciplinary course is aimed at: Medical doctors; physiotherapists; osteopaths; chiropractors; primary health care, public health and practice nurses; podiatrists; occupational health nurses and other OSH professionals; dentists; acupuncturists; personal trainers; fitness and gym instructors; coaches of high performance athletes; exercise physiologists; Pilates/yoga instructors; Feldenkrais and Alexander practitioners; kinesiologists.

Content/Teaching Process

This course is presented as a 2-day intensive seminar instructing participants in the measurement, charting (recording), and application of a very detailed postural and structural analysis in the standing, seated, and supine positions.

The material, accompanied by a 93-page bound manual, is delivered by lecture, visual aids, practical demonstration, and hands-on experience. This learning is repeated again at least twice over the weekend with participants trading places as subject/evaluator in order to ensure thorough understanding. The instructor and teaching assistant (2 instructors per class of 50 maximum participants) circulate freely, while encouraging questions and giving feedback constantly. Ample time is given for discussion as well as for questions/answers.

At the conclusion of the seminar, participants will be able to:

Skills

- perform a detailed structural and postural evaluation of all clients as follows: accurately evaluate and measure standing, supine, and seated posture on the coronal, transverse and saggital planes
- chart a detailed structural and postural evaluation on three planes as above
- detect and accurately measure significant skeletal asymmetries in the lower limbs and innominate bones (to within 0.5mm)
- be able to accurately correct for significant skeletal asymmetries in the lower limbs and pelvis, taking into consideration the effects of combinations of ipsilateral and contralateral asymmetries in standing, sitting, kneeling, and supine positions, and in a variety of sport-based postures (see below)

Knowledge

- understand the Laws of the Body that underlie both the creation and resolution of musculoskeletal pain
- understand the principles of Muscle Balance Analysis
- interpret findings and apply these to create an individualized care/rehabilitation/treatment plan in accordance with the participant's pre-existing professional training and techniques
- understand the effects of combinations of ipsilateral and contralateral asymmetries in the lower limbs and innominate bones in standing, sitting, kneeling, and supine positions, and in a variety of sport-based postures
- be able to create stretching and exercise programmes custom-tailored to each patient's individual body and lifestyle in order to relieve pain, encourage normal biomechanics, reduce the potential for muscular and joint pathology to occur, and/or to retard these degenerative processes, enhance athletic performance, and decrease the risk of sports-related and occupational injuries
- recognise the relationship between skeletal asymmetries and imbalances in biomechanics, strength/flexibility and athletic injuries, as well as decreased athletic performance
- recognise the relationship between skeletal asymmetries and the formation of myofascial trigger points that are the hidden cause of many pain problems

Programme materials

A comprehensive 93-page manual with detailed notes and diagrams is provided as part of tuition/registration fee. This provides excellent reference material to take away and review after the course.

Goniometers are available at the seminar (must be pre-ordered and pre-paid) for those participants who do not have one and wish to own one. There may be spare goniometers to borrow at the seminar, if preferred.

Course Outline

TOPIC	TEACHING PROCESS	DURATION
Day One:		
A) Laws of the Body	Theory/Lecture	1.5 hours
B) Postural Analysis	Demonstration/Practical - Session 1	4.0 hours
C) Detection & Diagnosis of Skeletal Asymmetries	Lecture/Theory and Practical - Session 1	2.0 hours
Day Two:		
D) Postural Analysis	Demonstration/Practical - Session 2	4.0 hours
E) Detection & Diagnosis of Skeletal Asymmetries	Lecture/Theory and Practical - Session 2	1.0 hours
F) Cautions and Contraindications	Lecture/Theory	0.5 hours
G) Principles of MBA Program Planning	Discussion/Theory	2.0 hours
TOTAL HOURS		**15 hours**

Lecturer's Credentials

As an instructor for St John Neuromuscular Pain Relief Seminars, based in Florida, Al Skrobisch has presented dozens of 2 and 3-day seminars throughout USA and Canada, along with lectures to professionals and the general public in the USA and New Zealand on Muscle Balance Analysis and related topics for the past 16 years. He is the founder and director of ***Muscle Balance Analysis Seminars***.

Relevant points from Résumé of Al Skrobisch, C.N.M.T.

- **Bachelor of Arts degree from the State University of New York at Stony Brook.**
- **Trained as paramedic and paramedic instructor; nine years service as paramedic.**
- **Certified St. John Neuromuscular Therapist (C.N.M.T.) since 1994.**
- **On St. John teaching staff since 1994; has taught dozens of neuromuscular therapy and pain relief seminars around the United States and Canada to hundreds of therapists, physicians, and dentists.**
- **St. John certification test administrator/examiner.**
- **In private practice as a neuromuscular therapist, specializing in pain relief.**
- **Over 40 years of teaching experience in a variety of disciplines.**
- **2003-2010 Seminars in North and South Islands of New Zealand were well attended by approximately 500 New Zealand and Australian health professionals, including: medical doctors, dentists, physiotherapists, Pilates instructors, osteopaths, personal trainers, massage and neuromuscular therapists, and occupational health nurses, chiropractors, and occupational therapists among others**
- **Trained at the Cooper Institute, Dallas, TX in "Biomechanics of Strength Training."**
- **Considerable public speaking experience to a wide range of organizations, including corporations, hospitals and medical facilities, Chambers of Commerce, service clubs, and professional associations.**
- **Author of "Pain Relief for Life," published by New Page Books, a division of Career Press**

Evidence/Reference lists

Dr. Janet Travell (President J. F. Kennedy's White House physician in the early 1960's) and her colleague Dr. David Simons, state: *"Mechanical Stresses perpetuate trigger points in most patients with persistent myofascial pain syndromes. The most common sources of such physical stress are skeletal asymmetry and disproportion. Asymmetries include a short leg – a 0.5 cm (3/16 in) difference can be critical – and a small hemipelvis."*[1]

They continue: *"The small hemipelvis is more neglected than the short leg as a source of spinal distortions that produce chronic muscle strain."*[2]

Trigger points and their referral patterns have been widely researched by Drs. Travell and Simons. They repeatedly refer to "perpetuating factors" and the need to eliminate as many of them as possible when treating soft tissue pain and dysfunction.

"To ensure lasting relief from the myofascial pain, it is important to correct a leg length discrepancy of as little as 0.3 cm (1/8 in) in a short person. The correction must be worn at all times that these patients are on their feet, including the use of bedroom slippers."[3]

"If we treat myofascial pain syndromes without… correcting the multiple perpetuating factors, the patient is doomed to endless cycles of treatment and relapse. This is…the most neglected part of the management of myofascial pain syndromes."[4]

Many "perpetuating factors," however, are beyond our conscious control. Structural disproportion or asymmetry is astonishingly common, according to medical research. One such study on military personnel found that 71% of soldiers were found to have a leg-length difference of at least 0.16 cm and that 33% had more than 0.5 cm difference.[5]

These small differences are frequently responsible for hip, back, and shoulder or neck pain, headaches and migraines, and even TMJ pain. A 1986 study states that a fallen arch can be shown to affect TMJ dysfunction [6], a finding further substantiated by a medical doctor quoted in *"Pain Relief for Life"* by Al Skrobisch, founder and developer of Muscle Balance Analysis Seminars, who stated, *"…I got rid of one patient's TMJ [jaw joint] pain just by putting a 1/8 inch (3.2mm) lift in one of his shoes"*[7] A unilaterally collapsed medial longitudinal arch, like the anatomical leg length differential and the small hemipelvis (the latter being frequently overlooked by health professionals evaluating posture and structure), will create an uneven structure at the sacral base upon which L5 rests.

Further evidence of the relationship of skeletal asymmetries to temporomandibular joint dysfunction and pain is found in many references from Travell and Simons. For example, they state: *"Body asymmetry and the resultant functional scoliosis should be corrected by appropriate lifts, since this postural stress may activate TPs (trigger points) in the neck muscles that cause satellite TPs in the masticatory muscles."*[8]

More specific soft tissue pain syndromes are noted in the work of Travell and Simons. Trigger points in the scalene muscles, they write, can be attributed to structural asymmetry: *"The tilted shoulder-girdle axis, caused by the functional scoliosis associated with a short leg and/or a small hemipelvis, places chronic strain on the scalene muscles, which must help to straighten the neck tilt in order to level the eyes. An uncorrected leg length or pelvic discrepancy of as little as 1 cm (3/8 in), sometimes less, can perpetuate scalene TPs despite all other efforts in management."*[9]

References:
[1.] Travell and Simons, Myofascial Pain and Dysfunction: The Trigger Point Manual, Vol. I, P 103
[2]. Ibid., Vol. I, p. 109
[3.] Ibid., Vol. 1, p. 651
[4]. Ibid., Vol. 1, p. 103
[5.] Rush & Steiner "Study of lower extremity length inequality. *Am. J. Roetengen Rad Ther 56:616-623),*quoted in Travell and Simons, Op.Cit., Vol. 1, p. 105
[6]. The Journal of Prosthetic Dentistry 56(4):484-487: "Extracranial causes of facial pain" by V. Janda, quoted in Chaitow & Walker DeLany: Clinical Application of Neuromuscular Therapy, Vol. 1, p. 2
[7]. "Pain Relief for Life," by Al Skrobisch, C.N.M.T. , p. 49
[8.] Travell and Simons, Ibid., Vol. I, p. 246
[9.] Ibid., Vol. I, p. 364

Prerequisites

Participant prerequisites: A working knowledge of functional musculoskeletal anatomy.

IMPORTANT:
If the musculoskeletal anatomy knowledge of the participant is "rusty," we highly recommend a self-directed refresher of the anatomy text used in their training. Of particular importance are the following: **Bony landmarks of the torso, pelvis, lower extremities, shoulder girdle and cranium, and the attachment points of major muscle groups of the body.**

Pre-reading list (recommended)

For more in-depth study of individual muscles and their functions, read

- Travell, Janet G., M.D. and Simons, David G., M.D. Myofascial Pain and Dysfunction, The Trigger Point Manual. Baltimore: Williams & Wilkins, 1983 (Vol. 1) and 1992 (Vol. 2).
- Calais-Germain, Blandine. Anatomy of Movement. Seattle: Eastland Press, 1993.

Pre-reading list (optional)

Aaberg, Everett. Resistance Training Instruction. Champaign, IL: Human Kinetics, 1999.
Anderson, Bob. Stretching. Bolinas, CA: Shelter Publications, Inc., 1992.
Barker, Victor, M.D. Posture Makes Perfect. New York: Japan Publications, 1993.
Kendall, F.P., McCreary, E.K., Provance, P.G. Muscles, Testing and Function, 4th Ed. Baltimore: Williams & Wilkins, 1993.
Lehmkuhl, L. Don and Smith, Laura K. Brunnstrom's Clinical Kinesiology, (4th Ed.). Philadelphia: F. A. Davis Company, 1983.
Skrobisch, Al, C.N.M.T. Pain Relief for Life. Franklin Lakes, NJ: Career Press/New Page Books, 2003.

Assessment Procedures

Formal testing evaluation is available to attending members of those professional bodies which require such testing in order to obtain continuing professional development hours (CPDs/ CECs/CPUs, etc.).

Health & Safety Requirements

We believe that our course and the venue comply with usual health & safety requirements.

Certification

A Certificate of Completion and CEC letter are given on completion of the weekend programme.

Continuing Professional Development Information

- Osteopathic Council of New Zealand Category 1 Approved for 15 CPD Credits
- Australian Osteopathic Association Approved for 10 Category 1A CPD Points
- New Zealand Register of Acupuncturists (NZRA) Approved for 16 CPD Hours
- Approved for Podiatrists Board of NZ Endorsed for Podiatrists Seeking PBRCF Credits [CME, CPD, and CCME-Clinical Management Component]
- Register of Exercise Professionals – NZ (REPs) Approved for 18.75 CPDs