

REHAB TRAINER



REHAB
EXPRESS

**KICKSTART
YOUR
INJURY
MANAGEMENT
SKILLS**

CONTINUING PROFESSIONAL DEVELOPMENT

REHAB EXPRESS

KICKSTART YOUR INJURY MANAGEMENT SKILLS!

Keep clients on their fitness plans with less injury frustration!

The key is the incredible “R+E+H+A+B” skill-set - it keeps you safe from making mistakes with injured areas, and yet gives you powerful tools to make a difference!

- + Discover enough about HOW injuries are created to prevent many happening – understand the negative powers of “Holding Patterns”, asymmetry and muscle imbalance.
- + Learn three quick Screening tests that may indicate an injury is “High Risk” and needs referral to a physiotherapist as a high priority.
- + Understand the 5 main muscle imbalances that afflict the shoulder, knee/hip and low back, setting clients up for injury, or turning them into chronic issues.
- + Receive and be taught techniques with the Posture Pro tool for “Turning Down” dominant areas of fascial tightness, muscular trigger points, and mobility barriers.
- + Use the simple “Movement Conductor” (short dowel) to retrain faulty movements and teach activation drills for inhibited muscles for each of the 5 main muscle imbalances.
- + Blend new movements into functional patterns, lifestyle, and set homework for your clients to keep them improving in their own time.
- + Receive 6 CEC's from Fitness Australia, 0.7 NASM CEUs or 0.7 ACE credits.

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FACE TO FACE COURSE TIMETABLE

9.00 – 10.30	Theory of Injury, Holding Patterns, Muscle Imbalance and Asymmetry Risk Assessment
10:30 – 10:40	Morning Tea / Break 10min
10:40 – 13:15	5 Main Muscle Imbalances with Evaluation, Loosening Procedures and Activation Drills: SHOULDER / NECK / ARM <ol style="list-style-type: none"> 1. Pec Minor Dominating Lower Traps and Serratus Anterior 2. External Rotator Cuff Dominating Subscapularis and Supraspinatus
13:15 – 14:45	Lunch
14:00 - 17:00	KNEE / HIP / LOW BACK <ol style="list-style-type: none"> 3. Vastus Lateralis Dominating Vastus Medialis 4. Tensor Fascia Lata Dominating Gluteus Medius 5. Hamstrings / Adductor Magnus Dominating Lumbar Multifidus Blending Rehab into: <ul style="list-style-type: none"> + Functional Movement Programmes + Client sessions + Client Homework Finish

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COURSE CONTENT

Become confident in the cutting edge “R+E+H+A+B” skill-set. Avoid mistakes with injured areas and learn to manage clients’ pains and niggling injuries.

R RISK ASSESSMENT OF THE INJURY

Injuries can be classified into “high risk” or “low risk” by the PT so they can decide accurately and confidently which injuries can be trained through (*termed Low Risk or “Functional Injuries”*) and which ones need to be trained around (*termed High Risk or “Pathological”*). The PT will simply learn one High Risk Test for the upper limb, the lower limb and the spine that will guide them to make the right decision. Note that this is nothing like the complex process of “Diagnostics” that a Physiotherapist will go through to determine what structure is injured.

- + Low Risk / High Risk Injury states PRAC
- + Critical High Risk Tests

E EVALUATION OF MOVEMENT DYSFUNCTION

This observational skill is based on a deeper understanding of Poor Positioning, Poor Technique, and Poor Biomechanics – few PT courses go to the next level of analysing and retraining the habituated poor movement of individual joints in a kinetic chain, for example, *How do I know if someone’s scapula demonstrates muscle imbalance in the seated row or bench press? Or: What does it look like when someone’s low back is at risk of a disc bulge when they are doing squat?*

- + Power of Habituation / A Poor Normal
- + Muscle Imbalance
- + L/R Asymmetry as main driver of injury:
- + Injury Hx
- + Dominance
- + Sporting and working Hx

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a. MUSCLE IMBALANCES COVERED:

- + Pec Minor Dominance over Lower Trap and Serratus Anterior in PULL / PUSH MOVEMENT
- + Infraspinatus / Teres Minor Dominance over Subscapularis / Supraspinatus in OVERHEAD PRESS
- + Tensor Fascia Lata (TFL) Dominance over Gluteus Medius in SINGLE LEG CONTROL
- + Vastus Lateralis Dominance over Vastus Medialis in SQUAT / LUNGE / RUNNING
- + Hamstring / Adductor Magnus Dominance over Lumbar Multifidus in DEADLIFT

H HANDS-ON LOOSENING PROCEDURES

PT's are taught effective and safe Trigger Point, PNF and Passive stretching techniques for each body area, and old stretches are revised and corrected if necessary. Many new techniques and positions are introduced that the PT can do for a client.

- + Trigger Point Release ("TPR")
- + PNF-Myofascial Release ("Pulse") Technique

b. PRAC TECHNIQUES

1. Pec Minor #1 and #2
 - + PPro / Hand Pulse; Self
2. Ext Rotator Cuff
 - + PPro / Dowel Pulse
3. TFL #1 sitting or #2 supine opp hip flex
 - + Pulse PPro or Knee
4. Vastus Lateralis
 - + TPR PPro / Hand
5. Hamstring / Add Mag (with foot heel)

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- 6. Heel TPR
 - + PPro / Knee Pulse

A ACTIVATION DRILLS AND TECHNIQUES

Retraining and rehabilitation drills that enhance muscle control and stability of joints in a gym environment are applied to each body area – practical exercises that are extremely PT friendly and allows clients to fast track towards their goal-exercises. In addition, simple activation drills are incorporated into warm-up and warm-down using swiss balls and other existing equipment in the gym, without asking the PT to engage in lower-level Physio exercises that just don't work in a gym environment.

- + Theory of Inhibition / Activation
- + Isolation
- + Integration
- + "Iso-integration"

C. PRAC TECHNIQUES

1. Lower Trap isolation during PULL
2. Lower Trap integration into PULL
3. Serratus Anterior isolation during PUSH
4. Subscapularis Iso-integration during PUSH (tubing at the hand during press)
5. Gluteus Medius Hip Iso-integration during single leg balance
6. Vastus Medialis Knee Iso-integration during lunge and crab walk
7. Lumbar Multifidus (Low Back) integration into body-weight deadlift

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B BLEND INTO TRAINING!

Rehab skills are blended into fitness programmes and functional movements, creating “stepping stone” exercises that the client can do without pain and with the opportunity to retrain their patho-mechanics. Gradually they are progressed towards their ‘goal exercises as their injury resolves.

- + Powerful warm-ups to minimize muscle imbalances
 - + Warm downs:
 - + long passive holds and rolling;
 - + taking isolation drills to fatigue;
 - + client homework

FUNCTIONAL EXERCISE PRAC

- + Blending into Functional movement combos:
 - + Lunge / thoracic rotation / one arm row
 - + Sumo squat hold / dumbbell two handed lift
 - + Single arm Cable push / thoracic rotation / lunge opposite side
 - + Step up with opposite overhead press
 - + Single leg balance with bicep curl

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