



# Stretch Therapist (ST) Workshop

## Guide Program – five-day format

### Pre-requisites for the ST Workshop

Participants are expected to have read *Overcome neck & back pain*, 4th edition prior to the workshop, and have adequate anatomical knowledge (the book provides adequate detail).

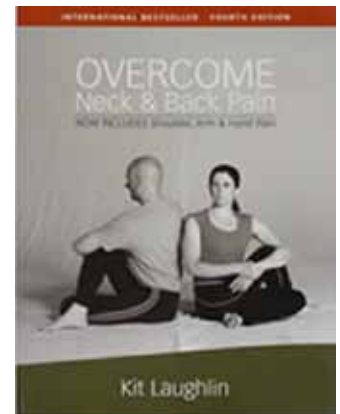
The ST course text is *Overcome neck & back pain*, 4th edition by Kit Laughlin.

### Day one: The causes of low back pain

Includes all relevant current theory on the causes of low back pain drawn from the latest research sources. This includes the relation between pain and dysfunction, pain and elevated tension, pain and body image, the latest research from Western medicine (including Chiropractic) and other sources. This section is profusely illustrated.

Following the theory presentation, you will learn our approach to structural assessment, including how to distinguish structural Leg Length Inequality (LLI) from induced leg length differences, and how to identify the presence of small hemi-pelvis. You will be taught the relevant tests to distinguish these aspects of the problems. You will test and assess all the other attendees.

In the afternoon, stretches that become relevant to the improved Straight Leg Raising Test (SLRT, to be taught the following day) are presented and practised; these include calf (*gastrocnemius*), two of the *piriformis* exercises, and one of the hamstring movements.



### Day two: The lower back, *piriformis* syndrome and sciatica, and the Straight Leg Raising Test

We teach an improved version of the Straight Leg Raising Test (SLRT, or SLLT) to more closely identify the causes of sciatica; many common false positives in this test are eliminated in this version. In the process, we will use the stretches learned on Day one to precisely identify the causes of the problem.

The morning of Day two introduces the series of tests of muscular imbalances, which focuses on a 'within-person' comparison of range of movements of hamstrings, hip flexors (including *rectus femoris*), *piriformis*, *gluteus medius* and *minimus*, whole-spine rotation and lateral flexion. A focus of these exercises is a left-right comparison of function, where this is possible. Stronger versions of the *piriformis* exercises are presented, including the most efficient versions for use on a massage table.

The afternoon of Day two teaches all relevant hip, lower back and leg exercises to correct imbalances or to optimise function. Extremely effective exercises (both chair and floor versions) for *quadratus lumborum* are presented, as well as for hip flexors, *piriformis* and the other groups identified by the tests presented in the morning. All exercises are taught as practitioner-applied movements initially; solo version (self-stretches) for the patients to take home are then taught. Effective cueing is a focus of this day's work.

**Attendees' capacity to perform, and teach, all relevant exercises will be assessed.**



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### Day three: strengthening and repatterning

Based on my experiences with athletes and patients, I have realised that there is an urgent need to teach practitioners how to assess their patients' functional strength problems. My interest in this aspect of the patient's function began with the Australian Olympic sprinter, Tania Van Heer. She had a recurring hamstring problem (for more than five years), and she contacted me for hamstring stretching expertise. After watching her run, it became obvious that she had adequate hamstring flexibility, but her *gluteus maximus* muscles were not contributing to the absolutely fundamental hip extension required in her sport. One session in the gym (two innovative Swiss ball exercises) literally switched on the *gluteus maximus*, and in Europe in 2001 she ran a personal best in the 100m (11.3"), and the hamstring injury is a memory.

Many practitioners prescribe a variety of strength-developing exercises *before understanding the relative strengths and weaknesses in the client's body*. Occasionally, this worsens the client's existing imbalances. Sometimes the recommended exercises are ineffective due to poor understanding of biomechanics or simply the wrong exercise for that particular client.

This day's material will allow the practitioner to recommend exercises with increased confidence that the outcome will be favourable. Tests will be taught for *gluteus maximus*, lower abdominal flexion capacity (lower fibres of *rectus abdominis*, internal/external obliques, and *transversus abdominis*), rotational balance and competence, upper abdominal dominance (a frequent predisposing cause of *kyphosis*), and left/right comparisons when necessary. I will show an instant way to cue the action of *transversus abdominis*, and a technique that is particularly effective for the elderly or those who have had abdominal surgery (*earthquake test*).

Both sessions introduce essential tests of muscle *sequencing* and *patterning*. This refers to the order in which muscles fire to achieve movement outcomes. Inefficient patterns are possible causes of common muscular problems like pulled hamstrings (often the result of overactive *iliopsoas* and *rectus femoris* and inactive *gluteus maximus*), and anterior pelvic tilt (inactive *transversus abdominis* and a possible cause of low back pain). The relationship between stretching and strengthening exercises will be explored in detail. The essential core strengthening exercises will be taught, using rolled towels, Swiss balls, and other instability exercises.

In addition, the relation between medial knee movement and ankle pronation and inactive external hip rotators will be explored. Attendees will be taught how to determine which of the abdominal muscles are dominant when the trunk is challenged, and corrective exercises for the patterns found. Simple, effective exercises for reactivating the external hip rotators together with the lower abdominal muscles will be taught and practised. The corrective floor and exercise ball strengthening exercises will be revisited. Attendees will be able to demonstrate and teach these techniques properly by the end of this session.

In the afternoon, the whole range of middle and upper back, and neck exercises from the latest edition of *Overcome Neck & Back Pain* will be introduced. These are essential for the practitioner — many of you have problems in these areas yourself, from past experience! Extremely effective exercises for the paravertebrals, upper and middle *trapezius*, *levator scapulae* and the *sub-occipitals*, often the starting place for headaches, will be taught and practised. Take-home versions of all exercises are taught too; this will much enhance the effectiveness of your treatments. Part of the session will involve you teaching these exercises to other attendees, with particular emphasis on cueing (verbal and tactile cues).



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### Day four: shoulder and other neck exercises

The morning session will introduce all the best shoulder exercises from the latest edition of *Overcome Neck & Back Pain* and *Stretching & Flexibility*, including how to compare internal and external rotator cuff strengths (imbalances in which are a common source of shoulder pain and dysfunction), and how to increase their flexibility if desired. A particularly useful series of exercises to correct rounded shoulders and internally rotated arms, emphasising *biceps brachii* and *pectoralis minor*, will be taught and practised. Rotator cuff strengthening exercises will be demonstrated and practised, with light dumbbells and elastic bands.

The remainder of the neck exercises will be presented, including essential strengthening movements done off the massage table. We have divided the presentation of the neck exercises over two days, because we have found that the material cannot be effectively *experienced* and learned in a single session.

Attendees will learn stretches that have proven to be particularly effective for RSI (OOS). We present the latest research on the relationship between Thoracic Outlet Compression Syndrome and the *scalenes* group, and teach both on-the-table practitioner-applied exercises and solo patient versions (self-stretches, done on the floor) for this stubborn muscle group. Floor versions of the same exercises will be taught too, for those practitioners who do not work on a table.

### Day five: arm, forearm, wrist and hand; full revision

On the final day, a comprehensive series of arm, wrist and hand exercises will be shown and practised. Past participants have found this session particularly useful for avoiding problems common in bodywork and have reported that the occasional practice of these exercises has benefited them significantly.

The remainder of the final day will be a revision of all material taught to this point. Attendees will be drawn upon randomly, both to demonstrate particular techniques, or to address the group on particular points of interest.

It is our intention that this intensive workshop actually equips you, the practitioner, with the skills that we have found effective in the clinical situation. To this end, you will be *required* to demonstrate competence: this means that you will need to be able to show and explain all the core concepts and exercises.

Five days is really not enough time to do justice to the wealth of material presented — but this is what we will cover, so please attend with the most positive attitude you can muster! The more familiar you are with the basic text (*Overcome Neck & Back Pain*, 4th edition), the deeper into the material you will be able to go. This will be a practise-changing experience for you; both you and your patients will benefit immediately and directly. Only methods that have helped thousands of patients will be taught. We want you to demonstrate that you can ***teach your patients how to help themselves.***