

THE FASCIA, ITS STRUCTURE AND FUNCTION RESOLVING FASCIAL DYSFUNCTION IN THE PELVIS

What are the Course objectives:

Participants will learn to assess the alignment & movement of the pelvis, hip & lumbar spine in standing, sitting & the movements of forward bending & squatting.

Participants will form a clinical hypothesis by correcting the structures found to be in non-optimal alignment & assessing the impact of this correction on the whole body.

Participants will learn to palpation & treat soft tissue structures in the Pelvic Girdle & use these findings to refine the clinical hypothesis

Participants will re- assess the movement screen to determine if there has been a change in alignment, movement or patient experience & use this reassessment to further guide the reasoning process.

What are the course specific outcomes:

Participants will learn to assess, **in standing**, alignment of:

The Pelvis

Intra Pelvic Torsion, Transverse Plane Rotation, Centre of mass over Base of support, Sway.

The Hip joint position

Relative extension or flexion.

Participants will learn to assess, **in sitting**, alignment of the pelvis - Intra Pelvic Torsion, Transverse Plane Rotation, Anterior or Posterior tilt.

Participants will learn to assess, in supine, the freedom of motion of the hip joint & form a hypothesis regarding the possible myofascial structures that could be affecting the hip.

Movement screening of a Squat & Forward bend task with attention of the biomechanics of the pelvis, hip joint & lumbar spine

Participants will learn to assess the impact of an alignment correction on the tasks of forward bending & squatting.

Participants will learn to form a clinical hypothesis to determine the best place to focus myofascial treatment techniques based on the findings of position, movement, correction & palpation.

Myofascial manipulation techniques to address structures including but not limited to:

Tensor Fascia Lata,

Iliacus,

Quadriceps,

Gluteus Medius & Maximus,
Quadratus Femoris, Piriformis, Obturator Internus,
Adductor Magnus, Adductor Longus, Adductor Brevis, Pectineus, Obturator Externus

Re- assessment of the squat or forward bend task to determine a change in alignment, movement or patient experience.