

DERMO Neuro Modulating Workshop

DATES: October 4-7, 2018

LOCATION: RECOUP Hospital, Anjanapura Layout, Bengaluru, India.

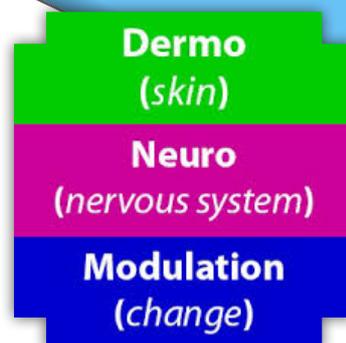
WHO SHOULD ATTEND?

Physiotherapists, Occupational Therapists, Massage Therapists, Rehabilitation Physicians, Pain Physicians, Osteopaths, Chiropractors and any other medical and rehabilitation professionals interested in Manual Therapy.

ABOUT DERMONEUROMODULATION

DermaNeuroModulation (DNM) is a structured, interactive approach to manual therapy that targets the central nervous system, peripheral nerves and skin. "Derma" refers to the skin, "neuro" refers to "nervous system"; the term "modulation" means a change in input and/or output, e.g., sound levels in music. DNM techniques are slow, light, kind, intelligent, responsive and effective. Positioning of limbs and trunk affects deeper nerve trunks (by shortening and widening their container), and is combined with skin stretch directed toward cutaneous fields of nerves that branch outward into skin (which may draw neural structure further through its container). It is prudent to remember that manual handling of a patient's physicality is only a small part of developing a complete therapeutic context for change - while optional, it can also be optimal. Nothing in the body can or will change until the central nervous system concludes it is safe to allow change to happen. A good case could be made that all forms of manual therapy are therefore largely neuromodulatory in their effects; since no one can treat a patient manually except through skin, all manual therapies are therefore derma as well. DNM addresses complaints of emergent or persisting regional pain, correlated with tension patterns (whether visible to the therapist or felt by the patient), palpable tightness or non-homogeneity in tissue, and tenderness within superficial tissue as felt and reported by the patient.

DNM is based on Melzack's Neuromatrix model of pain, the most clinically useful pain model in existence from an interactive manual therapy standpoint. DNM is a fully interactive treatment model: unlike a strictly operative model, in which, for example, biomechanical "faults" must be found, then "corrected", DNM considers biomechanical expression as defence, not defect. By putting "pain" first; i.e., we put the nervous system of the patient (not their anatomy) front and centre in the treatment encounter. Subsequent improvement in motor output is assessed and regarded as a sign that the nervous system now works with less intrinsic stress.



COURSE FEES (IN INR):

CATEGORY	EARLY BIRD (TILL DECEMBER 31, 2017)	REGULAR (JANUARY 1, 2018 TO JULY 31, 2018)	LATE (FROM AUGUST 1, 2018)
Members of Indian Myopain Society (IndMS)	5000	8000	11000
Industrially Developing Countries – Non-members of IndMS	7000	10000	13000
Other Countries – International Myopain Society (IMS) members	15000	19000	22000
Other Countries – Non-members	18000	22000	26000

ORGANIZED BY



ABOUT THE FACULTY: LOUISE TREMBLAY, OSTEOPATH, MONTREAL, CANADA

Louise Tremblay studied acupuncture and practiced classical homeopathy for nearly 20 years. Her interest in manual therapy started in 1996 with Bowen therapy. To understand the amazing results of Bowen, she studied osteopathy for six years. She also teaches Niromathe method with contagious enthusiasm. Her school AIMTC (International Academy of Contemporary Therapeutic Methods) is oriented in teaching modern manual therapies. Louise strongly believes that understanding human physiology is essential to the quality of the “moves” in any manual therapy. All manual therapists are stimulating the central nervous system, it is only the techniques used that are different. Learning DermoNeuromodulation (DNM) was the “missing link” for Louise. The theory and system developed by Diane Jacobs IS the fundamentals of all manual therapies. Understanding the principles underlying DNM becomes essential to the understanding of any manual therapy. In addition to her work as a practitioner, writer and researcher Louise travels the world, teaching DNM, Bowen and Niromathé in North America, the UK, Europe and Australasia. She is the author of the book “The Therapeutic Pause in Osteopathy and Manual Therapy,” published by Handspring Publishing in 2015.



WORKSHOP CONTENT

In this hands-on workshop participants will be introduced to the nervous system, current thinking on why it's there, what it is, how it got there, what it does, what it needs, how to help guide it toward improved motor output and less pain. Participants will be provided with visuals and downloads that will familiarize them with all spinal nerves and neural plexuses of the whole body, and will be guided through a novel non-tissue based set of assumptions about human pain and physical dysfunction - assessment and treatment approaches for cutaneous and motor nerves of the upper body, from C1 to Co1, from the top of the neck to the ends of the toes.

DAY 1: THEORY PRESENTATION

This lecture begins at the skin. It introduces cutaneous nerve anatomy, provides an overview of manual therapy, manual care, as evolved biopsychosocial behaviour in vertebrates. The nervous system is reviewed entirely from the point of view of sensory reception, including cord mechanisms for transmitting somatosensation, and processing of senses in the brain. The presentation touches on Melzack's biopsychosocial neuromatrix model of pain. The neuroscience and neurobiology of pain are introduced, with overviews of tunnel syndromes, internal nerve anatomy, how nerves feed themselves, the importance of mechanical deformation in the peripheral nervous system, central nervous system processing, the neuroscience of internal regulation, descending modulation. Suggestions are presented on how to deal with someone in pain, appropriate pain education suggested. The difference between operator and interactor models of care is introduced. Skin, what it is and does What the entire nervous system is, does, needs CNS processing of nociceptive and non-nociceptive input, exteroceptive and interoceptive input

Introduction to neuromatrix model of pain, how manual therapy fits in, handling a new patient in pain, creating a favourable treatment context. PNS overview including its roles apart from transducing action potentials, how it maintains itself, neuropathic pain, and tunnel syndromes, connections to vascular tree

DAY 2: DORSAL RAMI OF THE TRUNK AND POSTERIOR PELVIS, VENTRAL RAMI OF THE TRUNK

Practice sessions cover assessment and suggested treatment for dorsal rami of spinal nerves from head to sacrum (C1-S3), and ventral rami innervating the entire trunk (lateral cutaneous and anterior cutaneous nerves).

DAY 3: NERVES OF THE CERVICAL AND BRACHIAL PLEXUS

Nerves of the neck, shoulder, upper back, and axilla - motor and cutaneous. Practice covers cover the spinal nerves in detail from C1 to C8, each nerve of each plexus, where it goes to (motor and cutaneous), suggestions on how to “move” it, entrapment possibilities considered, neck to shoulder girdle to fingers. If time allows taping suggestions can be added.

DAY 4: NERVES OF THE LUMBOSACRAL PLEXUS

Suggested treatment for nerves of the lumbosacral plexus - nerves of the low back and posterior pelvis, hip, pelvic floor, knee, lower leg, foot, motor and cutaneous. Suggested treatments cover the spinal nerves from T12- L1 to the coccygeal plexus, each nerve of each plexus, where it goes to (motor and cutaneous), suggestions on how to “move” it.



FOR REGISTRATION, PLEASE CONTACT:

MR. JOSHUA SAMUEL R, COURSE COORDINATOR,

MOBILE: +91-74067 36141 (ALSO AVAILABLE ON  & )

SKYPE ID:  rref.recoup EMAIL: rref@recoup.in; academics.recoup@gmail.com

WEBSITE: www.rref.recoup.in | FACEBOOK: www.fb.com/recoup

INDIAN
MYOPAIN
SOCIETY



**International Academy of
Contemporary
Therapeutic Methods**