



Certificate in Orthopaedic Manipulative Therapy

PROSPECTUS

2021

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Aims:

To educate physiotherapists, or other healthcare professionals if appropriate, to develop knowledge and skills in Orthopaedic Manipulative Therapy (OMT) focusing on clinical reasoning, skill development and clinical application.

Objectives:

Upon completion of the Scheme, the student should be able to:

- State the Principles of Orthopaedic Manipulative Therapy and the Assessment of patients based on the Clinical Reasoning principles in OMT.
- Perform Assessment and Manipulation of the Lumbar Spine
- Perform Assessment and Manipulation of the Cervical Spine
- Perform Assessment and Manipulation of the Thoracic Spine
- Demonstrate Mobilization of the Nervous System
- Perform Assessment and Manipulation of the Upper Extremities
- Perform Assessment and Manipulation of the Lower Extremities
- Demonstrate passive mobilization (Grade I – IV) and manipulation (Grade V) skills of all parts of the body in a safe and effective manner

Format of the Program:

he program will span over 8 months, with 15 hours of face to face teaching over a weekend every month. Students can have sufficient time between classes to consolidate their knowledge and skills. Students can take the course over weekends without interfering with their full time work and to reduce the need of travelling and lodging for foreign students. There would be a total of 120 contact hours for the Program.

Program

The Scheme is formed by 4 Modules taught over 8 weekends:

Module 1: Principles of Orthopaedic Manipulative Therapy; Assessment and Manipulation of the Lower Quadrant Part I – Lumbar Spine and Sacrum

Module 2: Assessment and Manipulation of the Lower Quadrant Part II – Hip, Knee, Ankle and Foot; Neurodynamics

Module 3: Assessment and Manipulation of the Upper Quadrant Part I – Cervical Spine and Shoulder

Module 4: Assessment and Manipulation of the Upper Quadrant Part II – Thoracic Spine, Elbow, Wrist and Hand

Continuing Professional Development

(CPD) Credits

15 credit points will be awarded to the Program by the Hong Kong Physiotherapy Association on behalf of the Physiotherapists Board of Hong Kong. (15 points is the maximum point that can be awarded to each continuous course of study)

Entry Requirement

Registered Physiotherapists.

Other healthcare professionals may also apply and subject to individual consideration.

Medium of Instruction

The medium of instruction will be in English.

Assessments

Students will be assessed by a written examination (at the end of module 2) and a practical examination (at the end of module 4).

Continuing assessment for return demonstration at practical sessions will also be conducted.

Award

A Certificate of Attendance will be awarded by the Institute of Holistic Healthcare upon completion of each module.

A final Certificate in Orthopaedic Manipulative Therapy will be awarded by the Institute of Holistic Healthcare upon successful completion of all modules and passing the written and practical examinations.

Only students completing all modules are eligible to sit for the examinations (modules 1 & 2 required for the written examination, modules 1, 2, 3 & 4 required for the practical examination).

Dates

Dates are tentative and is subject to change if situation demands. Students will be notified of any change at least one calendar month prior to the meetings.

Module 1: 29-30/5/21, 26-27/6/21

Module 2: 24-25/7/21, 28-29/8/21

Module 3: 25-26/9/21, 23-24/10/21

Module 4: 20-21/11/21, 4-5/12/21

Time:

Saturdays 2:30pm-10:00pm

Sundays 10:00am-7:30pm

Tuition Fee

The tuition fee for each module is HK\$8,900. Fees are payable two weeks prior to the commencement of each module (every two months) in March, May, July and September.

Course Fee is to be paid 4 weeks prior to each module .

10% OFF for payment in full.

Course Contents

Program 1: Principles of Orthopaedic

Manipulative Therapy; Lower Quadrant Part I

- What is Manipulative Therapy and Manual mobilization
- Assessments
- Examinations
 - Active Examination
 - Passive Examination
- Continuous analytical assessment
- Handling the problem of diagnosis
 - Diagnostic Title
- Clinical presentation
- Division of thinking in diagnosis
- The “permeable brick wall”
- Assessment & Analytical Assessment
 - Examination
 - Initial Assessment
 - Assessment during treatment
 - Post-technique reassessment
 - Post-treatment reassessment
 - Follow-up reassessment
 - Retrospective reassessment
 - Completion of treatment (course) reassessment
- Inherent capabilities of the body
- The Maitland’s Concept
- Subjective examination
- Clinical reasoning
 - Linear thinking
 - Collateral thinking
 - Pathology vs. physical diagnosis
 - “Double crush phenomenon”
- Objective examination
- Active tests
 - Observations
 - Active movements
 - Physiological movements

- Combined movements
 - Movement patterns
 - Auxiliary tests associated with active movement tests
- Passive tests
 - Palpation
 - Passive movements
 - Passive physiological movements
 - Passive accessory movements
 - Combined movements
- Differential tests of joints and structures
- Grading of Passive Movements
- Movement of pain sensitive structures
 - Vertebral canal and intervetebral foramen
 - Straight leg raise (SLR)
 - Prone knee bend (PKB)
 - Passive neck flexion (PNF)
 - Slump Test
 - Bias of tension or mechanics
 - Upper limb tension tests
- Neurological tests
 - Isometric (muscle) tests
 - Deep tendon reflex
 - Sensory tests
 - Other neurological tests
- Making Diagnosis
- Principle of techniques
- Grading of techniques
- Mechanisms of different grades of movement
- Techniques
- Movement diagram
- Direction of movement of techniques
- Starting position
- Pain vs. stiffness
- Rhythm
- Duration of treatment
- Structures Involved
- Choice of Techniques
- What makes a good manipulative therapist?

Assessment and Manipulation of the Lumbar Spine & Sacrum

Planning the Objective Examinations

Observation

Posture

Standing

Sitting

Lying

Radiological Examinations

Lumbar Spine

Movements:

Flexion

Extension

Side Flexion

Rotation

Side gliding / lateral shift

Combined movements

Combined movements in Flexion

Combined movements in Extension

Quadrant Test for Lumbar Spine

Combined movements in Rotation

Combined movements in Lateral Flexion

Palpation

Prone Lying

Supine Lying

Passive Accessory Intervertebral Movements (PAIVM)

PA

Unilateral PA

Transverse

AP

Unilateral AP

Longitudinal / traction

- Both legs
- Single leg
- Mechanical

Passive Physiological Intervertebral Movement (PPIVM)

Flexion

- Supine
- Side-lying
- Long-sitting
- Standing

Extension

- Supine
- Prone
- Standing

Lateral Flexion

Rotation

Combined PPIVM

Rotation + Flexion / Extension

Rotation + Flexion / Extension + Side Flexion

Rotation + SLR

Sacroiliac Region

Open book test

Close book test

Sacral flexion (Nutation)

Sacral extension (Counter-nutation)

Sacral Rotation

Sacroiliac Manipulation

Sacro-coccygeal Region

PA

AP

Transverse

Program 2: Assessment and Manipulation of the Lower Quadrant Part II

Mobilization of the Nervous System

Physiology of Pain

Neuroanatomy

Neurophysiology

Pain perception

Pain Modulation

Neurodynamics

SLR

PNF

PKB

Slump

- Stretching (tension / physiological)
- Flossing (dynamics / mechanical)

Slump in side lying

Slump + rotation

Upper Limb Tension Tests (ULTT)

- Stretching (tension / physiological)
- Flossing (dynamics / mechanical)

ULTT 1

- Bias on median nerve

ULTT 2

A – Bias on radial nerve

B – Bias on median nerve

ULTT 3

- Bias on ulnar nerve

Exercises

Other mobilization techniques for the nervous system

Lower Extremities

Hip Joint

Physiological movements

Flexion

Extension

Abduction

Adduction

Rotation

Accessory Movements

AP

PA

Lateral (distraction)

Medial (compression)

Longitudinal Caudad (distraction)

Longitudinal Cephalad (compression)

Combined Movements

Shaft Rotation

Physiological movements in compression / distraction

Circumduction

Quadrant (Flexion + Adduction)

Tibiofemoral Joint

Flexion

Extension

Rotation

PA

AP

Transverse

Longitudinal

Rotation + Compression / Distraction

Patellofemoral Joint

Gliding

- Superior (cephalad)
- Inferior (caudad)
- Medial
- Lateral

Rotation

Tilting

Compression

Distraction

Superior Tibiofibular Joint

PA

AP

Longitudinal Cephalad / Caudad

Inferior Tibiofibular Joint

PA

AP

Compression

PA / AP + Compression

Ankle (Talocrural) Joint + Subtalar Joint

The Foot Arches and Functional Positions / Movements

Dorsiflexion

Plantar Flexion

PA

AP

Longitudinal caudad (distraction)

Longitudinal cephalad (compression)

Inversion

Eversion

Medial Rotation

Lateral Rotation

Ankle circumduction

Intertarsal Joints / Tarsometatarsal Joints

Forefoot Abduction
Forefoot Adduction
Forefoot Flexion
Forefoot Extension
Forefoot circumduction
Intertarsal / Tarsometatarsal gliding
Cuboid manipulation

MTP Joints

Flexion
Extension
Abduction
Adduction
Accessory glides

IP Joints

Flexion
Extension
Varus stress
Valgus stress
IP glides

Program 3: Assessment and Manipulation of the Upper Quadrant Part I

Cervical Spine

Planning the Objective Examinations

Observation

Posture

Standing

Sitting

Lying

Radiological Examinations

Movements:

Flexion

Extension

Side Flexion

Rotation

Combined movements

Upper Cervical Extension + Lower Cervical Flexion (Protrusion of chin / forward head posture)

Upper Cervical Flexion + Lower Cervical Extension (Tuck-in the chin)

Quadrant Test for Cervical Spine

- Upper Cervical Spine Quadrant Test
- Lower Cervical Spine Quadrant Test

Combined movements with **compression**

Combined movements with **distraction**

Vertebrobasilar Artery (VBA) Insufficiency Tests

Neck Rotation vs. Trunk Rotation

Rotation

Rotation + Extension

Sustained rotation
Sustained extension
Sustained rotation + extension
Pre-manipulation
Warning and consent

Palpation

Upper Cervical + Sub-occipital
Mid Cervical
Lower Cervical + Cervicothoracic junction
Standing
Sitting
Prone Lying
Supine Lying

Passive Accessory Intervertebral Movements (PAIVM)

PA
Unilateral PA
Transverse
AP
Unilateral AP
Cricothyroid articulations
Longitudinal / traction

- Manual
- Mechanical

Passive Physiological Intervertebral Movement (PPIVM)

Flexion

- O/A
- A/A
- C2 – C7

Extension

- O/A
- A/A
- C2 – C7

Lateral Flexion

- O/A
- A/A
- C2 – C7

Rotation

- O/A
- A/A
- C2 – C7

Combined PPIVM

Rotation + Flexion / Extension + Side Flexion in various combinations

PA / AP + combined movements

Grade V Manipulation (tv)

C2 – C7

Rotation

Transverse

Side Flexion

C1/2 (A/A)

Rotation

Transverse

C0/1 (O/A)

Rotation

Unilateral PA

Transverse

Longitudinal



Shoulder Girdle

SC Joint

AC Joint

GH Joint

Scapulothoracic “joint”

Acromioclavicular (Sub-acromial) “joint”

Glenohumeral Joint

Physiological movements

Flexion

Extension

Abduction

Adduction

Rotation (medial / lateral)

Horizontal Flexion / Extension

Combined Movements

Hand behind back

Hand behind neck

Quadrant

Locking

Flexion + Quadrant

Abduction + compression / distraction

Circumduction

Accessory Movements

AP

PA

- Neutral
- In abduction
- In abduction, prone

Lateral

- Neutral

- In flexion

Longitudinal Caudad (distraction)

- Neutral
- In abduction
- In flexion
- In abduction, prone

Longitudinal Cephalad (compression / weight bearing)

- Acromiohumeral “joint”

Acromioclavicular Joint

AP

PA

Longitudinal

Sternoclavicular Joint

AP

PA

Longitudinal caudad

Longitudinal cephalad

Scapulothoracic “Joint”

Protraction

Retraction

Elevation

Depression

Rotation

Compression

Distraction

Program 4: Assessment and Manipulation of the Upper Quadrant Part II

Thoracic Spine

Planning the Objective Examinations

Observation

Posture

Standing

Sitting

Lying

Radiological Examinations

Movements:

Flexion

Extension

Side Flexion

Rotation

Combined movements

Palpation

Thoracic Spine

Ribs

Standing

Sitting

Prone Lying

Side lying

Passive Accessory Intervertebral Movements (PAIVM)

Thoracic Spine + ribs

PA

Unilateral PA

Transverse

Rotatory PA

Longitudinal / traction

- Manual
- Mechanical

First Rib (R1) mobilization

2nd – 12th Ribs (R2 – R12) mobilization

Ribs Springing

Passive Physiological Intervertebral Movement (PPIVM)

Flexion / Extension

- C7 – T4
- T4 – T11

Lateral Flexion

- C7 – T4
- T4 – T11

Rotation

- C7 – T4
- T4 – T11
- Costovertebral junction

Combined PPIVM

Compression-movement tests

Slump Tests

Slump-movement tests

Grade V Manipulation (tv)

T3 – T10

Rotation

Longitudinal

Longitudinal + PA

PA

Rotatory PA (Screwing)

C7 – T3

Lateral Flexion

- Sitting
- Prone lying

Upper Extremities

Elbow

Humeroulnar joint
Humeroradial joint
Superior radioulnar joint

Elbow Joint

Extension
Extension + Abduction
Extension + Adduction
Flexion
Flexion + Abduction
Flexion + Adduction
AP
Longitudinal Caudad
Flexion + Longitudinal Caudad

Superior Radioulnar Joint

PA
AP
Supination
Pronation
Longitudinal caudad
Longitudinal cephalad

Wrist and Hand

Inferior Radioulnar Joint

PA
AP
Compression
PA / AP + Compression
Longitudinal cephalad

Longitudinal caudad

Wrist (Radiocarpal) Joint

Extension

Flexion

Ulnar deviation

Radial deviation

Lateral transverse

Medial transverse

Supination

Pronation

PA

AP

Wrist circumduction

Intercarpal Joints / Carpometacarpal Joints

Mid carpal flexion / extension

Carpal horizontal flexion / extension

AP

PA

Longitudinal caudad / cephalad

First CMC movements

- Physiological and accessory movements
- Extension + Abduction manipulation

MCP Joints

Flexion

Extension

Abduction

Adduction

Accessory glides

Intermetacarpal movements

IP Joints

Flexion
Extension
Varus stress
Valgus stress
IP glides