

# OUTLINE

## Day One

- 7:30 am Registration
- I. The Restriction Based Approach (RBA).....A Manual Manipulation System for the Lumbopelvic and Hip Complex**
- 8:00am A. Introduction  
B. The “A ha” moment  
1. Change your patient the very 1<sup>st</sup> visit.  
C. RBA Evaluate and Treat: Demonstration on actual patient
- II. The Restriction Based Approach (RBA) Move directly into hands on treatment**
- 9:00 am A. Evaluation (RBA in detail)  
1. Is it safe to manipulate this patient?  
2. Differential diagnosis: neural tension vs mechanical vs referral  
3. Differential diagnosis: hip OA vs Hip capsule restriction
- 9:40 am B. Pelvic asymmetry  
1. Pelvic biomechanics/evaluation  
2. Is pelvic symmetry important? What is the evidence? Does asymmetry contribute to pain?  
3. The term hemi-pelvis vs innominate: Need for common language among all disciplines of medicine
- 10:35 am C. Identifying restricted spinal segments (prone)  
1. Why not “Just crack it”?  
2. RBA main philosophy  
3. Objectively determine where to manipulate  
4. Palpating lumbar spasm/How spasm relates to spinal pain
- 11:05 am D. Treatment of lumbar spinal restrictions (HVLAT prone)  
1. Is endrange of the joint important? What is the evidence?  
2. HVLAT extension: Upper spine vs lower lumbar spine and HVLAT sensitivity  
3. HVLAT for Rotational faults/reverse lumbar roll  
4. HVLAT for Thoracic rotation/reverse thoracic thrust
- 12:00 pm E. Lunch Breakout sessions (will have choice while eating) Lunch provided  
1. Assessing pelvic symmetry: Evidence and questions  
2. Assessing rotational faults: Evidence and questions
- 1:00 pm F. Treatment of lumbar spinal restrictions (HVLAT supine)  
G. SIJ/hip capsule HVLAT  
H. Retest the comparable sign
- 2:30 pm I. Introduction to hip capsule/Pubic MET techniques  
1. Treating a patient with hip/pubis symphysis dysfunction
- 3:00 pm J. Therapeutic exercise for lumbar spine and hip capsule
- 3:45 pm K. Evidence on efficacy of manipulation  
L. Contraindications to manipulation
- 5:00 pm M. Reflection/Take away

# Day Two

7:30 am Registration

## I. The RBA 2<sup>nd</sup> visit/Subsequent visits

- 8:00 am A. Self-limiting beliefs about manipulation (patient and therapist)  
1. Evidence on safety/history of manipulation
- 8:30 am B. Understand where your patient's pain is originating from and improve outcomes
- 8:45 am C. Differential diagnosis: Pathological vs neurological tension  
1. Differential diagnosis: Anterior hip pain vs neurological tension  
2. Differential diagnosis: Patellofemoral syndrome vs mechanical dysfunction  
3. Differential diagnosis: Positive finding on evaluation vs benign evaluation vs mechanical origin of pain
- 9:40 am D. Review of day one RBA Evaluation and Treat  
1. Therapist treats a new patient  
2. Defending your choice of manipulation
- 10:05 am E. Patient's 2<sup>nd</sup> visit/subsequent visits, RBA Demonstration

## II. The Restriction Based Approach (RBA) Therapist now treats patient on 2<sup>nd</sup> visit

- 10:15 am F. Evidence in practice  
1. Function/Innervation of the hip capsule  
2. Demonstration HVLAT for the hip  
3. Therapeutic exercise for the hip capsule
- 10:40 am G. Hands on Hip HVLAT techniques
- 11:05 am H. Safely progressing intensity/amount of HVLAT  
1. See One, Do One.... Therapist now treats new patient for 2<sup>nd</sup> visit  
2. Lumbar HVLAT advanced techniques
- 12:00 pm I. Lunch Breakout sessions (will have choice while eating) Lunch provided  
1. Review of hip HVLAT treatments: Evidence and questions  
2. Review of lumbar spine HVLAT treatments: Evidence and questions
- 1:00 pm J. Thoracic Spine HVLAT techniques  
K. Re-assess spinal/pelvic restrictions  
1. "Ah ha" moment for the patient
- 2:00 pm L. Therapist now treats a new patient with lumbar HVLAT techniques
- 2:30 pm M. Clinical decision making  
a. Differential diagnosis: Neural vs mechanical LBP  
b. Too symptomatic for HVLAT?  
c. Hands on techniques to treat acute/neural compression LBP presentation  
d. Therapists treat patient utilizing pelvic progression technique
- 3:30 pm N. Grades of force for HVLAT  
1. Contraindications/Age considerations  
2. When is a patient finished with an episode of care?  
3. Plan of care following D/C
- 4:00 pm O. Direct Access/Leading Change  
1. State of Physical Therapy, latest evidence  
2. State of Direct Access, latest evidence
- 4:30 pm P. Reflection/Take away
- 5:00 pm Q. Question and answer session