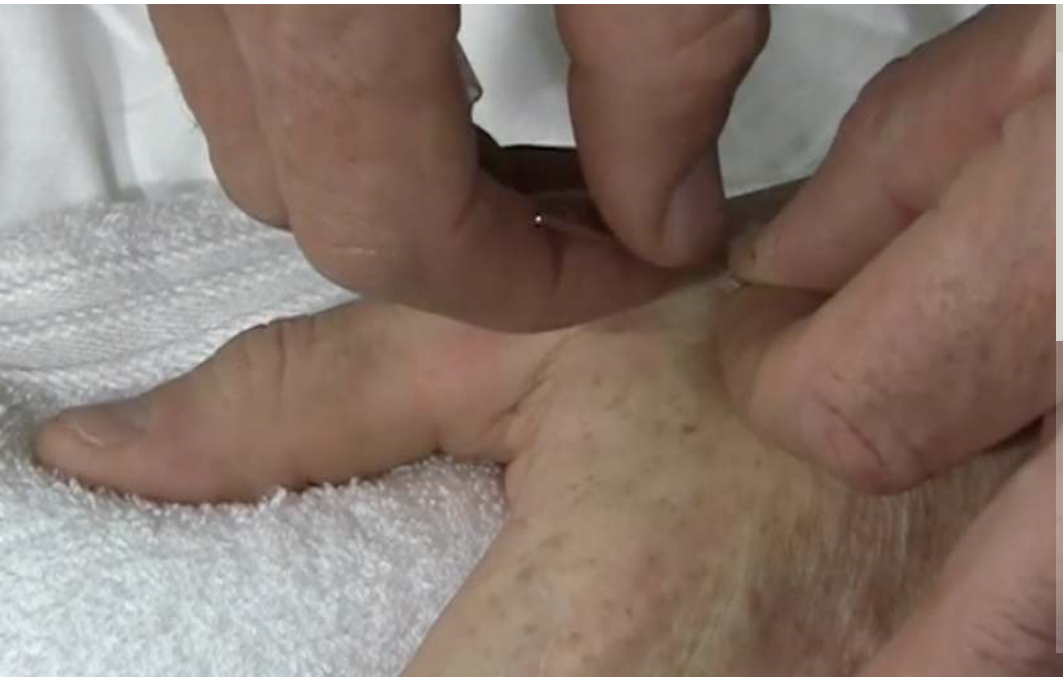
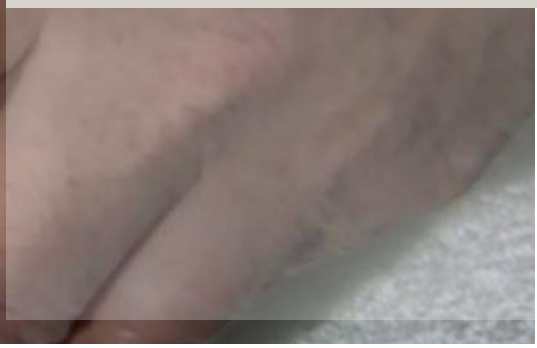
INTEGRATED DRYNEEDLING

"As a hand therapist I previously found that at times I would struggle when local and more conventional treatments were not resulting in gains. Integrated dry needling has given me a broader approach to treatment of the upper quadrant and has taught me how to work with proximal and spinal contributions that frequently impact on a person's hand and upper limb rehabilitation."

Lisa Bachmayer, B.app.sci (Occ tTher),MAHTA, Norwest Orthopaedic and Sports Physiotherapy,Bella Vista NSW





You will learn

Integrated Dry needling techniques

A versatile range of comfortable "non trigger point" integrated dry needling techniques to use in addressing pain, range restriciton, scar tissue and dysfunction in upper limb presentations

Integrated Dry Needling for Hand Therapists

This course is an modified version of the Integrated Dry Needling training program specifically for Hand therapists. It presents an innovative system of assessment and dry needling treatment to stimulate change in the neural, fascial and muscular systems to rapidly resolve movement dysfunctions and pain sensitivity and a systematic approach to determining the presence and extent of adverse spinal drive affecting upper limb presentations and how to manage it.

Course registration includes all of the following:

The Integrated Dry Needling Preparation Course (10 hours)

This course covers the mandatory safety, hygiene and contra-indication material for the safe practice of dry needling and includes a short exam.

The Integrated Dry Needling Online Course (30 hours)

9 hours of video lecture and technique demonstration video. There are some exemptions from this material for hand therapists. There are alsorecommended practice activitities and preliminary technique exercises to prepare you for your Integrated Dry Needling Intensive workshop.

3 x 1 hour Skype Tutorials (3 hours)

Some informal additional lecture material (Hand Therapists only), Q&A and discussion to maximise your workshop experience.

The Integrated Dry Needling Intensive workshop (16 hours)

This is a comprehensive two day practical workshop which includes:

-supervised practice of all of the Integrated Dry Needling hand ,upper limb and shoulder girdle techniques

-upper quadrant following Global Integrated Screening and functional assessment and subsequent reassessment

-an introduction to patient performed spinal and shoulder girdle techniques, taping techniqes and functional exercise prescription

Spinal dysfunction assessment

A simple approach to assessing and testing the significance of adverse neural activity originating from the spine to your hand and upper limb presentations. This will give you the confidence to refer for specific spinal treatment as part of your management plan.

Complimentary techniques

-a range of patient performed, therapist guided mobilisation techniqes for cervical and thoracic spine and shoulder girdle.

-sports and dynamic taping techniques to compliment and enhance the effectiveness of your treatment

Principals of FIT (functional integrated)exercise prescription

You will learn how to use the restricitons and dysfunctions identified in your Global Integrated Screening to prescribe an individualised functional exercise training program to optimise the gains you have achieved treating your patient with Integrated Dry Needling

For more details and registration go to https://www.dryneedling.com.au/live-events/

E: admin@dryneedling.com.au | www.dryneedling.com.au

IDN for Hand Therapists Brisbane 23-24th June 2018

	Integrated Dry Needling Online	Integrated Dry Needling for Hand Therapist Online Content- omit shaded lessons	
	Online Lesson Number	Description	Time
1	Online Course Introduction	Lets all get on the same page with an overview of what the course and the Integrated Dry Needling process involves. Be sure to print your self some copies of the Integrated Global Assessment Form for use in your practical sessions and the course notes Range of Motion Technique Reference to ensure you have permanent copies.	0:15:2
2	Practitioner Background	Here's where you let me know who you are, your background as a practitioner and as a dry needling or acupuncture practitioner. This helps me greatly in tailoring course material and in my interactions with you. This section also contains questions to ensure our expectations of the online learning process are aligned.	0:03:0
3	Assumptions of the Integrated Dry Needling treatment paradigm	Mechanical pain is the result of inefficient movement leading to specific tissue overload, resulting in the production of abnormal impulses which may arise from several areas but may result in pain sensitivity or pathology in only one. Reducing abnormal impulse production by resolving movement dysfunction through the use of dry needling is an effective means of addressing mechanical pain. This is one of a number principal assumptions of the Integrated Dry Needling model that appears to be common sense and well reasoned but which is difficult to support with current literature. This and several other assumptions are discussed in this presentation.	0:04:1
4	The Integrated Assessment Process	The Integrated assessment is the process by which we define the movement dysfunctions and all the active sources of abnormal neurophysiological drive present, and by which we determine the appropriate combination and locations of the techniques that required. It is also the way we determine the extent to which they have been effective, predict prognosis and track the progress of, not only the abnormal neurophysiological drive reduction, but the entire rehabilitation process.	0:20:1

5	Engaged assessment and interpreting assessment findings	In order to achieve an efficient ,successful ,Integrated Dry Needling intervention that does not rely on a provocative examination requires a different type of therapist engagement to the more conventional provocative assessment. This presentation discusses some of the process as well as how to use the information gleaned from the movement analysis, global screening and palpation profile.	0:18:0
6	Assimilating Integrated Dry Needling into your current practice	As therapists we all come from a range of backgrounds and experience and meet under the common banner of Integrated Dry Needling. This presentation offers some ideas of how to expand or perhaps "shuffle" your current treatment paradigm to make the Integrated approach at home in your clinic.	0:10:1
7	Forensic Needling	Forensic needling, where the treatment forms a valuable part of the assessment, is a more complex paradigm of using needles in your test retest process to gain insight and certainty about the role of different possible sources of abnormal neurophysiological drive in any given clinical situation you find yourself presented with.	0:23:1
8	Pointers for General Practice	Pun intended....This is the odds and ends presentation. There is chat about needles and equipment and some of the points that tend to be covered in one way or another in basic training but which may differ significantly across various dry needling approaches.	0:32:3
9	Integrated Dry Needling Techniques Overview	This is a short presentation about some of the characteristics of the overall Integrated Dry Needling treatment process and how the different needling techniques relate to each other which provides the context for us to go into each of the techniques in more detail in the presentations that follow.	0:10:4
10	Integrated Insertion Technique	There are many aspects of needle insertion to consider and it is important to be aware of the reasons for each of them as all are important for either safety, accuracy, comfort, therapist ergonomics and effectiveness or a combination of several of these factors.	0:13:1
11	Structural Technique	Structural techniques don't comprise a large percentage of your needles but are the neurological depth charges of our Integrated Dry Needling techniques and done well, vastly reduce the amount of other needling your will need to do to resolve your screening and profile findings.	0:14:1
12	Peristructural Technique	Peristructural techniques are the those that let us selectively "down regulate " tissue and neural irritability and are those with which we achieve the disinhibition that allows such rapid and large scale resolution of so much movement dysfunction.	0:17:0

13	Reactive Technique	Reactive techniques are an amazingly direct, yet completely comfortable tool for modulating inflammatory processes and ramping down tissue sensitivity and in conjunction with the other techniques provide a way to address the pain and sensitivity of acute soft tissue injuries, allowing early return to therapeutic , normal movement patterns which in turn addresses swelling and muscle inhibition (yes prepare to watch many of those simple acute lateral ankle sprains walk out limp free....there's no other technique, brace or therapy that achieves anything similar.)	0:06:5
14	Autonomic Technique	Autonomic techniques are often forgotten about practitioners who have learned some of the more commonly used and perhaps more dramatic of the Integrated Dry Needling techniques but if you have been left wondering by people who don't seem to respond or who seem to be stirred up by the lightest needling or manual therapy treatments embrace these techniques and prepare to be able to address a who patient populations tissue irritability that eludes most dry needling practitioners.	0:12:5
15	Technique Variations and In Betweens	Once you have learned and are practicing the Integrated Dry Needling techniques you will quickly find, as your confidence and needling sensitivity grows , that you are working in the "grey zone" between the specified techniques. This is not only acceptable, but , is expected and it is nice to be aware of it as it happens and some of the applications you are most likely to first be aware of it.	0:06:5
16	Occipital technique	Occipital techniques, practiced well, achieve many of the same effects on upper cervical spine movement as many manual therapy and manipulative techniques. The are extremely safe and are indipensible in the treatment of cervical spine, temporomandibular joint and any other upper quadrant presentation.	0:03:2
17	Cervical Spine Facet Techniques	Used in conjunction with the anterior techniques, theses techniques both mobilise and reduce irritability and sensitivity of the cervical spine facet joint capsule	0:03:2
18	Thoracic cage techniques: rib angle, rib neck and interspinous needling	The simplest and easiest of the thoracic techniques and at the same time are the most used due to thoracic spine range restrictions contributing to upper quadrant and lower quadrant presentations.	

19	Lumbar Spine and Sacral Techniques	Connective tissue remodelling, sacro-iliac joint irritation modulation, lumbar spine mobilisation.In isolation, no dry needling techniques are particularly impressive but used within the Integrated quadrant approach these techniques do all this and more.	
20	Scalp and Face Techniques	These techniques have their place where indicated to resolve movement barriers in the upper cervical spine, scalp and cranial sutures.	0:04:5
21	Anterior Cervical Technique	The "golden triangle " of the upper quadrant. So many practitioners don't treat the spine anteriorly at all let alone needle it. You will hear several times during the course that if forced to choose between treating anteriorly or posteriorly there is no competition. Once these techniques are learned you will find nothing else impacts cervical spine, shoulder girdle and thoracic spine range and neural irritability like anterior cervical techniques. Definitely a top 3 technique.	0:03:5
22	Inguinal Region/ Anterior Lumbar Spine Technique	You will see multi-region neurological, performance and mechanical changes and thats before you add in any other techniques. If you were only permitted to needle one region for all lower limb and lumbar spine pain presentations (not to mention the effect it will have on the thoracic spine and cervical spine mechanics in some individuals)-this is it! No-one likes to be needled here but performed well it can be achieved with relative comfort. Don't leave home without this technique and be prepared to have your whole model of back pain and movement revolutionised by this anterior technique.	0:09:0
23	Knee Techniques: Tibio-femoral, Meniscus, Lateral Retinaculum, Medial Collateral Ligament	Reduce tibiofemoral joint irritability and inflammation, become the ultimate manager of optimal scar formation following knee ligament injuries and harness the dynamite connective tissue remodelling power of these techniques and watch your management of traumatic and degenerative presentations escalate	0:11:4
24	Leg and Foot Techniques: Interosseous,Heel, Inter-metatarsal, Syndesmosis and Ankle	These techniques will catch the attention of the podiatrists but , like us all, they need to address the whole quadrant thoroughly in the assessment and treatment process. Only by doing this can we fully understand the neurophysiological drive contributing to, and see what these great techniques have to offer in heel pain, lateral compartment syndrome, plantar fascia presentations as well as reahabilitation and mobilisation post lower limb trauma or surgery	0:20:0

25	Forearm and Hand Techniques: Interosseous Forearm, Inter-metacarpal First Carpo-metacarpal Joint	These techniques will catch the attention of the hand therapists but , like us all, they need to address the whole quadrant thoroughly in the assessment and treatment process. Only by doing this can we fully understand the neurophysiological drive contributing to, and see what these great techniques have to offer in upper limb and hand pain presentations as well as rehabilitation and mobilisation post upper limb trauma or surgery	0:20:1
26	Axilla-Posterior Glenohumeral Technique	So you've been thinking that you need to needle pectorals and latissimus to effectively change gleno-humeral joint internal rotation and external rotation....you may have to think again about how things work when you pair these techniques with the anterior cervical spine techniques. Every day in the clinic I see these ranges change and never needle pecs or lats.....Must have techniques for the hand therapists as they will change everything distally as well.	0:08:4
27	Greater Trochantur and Ischium Technique	When practitioners are very muscle belly focussed with their dry needling they do not often explore other (more effective) options available that do not result in temporary increases in tissue irritability and reduced range of motion. You cant use what you don't know but thats all behind us now...	0:08:2
28	Integrated Global Screening Single leg stability	This series of short video demonstrations looks at one example of the way we remove our focus from pain provocation to searching for movement dysfunction, identifying, on initial assessment, what it is not moving that is leading to other structures moving too much or in a way there were not meant to and eventually becoming irritated and pain sensitive. This is the challenge faced by many experienced Integrated Dry Needling practitioners and is essential to achieving outstanding results with the Integrated Dry Needling techniques	0:02:1
29	Integrated Global Screening Lumbar Spine		
30	Integrated Global Screening Cervical and Thoracic Spine		0:04:0
31	Integrated Global Screening Upper limb		0:05:1
32	Integrated Global Screening Lower limb		0:11:3

33	Palpation Profile Anterior Upper Quadrant	Palpating and identifying irritated or upregulated or structurally adapted tissue is vital to practicing skilled dry needling but the most fun for the practitioner of Integrated Dry Needling is watching most of the palpation profile change without directly applying dry needling to the tissue that is changing. The palpation profile and Integrated Global Screening must both change as a result of needling for us to be certain that there will be a meaningful change in a patients movement and tissue loading as a result of our treatment. This is also a fantastic tool to assess the status of our progressive loading and movement retraining programmes we give our patients.	0:04:25
34	Palpation Profile Posterior Upper Quadrant		0:01:23
35	Palpation Profile Anterior Lower Quadrant		0:14:56
36	Palpation Profile Posterior Lower Quadrant		0:09:23
37	Needling demonstration Anterior Upper Quadrant	This series of demonstrations takes us through the whole process of addressing our screening findings and applying the global treatment-all our Integrated Dry Needling techniques in action, working together to achieve the outcomes we will see in the reassessment series.	0:07:40
38	Needling Demonstration Posterior Upper Quadrant		0:05:23
39	Needling Demonstration Anterior Lower Quadrant		0:21:02
40	Needling demonstration Posterior Lower Quadrant		0:12:33
41	Reassessment Lumbar Spine	Have we been effective? How changable, what rate of change and what degree of change can we expect from the neuro-mechanical system we have just treated? All of this information and more lies at our finger tips in the re-examination. If we are treating the source of mechanical pain,it is not what the patient tells us post treatment that provides evidence of treatment effect but whether or not they move differently.	0:02:09

42	Reassessment Cervical and Thoracic spine		0:04:0
43	Reassessment Upper Limb		0:01:4
44	Reassessment Lower Limb		0:04:1
45	Reassessment Single Leg Stability		0:02:3
46	Sports and Clinical Applications Overuse Injuries	The rationale for using Integrated Dry Needling in the management of all stages of overuse injuries from resolution of initial screening findings to maintaining an optimal integrated screening throughout the stages of retraining and progressive loading and return to competition. The Integrated screening quickly tells us if the patient is training past loss of form or has insufficient control or awareness for the chosen level of activity allowing sensitive readjustment of the programme without exacerbation of symptoms.	0:11:1
47	Sports and Clinical Applications Unresolved Acute	Integrated Dry Needling and the Integrated global screening is the perfect tool to identify and address the reasons why that acute injury has been slow to, or has not responded to conventional treatment at all. You wont be left wondering with this structured approach to addressing what others find difficult to treat.	0:13:2
48	Sports and Clinical Applications Acute	Why wait until that apparently simple, acute presentation, becomes complex or non responsive. Early identification of potential barriers to improvement will avoid this undesirable outcome but will more importantly allow rapid modulation of the inflammatory processes and tissue irritability associated with acute presentations giving your patients quick and dramatic results. It really is too easy.	0:19:4
49	Challenging Needle Angles	If you always think that the only way to change shoulder rotation is to release pecs, lats and subscapularis and you never try any other way, you are not giving yourself the opportunity to explore any new , perhaps advantageous, possibilities. Letting go of some old ideas may be necessary to allow progress. Find out in this presentation.	0:11:5
50	The Wrap	Well its been challenging and fun I hope. I know both you and your patients will benefit greatly from you having more technique options and by having a more global integrated treatment approach.	0:08:1
	Skype Sessions	1.Q&A and discussion: Safety Hygiene and Contra Indications 2.Q&A and discussion: The Global Integrated Screening and assessing spinal range of motion 3. Presentation/ discussion: An introduction to therapist guided patient driven joint and soft tissue techniques	

Integrated Dry Needling Intensive for Hand Therapist Practical Workshop Program				
Day/Session	Time	Session Name		Duration
1.01	8.30 am-9.15 am	Integrated Dry Needling Demonstration	Supine Axilla-Structural technique Medial nerve pathway-Peri-Structural technique Upper arm and forearm-Peristructural technique	45 minutes
1.02	9.15 am-10.15 am	Integrated Dry Needling Practical Session	Supine Axilla-Structural technique Medial nerve pathway-Peri-Structural technique Upper arm and forearm-Peristructural technique	1 hour (2 x 30 minute rotations)
1.03	10.15 am-10.30 am	Break	Morning Tea	15 minutes
1.04	10.30 am-11.15 am	Integrated Dry Needling Demonstration	Prone Forarm extensors Interosseous membrane Intermetacarpal techniques (2) 1st CMC joint technique	45 minutes
1.05	11.15 am-1.15 pm	Integrated Dry Needling Practical Session	Prone Forarm extensors Interosseous membrane Intermetacarpal techniques (2) 1st CMC joint technique	1 hour (2 x 30 minute rotations)

1.06	1.15 pm-2.00 pm	Break		45 minutes
1.07	2.00 pm- 2.45 pm	Demonstration	Global Integrated Screening Analysing movement dysfunction and relating it to hand and upper limb presentations Grip strength Dexterity testing Sensitivity testing-hot cold and pressure	45 minutes
1.08	2.45 pm-3.45 pm	Practical Session	Global Integrated Screening Analysing movement dysfunction and relating it to hand and upper limb presentations Grip strength Dexterity testing Sensitivity testing-hot cold and pressure	1 hour (2 x 30 minute rotations)
1.09	3.45 pm-4.00 pm	Break	Afternoon Tea	15 minutes
1.1	4.00 pm-6.00 pm	Practical/ Discussion Session	Global Integrated Screening Principals of generating Global Integrated Screening based exercise program	2 hours
2.01	8.30 am-9.30 am	Demonstration	A simple approach to understanding spinal mechanics and dysfunction Relating identified movement deficits to presentation history	1 hour

			Patient driven joint and soft tissue mobilisation techniques for the cervical and thoracic spine Test and retest process Accessory Taping techniques	
2.02	9.30 am-10.30 am	Practical Session	Assessing spinal mechanics and dysfunction Relating identified movement deficits to presentation history Patient driven joint and soft tissue mobilisation techniques for the cervical and thoracic spine Test and retest process Accessory Taping techniques	1 hour (1 x 60 minute rotation)
2.03	10.30 am-10.45 am	Break	Morning Tea	15 minutes
2.04	10.45 am-11.45 pm	Practical Session	Assessing spinal mechanics and dysfunction Relating identified movement deficits to presentation history Patient driven joint and soft tissue mobilisation techniques for the cervical and thoracic spine Test and retest process Accessory Taping techniques	1 hour (1 x 60 minute rotation)
2.05	11.45 am- 12.45 pm	Demonstration	**Integrated Upper Quadrant treatment** Global Integrated Screening Patient driven joint and soft tissue mobilisation techniques for the cervical and thoracic spine	1 hour

			Integrated Dry Needling upper limb and hand Principals of Rehabilitation Plan Accessory Taping techniques	
2.06	12.45 pm-1.30 pm	Break	Lunch	45 minutes
2.07	1.20 pm-2.30 pm	Practical Session	**Integrated Upper Quadrant treatment** Global Integrated Screening Patient driven joint and soft tissue mobilisation techniques for the cervical and thoracic spine Integrated Dry Needling upper limb and hand Principals of Rehabilitation Plan Accessory Taping techniqes	1 hour (1 x 60 minute rotation)
2.08	2.30 pm-3.30 pm		**Integrated Upper Quadrant treatment** Global Integrated Screening Patient driven joint and soft tissue mobilisation techniques for the cervical and thoracic spine Integrated Dry Needling upper limb and hand Principals of Rehabilitation Plan Accessory Taping techniques	1 hour (1 x 60 minute rotation)

2.09	3.30 pm-3.45 pm	Break	Afternoon Tea	15 minutes
2.1	3.45 pm-5.00 pm	Presentation Demonstration	Deriving specific individualised exercises from Global Integrated Screening Questions and discussion	90 minutes