Example 1 '
Spinal manipulation Institute
6.5 hrs/15

CERTIFIED BY

ProCert

Recognizing quality in continuing competence fsbpt

Spinal Manipulation Institute



American Academy of Manipulative Therapy

Certificate of Attendance

This is to certify that

has attended and participated in the continuing education course

SMT-1: High-Velocity Low-Amplitude Thrust Manipulation of Cervical, Thoracic, Lumbar & SI Joint

| Location | Children's Hospital of Wisconsin Milwaukee, WI |
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September 28-29, 2019

Date



15

Contact hours

Course Approval Number: ____

Cames Dunning, PT, PhD, OPT, MSPT MSc Manip Ther, FAAOMPT, MMACP (UK) President, Spinal Manipulation InstituteTM

Spinal Manipulation Institute

American Academy of Manipulative TherapyTM

SMT-1: HVLA Thrust Manipulation of the Cervical, Thoracic, Lumbar & SI Joints

15 Contact Hours

DAY ONE COURSE SCHEDULE

| 7:45 am | Sign-in |
|---------------|----------------------------------------------------------------------------|
| (8:00) | Indications, Precautions and Contra-indications for the use of HVLA Thrust |
| 9:00 | Cervical (C2-7) Rotatory HVLA Thrust Manipulation Technique |
| 1 (2) 10:00 | Break |
| MOUP (10:15) | Cervicothoracic Junction (C7-T3) HVLA Thrust Manipulation Technique |
| / (11:00) | Evidence-Based Diagnosis and Management of Cervicogenic Headaches |
| 12:00 pm | Lunch (on own) |
| $\sqrt{1:00}$ | Upper Cervical HVLA Thrust Manipulation of Atlanto-Axial (C1-2) Joint |
| ` 2:00 | Evidence for Use of HVLA Thrust Manipulation in Acute and Chronic LBP |
| 3\:00 | Break |
| 3\15 | Mamillary Process Rotatory HVLA Thrust (L2-5) with Body Drop Manipulation |
| 4:\00 | 1st Rib HVLA Thrust Manipulation |
| 4:30 | 2nd & 3rd Rib HVLA Thrust Manipulation |
| 5:00 | Conclusion of Day One |
| | |

DAY TWO COURSE SCHEDULE

| | STATE SCHEDULE |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7:45 am 8:00 9:00 10:00 10:15 11:00 12:00 pm 1:00 3:00 3:15 4:00 5:00 | Sign-in Upper Thoracic (T1-T3) HVLA Thrust Manipulation Technique Cervical (C2-7) Lateral-Flexion HVLA Thrust Manipulation Technique Break Lumbo-Sacral Junction (L5/S1) HVLA Thrust with Sacral & Forearm Body Drop Mid-Thoracic (T4-9) HVLA Thrust Manipulation Technique Lunch (on own) Upper Cervical HVLA Thrust Manipulation of Occipito-Atlantal (C0-C1) Joint Evidence-Based Diagnosis of Sacro-Iliac Joint Dysfunction Break Sacro-Iliac Joint HVLA Thrust with Body Drop Manipulation Technique Thoraco-Lumbar Junction (T11-L1) HVLA Thrust Manipulation Technique |
| | Conclusion of Course & Issue of Certificates 4.75 hours/ 15 total contact hours |

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Course Description

This two day seminar includes 70% hands-on practical training and 30% didactic lecture instruction. The content of the seminar highlights the biomechanical principles and practical hands-on skills required to perform high-velocity low-amplitude (HVLA) thrust manipulation techniques in a competent and safe manner for all of the spinal regions. Clinical case studies are presented for discussion of diagnosis and management based upon clinical reasoning and the best available empirical evidence.

Course Objectives

At the completion of this course, the participants will be able to:

- Discuss the current evidence concerning the use of high-velocity low-amplitude thrust manipulation in cervicogenic headaches, acute and chronic low back pain, sacro-iliac dysfunction, and mechanical neck pain.
- Describe the indications, precautions and contra-indications (relative and absolute) of highvelocity low-amplitude thrust manipulation. Demonstrate clinical screening tests for cervical artery dysfunction (VBI) and upper cervical instability and understand their limitations.
- Improve the use of body and posture in application of high-velocity low-amplitude thrust, making them an integral part of technique delivery.
- Start combining leverages using multiple components in order to focus forces and build "mechanical barriers" at target motion segments.
- Develop the psychomotor skills necessary to appreciate the pre-manipulative barrier (end-feel)
 utilised in minimal leverage or momentum induced manipulative technique by concentrating on
 combining multiple leverages in order to minimize the overall amplitude and force required to
 achieve cavitation.
- Enhance and develop one's existing palpatory and psychomotor skills.
- Facilitate sound clinical reasoning processes behind the choice (or not) of high-velocity lowamplitude techniques and an appreciation of the current evidence base behind their application.
- Demystify the delivery of high-velocity low-amplitude thrust manipulation and develop an appreciation of its merits and limitations in every day clinical practice.
- Utilize clinical reasoning skills in the selection of high-velocity low-amplitude thrust manipulation techniques for a variety of neuromusculoskeletal dysfunctions.
- Demonstrate safe, competent and proficient performance of HVLA thrust manipulation techniques, including pre-thrust positioning and actual thrust application of mid and lower cervical, thoracic, rib, lumbar and sacro-iliac regions.
- Describe and demonstrate HVLA thrust manipulation for the upper cervical, cervicothoracic, and thoracolumbar regions.
- Integrate symptoms, examination findings, and the current best evidence in order to provide "best practice" physical therapy for a variety of spinal dysfunctions.
- Learn how to effectively diagnose and treat upper, mid, and lower cervical joint dysfunction, sacro-iliac joint dysfunction, lumbar spine facet syndromes, second and third rib syndromes, and cervicothoracic joint dysfunction.