

FACULTY

Steven J. Balogh, *DPT, CMPT, CSCS* is a clinician, educator, and private practice owner of B Physical Therapy. He is a Certified Manual Physical Therapist (CMPT) through the Florida Institute of Orthopedic Manual Physical Therapy and a Certified Strength and Conditioning Specialist (CSCS) through the National Strength and Conditioning Association. In addition to owning B Physical Therapy, he also serves as a Courtesy Associate Professor in the Physical Therapy program at the University of Central Florida. His clinical expertise encompasses manual therapy, pain management, sports injuries, spine disorders and injury prevention.

EDUCATIONAL CREDIT

A certificate of attendance for **15 Contact Hours** will be awarded to each participant. All Therapy Network Seminars are pre-approved for CEUs in the state where the course is conducted when required for **PT, OT, AT and Assistants**.

Therapy Network, Inc. (BOC AP#: P2563) is approved by the Board of Certification, Inc. to provide continuing education to Certified Athletic Trainers. This program is eligible for a maximum of 15 Category A Category hours/CEUs. ATs should claim only those hours actually spent in the educational program.

AOTA Approved Provider of Continuing Education # 3073 The assignment of AOTA CEUs does not imply endorsements of specific course content, products, or clinical procedures by AOTA



DATES & LOCATIONS

AUDIENCE

This is an *intro-intermediate level* workshop for **PTs, PTAs, OTs, OTAs and ATs**.

NOTE: *Nothing in this course is to enable or permit the learner to apply techniques outside of the scope of practice in their individual state and discipline.*

CANCELLATION POLICY

POLICY: Registration fee less a **\$75 administrative charge** is refundable if cancellation received **14 days prior to program date. No refunds will be given after that time.** Therapy Network, Inc. reserves the right to cancel a seminar and will refund in full the registration fee only. TNS is NOT responsible for registrants non-refundable airfare, accommodations or fees.

MUSCLE ENERGY & SOFT TISSUE TECHNIQUES for the LOWER QUADRANT

FACULTY

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THE **Therapy Network** SEMINARS

www.TNSeminars.com

OBJECTIVES

1. Identify the principles of STM & MET.
2. Demonstrate select STM techniques for the Lumbar spine, Pelvis and Hip regions
3. Demonstrate select MET to address joint dysfunctions at the Lumbar Spine, Hip, Pelvis, and Sacro-iliac.
4. Demonstrate select MET to address muscular imbalances at the hip, pelvis and lumbo-sacral regions.
5. Demonstrate select exercises for the regions.

SEMINAR DESCRIPTION

This lab intensive manual therapy course presents the use of mechanical movements as part of the evaluative process to lead to proper selection of techniques to address joint dysfunctions and muscular imbalances of the lumbar spine, pelvis and hip. The emphasis of this course will be on performance of Muscle Energy and Soft Tissue Mobilization Techniques. We will compare and contrast the traditional osteopathic methods of physical examination of the lumbar spine and pelvis with the mechanical diagnosis method of McKenzie and then blend them together into an efficient progression of care. Muscular imbalances will be identified based upon the principles of Janda and addressed with both Soft Tissue Mobilization and Muscle Energy Techniques. Appropriate functional exercises for a home exercise program will be discussed or demonstrated. The laboratory sessions will consist of hands on demonstration followed by an opportunity to perform the techniques and select exercises under the supervision of the instructor. Cases will be presented and discussed to allow for critical thinking in the evaluation and functional treatment process. This course will provide the participant with the understanding and necessary skills to enhance clinical reasoning and manual skills to apply these techniques in the clinical environment.

COURSE SCHEDULE

8:00	Registration and Continental Breakfast
8:30	Evidenced-Based vs Evidenced-Informed Practice
9:00	Anatomy Overview of Lumbar Spine, Pelvis and Hip
9:30	Biomechanics and Coupled Movement of Lumbar the Spine Sacral, Pelvic and Hip Motions Janda's Lower Crossed Syndrome
10:00	BREAK
10:15	Management of Lower Back Pain Clinical Prediction Rules Classification Systems: Lumbar, Pelvis, Hip Mechanical Diagnosis and Therapy (McKenzie) Osteopathic Approach
12:00	LUNCH - on your own
1:00	Evaluation Process History- Questions and Red Flags Physical Examination and Special Tests
1:30	Examination Lab - Lumbar Spine and Hip
2:00	Physical Examination of Pelvis SI Provocation and Pelvic Motion Tests
2:30	Examination Lab - Pelvis
3:00	BREAK
3:15	Principles of Muscle Energy Techniques and Soft Tissue Mobilization
3:45	Proposed Order of Treatment Contraindications and Precautions Documentation Exercise Considerations
4:00	Treatment Lab: Lumbar Spine Techniques Lateral Shift and Acute Kyphosis Corrections Extension Techniques
5:30	Questions and Adjourn
	Day 2
8:00	Treatment Lab: MET for Lumbar Spine Flexion Techniques Group/Neutral Technique
9:00	Treatment Lab: MET for Pelvis Sacro-Iliac Dysfunctions Pubic Symphysis Dysfunctions Superior Pube and Inferior Pube
10:15	BREAK
1030	Treatment Lab: MET for Pelvis Ilio-Sacral Dysfunctions Superior Shear Anterior/Posterior Innominates Adjuncts to Treatment
12:00	LUNCH - on your own
1:00	Treatment Lab: STM and MET for Select Muscles Erector Spinae - Quadratus Lumborum Iliopsoas - Piriformis Tensor Fascia Latte/ITB
3:00	BREAK
3:15	Treatment Lab: MET for Hip, Quadriceps and Hamstrings
3:45	Home Exercise Program
4:15	Case Study discussions
5:00	Questions, Course Critique and Adjournment

REGISTRATION

Muscle Energy LQ

Bring a Buddy Registration: \$495 p/p

(No Deadline) Must be done simultaneously

Early Registration: \$545

Postmarked **30 days** prior to date of course

Late Registration: \$595

Postmarked within 30 days of course date

4 WAYS TO ENROLL

BY MAIL

Mail registration and payment to:

Therapy Network, Inc.
217 Paragon Pkwy, #201
Clyde, NC 28721

BY PHONE

1.828.452.0068

BY FAX

SECURE DIGITAL
928.222.0578
(Credit Cards Only)

ON-LINE

www.TNSeminars.com

Name: _____

PT OT PTA OTA AT

Home Add: _____

City: _____ State: _____

Zip _____

Cell Ph: _____

Email: _____

To Receive your Confirmation
Make check/money order payable to:
Therapy Network, Inc.

Charge my credit card: VISA MC AMEX DISC

CC # _____/_____/_____/_____

Expiration Date: ____/____/____ CV2_____

Signature: _____

I agree to comply with the card holder agreement