#### Myofascial Decompression Techniques Level 1



#### **ABOUT THE COURSE**

The utilization of Instrument Assisted Soft Tissue Mobilization (IASTM) tools in manual therapy has become increasingly popular over the last 10 years, especially in the sports medicine and fitness settings. There has traditionally been a **gap in the literature** for the appropriate dosage, timing, and frequency for the proper application of IASTM for musculoskeletal lesions In the physical therapy and athletic training arenas. This course will review the **structural functions** of connective tissue elements in various layers of tissues and pathologies, expose the listener to the large variety of IASTM tools that are now out in the market, and propose general treatment strategies for common orthopedic and sports impairments. In this one day course you will learn to increase the **efficiency of motion** with negative pressure tools **through fascial mobility and neuromuscular re-education**. The IASTM techniques in this course will take the difficulty out of integrating a strong manual based approach to musculoskeletal disorders

The majority of manual therapy we utilize is very compressive in nature: STM, MFR, joint mobilizations. Myofascial Decompression (MFD) is one of the few techniques that works in the

#### decompression of the connective

**tissue** and musculoskeletal systems. The needs assessment presented for the MFD course will integrate negative pressure tools with Western evidence based physiologic principles and evidence-based medical foundations. Participants will be able to evaluate their ability to intervene appropriately using IASTM tools by describing safety, competency, precautions, contraindications, and appropriate timing, and demonstrating effective interventions with efficient approach and mechanics.

Prior knowledge of basic manual therapy concepts and movement science is recommended.

## Presentation Objectives



**PARTICIPANTS WILL BE ABLE TO:** 

- Review the layers, subunits, and function of the connective tissue system.
- Summarize the role collagen may play in affecting movement patterns and the gap in science on stretching and length-tension curves.
- Define the terms tensegrity and thixotropy as they relate to creep and hysteresis tissue texture abnormalities and movement.
- Distinguish differences in manual therapy approaches utilizing various IASTM tools and the difference in movement-driven soft tissue massage.
- Describe common IASTM interventions that improve mobility of the CT system, as it relates to neuromuscular re-education and movement.

## COURSE GOALS

The goal of this course is to provide clinicians with new hands-on manual therapy tools and approaches to treat the myofascial system and integrate their understanding of movement and neuromuscular re-education with manual therapy. Techniques to include appropriate application of soft tissue mobilization with proper identification of active versus latent trigger points and fascial plane restrictions.

## MFD Level 1 Course Outline



**8:00-10:00** Anatomy, histology, & physiology review of connective tissue elements. Eastern vs Western perspectives & uses of negative pressure.

**10:00-10:30** Literature review, imaging of the soft tissue structures, trigger point theory, fascial lines, and postural syndromes. Lab Session: IASTM.

10:30-10:45 Break

**10:45-12:00** Initial steps in operation & application. MFD approach and techniques, precautions & contraindications. Lab Session: Junctional Zones, ITB.

12:00-12:45 Breakouts: Upper trapezius and levator scapula.

12:45-1:30 Lunch

1:45-2:15 Treating T/L fascia, shoulder impairments.

2:15-3:30 Treating PFPS, hamstrings.

**3:30-4:45** Treating lower leg dysfunction, ankle/foot.

Tendinopathy. Clinical case studies, future research/evidence. **4:45-5:00** Summary, evaluations.

> Course is 60% lab, and 40% didactic. Student to Faculty PT <16:1

### Subjects Covered

- Connective tissue system structure and function; movement impairments
- Healing response in normal and abnormal tissues
- Imaging research on connective tissues and trigger points
- Instrument Assisted Soft Tissue Mobilization techniques and applications
- Neuromuscular re-education principles in combination with IASTM

It is our goal as clinicians to restore function to our patients as quickly as possible. The technquees in this course will decrease the difficulty of integrating a strong manual based approach to musculoskeletal disorders with movement pattern re-education. MFD is one of the few techniques that increases the space for mobility compared with most other manual therapy compressive interventions.

## **Difficulty Level**

- Essential Includes core theory, concepts and applications, TO
- Advanced Includes in-depth theory, concepts and applications of information and/or techniques that are presented beyond the Essential Level.

# Basic Current Refrences

Kim S, Lee SH, Kim MR, Kim EJ, Hwang DS, Lee J, Shin JS, Ha IH, Lee YJ. Is cupping therapy effective in patients with neck pain? A systematic review and meta-analysis. BMJ Open. 2018 Nov 5;8(11)

Markovic, G. Acute effects of instrument assisted soft tissue mobilization vs. foam rolling on knee and hip range of motion in soccer players. Journal of Bodywork & Movement Therapies. Vol 19, 690-696. 2015

Mohammadi S, Roostayi MM, Naimi SS, Baghban AA. The effects of cupping therapy as a new approach in the physiotherapeutic management of carpal tunnel syndrome. Physiother Res Int. 2019 Jul;24(3)

Rozenfeld E, Kalichman L. New is the well-forgotten old: The use of dry cupping in musculoskeletal medicine. J Bodyw Mov Ther. 2016 Jan;20(1):173-8.

Saha FJ, Schumann S, Cramer H, Hohmann C, Choi KE, Rolke R, Langhorst J, Rampp T, Dobos G, Lauche R. The Effects of Cupping Massage in Patients with Chronic Neck Pain - A Randomised Controlled Trial. Complement Med Res. 2017;24(1):26-32

Teut M, Ullmann A, Ortiz M, Rotter G, Binting S, Cree M, Lotz F, Roll S, Brinkhaus B. Pulsatile dry cupping in chronic low back pain - a randomized three-armed controlled clinical trial. BMC Complement Altern Med. 2018 Apr 2;18(1):115