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Precision NMT Super Sleuth Question:

This client presented pain over the upper Trapezius and the middle Deltoid. He had fallen/tripped in his backyard. He had other injuries and did not notice his shoulder for a couple days. His first treatment at the office did not help, the pain was worse at night with a throbbing quality. He was up most of the night in pain. Abduction was particularly painful and he could not find a comfortable position for his arm. What was the problem?

Not every problem we see is solvable by PNMT. When someone has nocturnal pain, red flags should go up in your mind. This person had torn his rotator cuff during the fall. The other injuries, more superficial, took precedence at first. The tear revealed its ugly head days later. It is easy to mistake this injury for upper Trapezius and Deltoid problems, neither of which results in throbbing nocturnal pain. We sent this person to his physician.

THOUGHTFUL AND THOROUGH

Lately, I have been thinking a lot about the core essence of Precision Neuromuscular Therapy. When you boil it down, what is really at the heart of this work? Two words come to mind, thoroughness and thoughtfulness.

I was teaching at Blue Sky School of Massage and BodyWork in DePere, Wisconsin in August and one of the students remarked how 'small' this work was. An accurate comment, PNMT can often be very small, meaning extremely focused in a contained physical area. Rather than the deep, long, stripping motions often associated with other techniques, PNMT hones in on very small areas with seemingly very little pressure, but these areas of injury feel quite powerful to the client. Trying to simplify this concept in a seminar in Cincinnati, I finally wrote it as... **Effort ≠ Impact**

When I look at this little equation, I marvel at how many years it has taken me to really understand and come to this insight. As a good Scandinavian, I tend to think that hard work is everything, the more effort the better. In manual therapy, more work translates to bigger motions and deeper pressure. This means that the toll on the therapist, as well as the client, is high. Is it worth it? The answer would be yes, if that was the only way to accomplish the task. Thankfully, there is another way, the way of elegance and efficiency, thoughtful and thorough.

PNMT, like any discipline, is deceiving to observe. The mastery of elegance is easy to miss. Watch a master artist of any discipline perform and he/she makes the difficult look easy. Only after trying the activity do we realize and respect the discipline mastery requires. Similarly, the thoughtful

problem-solving process that makes PNMT special cannot be observed from the outside.

To be 'small' is to know where to focus energy to create the most amount of impact. The way to elegance and efficiency is through a *thoughtful* approach to every technique. My staff and I have shared with you numerous methods of testing and assessment, whose purpose is to help you discern where to concentrate your efforts. Whether these clarifications are tests, verbal history, exclusionary movements, or palpation hints, these clues guide you to the most likely areas of injury.

Once the area is defined, the injured area or TrP is found by an extreme level of palpatory *thoroughness*. Knowing the problem is probably in the Infraspinatus does not tell you which part of the Infraspinatus is injured. Since the areas of injury are so small, about 3mm, finding the exact area in a small muscle is very time consuming. A thoughtful approach will get you to the correct area, thorough palpation will get you to the exact spot in that predetermined area.

The skills needed for PNMT mastery are a very high level of functional anatomical knowledge (the ability to correlate findings with symptoms) and skilled palpation that deftly uncovers hidden areas of injury in the tissue. Thoughtfulness and thoroughness convey a deep respect and caring, both that you care and respect your chosen field and that you care and respect your clients by being fully prepared to serve them.

Douglas Nelson

"The most exciting phrase to hear in science, one that heralds new discoveries, is not 'Eureka' but 'That's funny. . .'"

Isaac Asimov

PNMT RESEARCH SYMPOSIUM 2007

After nearly ten years, the dream of having a conference where therapists can share their clinical research is finally here! I am thrilled to announce that February 17-18, 2007, the PNMT Research Symposium 2007 will be held in beautiful Lake Geneva, WI at the Grand Genevan Hotel. While I have a chance to meet many amazing therapists who attend our seminars around the country, I often wish that many of you could meet each other to share similar interests and expertise. This is your chance to connect with the rich PNMT community.

During seminars, I have often referenced a research project that we did, but if you really want to understand what was done and why, you should be talking to the therapist/therapists who actually did the work. This will be your chance to ask questions, discuss insights and possible new areas of study, and acknowledge people for the wonderful work they have done.

In addition to hearing about multiple research projects, you will also have at least four hours of hands on techniques to address problems that are related to our research. Some of the possible topics of research are:

- Frozen Shoulder
- Musician Injuries
- Restriction in Neck Rotation
- Migraine
- TMJ Restriction
- Massage for Anxiety and Depression
- Scapular Position and Neck Pain
- Psoas release and Spinal Compression
- Handedness and Shoulder Problems
- Anterior Inclination of the Pelvis

Please consider coming to this Symposium and learning from your peers as well as the PNMT Staff. Your conference fees include breakfast and lunch both days. You will be responsible for your hotel room (we have a special rate) and your meal on Saturday evening. I promise you lots of learning, laughter, and inspiration!

Clinical Management of Myofascial Pain & Fibromyalgia Syndrome A Pre-Conference Seminar (February 16, 2007)

Any therapist that is involved in treating pain is faced with determining if the condition presented is regional myofascial pain or Fibromyalgia. If the distinction between the two is clear, what are the appropriate strategies for treatment? Seth Will, PNMT Instructor, has designed a one day seminar to help you accurately assess and treat these two conditions.

Participants in the CMMPFMS Seminar will:

- ♦ Learn the characteristics and evaluations that determine and differentiate Myofascial Pain Syndrome (MPS) and Fibromyalgia Syndrome (FMS).

- ♦ Understand various pain mechanisms and how they relate to the above mentioned syndromes and their treatments.
- ♦ Learn to conduct a patient assessment of MPS and FMS.
- ♦ Learn to chart patient progress for both MPS and FMS.
- ♦ Understand what factors are involved with symptom continuance and how to detect them.
- ♦ Learn by what methods have proven success for these conditions.
- ♦ Learn to give effective patient recommendations and develop a treatment plan.

This seminar approved for 8 Continuing Education Hours

PNMT Research Symposium 2007 Registration Fees

General Admittance- \$245 (\$20 early registration discount- deadline November 1, 2006)

PNMT Certified Therapists- \$145

Pre-Conference Seminar: Clinical Management of Myofascial Pain and Fibromyalgia

General Admittance for Pre-Conference Seminar- \$195 (with Symposium: \$150)

PNMT Certified Therapists- \$125

(All registration fees include breakfast and lunch each day)

LEVEL TWO SEMINARS

Level Two seminars have been in progress for almost two years now. In Level Two, new information is presented to further deepen your understanding of PNMT. The Extremity class explores neural anatomy and pathology while the Spine class explores osseus structure and function.



Level Two: Extremities
September 2006

Rather than anatomy based, the information is condition-based. In addition, real people who have relevant conditions are invited to receive treatment. This is a fantastic way to improve your clinical skills and delve deeply into PNMT. Level Two classes are open only to certified PNMT therapists.

STRETCH MARKS THE SPOT

A while back I was perusing (the proper definition of peruse is to read thoroughly and intently, which is quite opposite of what we think of in common usage today) Travell and Simons and came across the concept of a **relevant trigger point**. The term relevant was given by M. Boeve during a personal communication with Travell in 1990. This name **relevant** struck me as being aptly and appropriately named. Thinking of other TrP terminology, I noted their commonsensical nature. **Active** TrPs acquire their name for their active role in a patient's painful condition. **Latent** TrPs developed their name for their relative quiescence in patient's pain recognition, but can restrict range (of motion) and cause stiffness.

A relevant TrP is at least a fraternal twin to latent TrPs. Some may think this semantics but I assure you that though the definitions are almost a pair, the implications are the odd couple. Boeve's use of term relevant was defined as, "a TrP that is limiting range of motion and producing dysfunction." (Travell & Simons p. 629) Reading Boeve's definition of a relevant TrP sounds exactly the same as the definition of latent TrPs, however I do believe there is a difference and an important one. Finding a range restriction may or may not be relevant to a patient's pain condition in the same way that finding tenderness or postural dysfunction may or may not be critical to a clinical syndrome. Thus, a latent TrP may be found and yet may not be related to a patient's clinical complaint. On the other hand a TrP that is found that shows itself significant to a patient's dysfunction is termed relevant. So in other words a relevant TrP is always a latent TrP, but a latent TrP is not always a relevant TrP. The importance is laid on the clinical relevance.

Imagine you had lost your sense of vision. Imagine that you had a dog and you kept this dog by a secure leash. Also note that your dog is extremely quiet. You decide that you want to take Roofus out for a stroll so you decide to locate your furry friend. How do you go about doing it? Do you walk around the room, holding your hands out and feeling every inch of your dwelling until you feel that unmistakable hairy mass? Or do you grab the leash, take up the slack and potentially hear a canine utterance?

As you can tell, this will also be our approach to locating relevant TrPs. We pull their muscular leashes and wait for them to yell...or point!?

Travell's four step list to find relevant TrPs:

- 1.) Identify limited range of motion by performing specific range of motion testing for all parts of [chosen muscle]
- 2.) Take up slack to the point of tension before changing the position
- 3.) Ask the patient where he or she feels the tension or where it hurts, and
- 4.) Search (palpate) there for a taut band and TrP.

The beauty of utilizing this method is that it provides us one more way of being more efficient, more exact, and more effective. This method cuts through to the core of relevance. It enables you to find what TrP, whether it be attachment or central, or tender point that is causing the movement dysfunction. Remember, every treatment has a reaction, not all of those reactions are good. Our goal is to treat only pertinent or significant dysfunctions. So when performing our work, at all times we must ask ourselves...is this relevant?

Seth Will

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UPCOMING TRAININGS

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| Call to Arms: Treating Hand and Arm Pain Upper Extremity | October 6, 2006 October 6-8, 2006 | Naperville, IL Cincinnati, OH |
| Precision Muscular Mobilization: Extremities Upper Extremity | October 7-8, 2006 October 13-15, 2006 | Blue Sky School of Massage and Bodywork Grafton, WI Ohio College of Massotherapy Akron, OH |
| PNMT Shoulder: A One Day Seminar Upper Extremity | October 16, 2006 October 20-22, 2006 | Bloomington, IL Carlson College of Massage Therapy Anamosa, IA |
| Call to Arms: Treating Hand and Arm Pain The Spine and Thorax | October 21, 2006 October 24-26, 2006 | Lexington, KY Myrtle Beach Marriott at Grande Dunes, Myrtle Beach, SC |
| Level Two Series: The Spine Head and Neck | October 26-29, 2006 October 27-29, 2006 | Champaign, IL Ohio College of Massotherapy Akron, OH |
| Form and Function TMJ Intensive | November 3-5, 2006 November 4-5, 2006 | New Mexico School of Natural Therapeutics Albuquerque Blue Sky School of Massage and Bodywork Grafton, WI |
| The Lower Extremity Form and Function | November 3-5, 2006 November 10-12, 2006 | Muncie, IN Cincinnati, OH |
| Precision Muscular Mobilization: Spine The Head and Neck | November 11-12, 2006 November 17-19, 2006 | Springfield, IL Marquette School of Massage, Marquette, MI |

This is a partial listing. Please check the website www.nmtmidwest.com for a complete seminar schedule.