AMSPT Yearlong Course Learning Objectives

Upon completion of this Yearlong Course students should be able to:

1. Know and understand the purpose of Maitland’s Concepts. In particular, be able to justify the need for using a “two compartment mode of thinking” (permeable brick wall) when treating musculoskeletal complaints.

2. Perform an accurate subjective examination for musculoskeletal disorders. This should include the following:
   a. Main complaint
   b. Profile/Functional loss
   c. Area of symptoms (including bodychart)
   d. Aggravating factors
   e. Easing factors
   f. 24 hour behavior
   g. Special questions (eg general health and medications)
   h. Present history
   i. Past history
   j. Common screening questions for Lumbar spine, SIJ, Hip, Knee, PFJ, Ankle/Foot.

3. Perform an accurate objective examination for upper and lower quarter musculoskeletal disorders. This should include the following examination components for the Lumbar spine, SIJ, Hip, Knee, PFJ, Ankle/Foot, Cervical Spine, Thoracic Spine, Shoulder, Elbow, Wrist/Hand:
   a. Resting symptoms
   b. Observation
   c. Functional testing
   d. Active physiological movements
   e. Resisted static contractions
   f. Neurological examination
   g. Neuromuscular testing
   h. Passive physiological movements
   i. Palpation
   j. Special tests (eg stability tests)

4. Understand the pros and cons of the two most common methods of clinical reasoning:
   a. Hypothetico-deductive reasoning
   b. Pattern recognition

5. Begin to develop clinical hypotheses across all 7 clinical reasoning hypothesis categories described by Mark Jones. The 7 hypothesis categories include:
   a. Functional limitation/disability
   b. Pathobiological mechanisms
   c. Source of the symptoms/dysfunction
   d. Contributing factors
   e. Precautions and contraindications
   f. Management
   g. Prognosis

6. Clinical application of the acronym SINSS
   a. Severity
   b. Irritability
   c. Nature
   d. Stage
   e. Stability
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7. Know and apply the contraindications and precautions to manual therapy application.

8. Clinically apply of the concept of the comparable sign.

9. Draw a movement diagram to pictorially represent passive movement.

10. Know and clinically apply the grades of movement as described by Maitland (2001).

11. Apply passive treatment techniques using the concept of pain and stiffness.


13. Have an understanding of the following mechanisms of pain production:
   a. Nociceptive
   b. Peripheral Neurogenic
   c. Ongoing Central Sensitization
   d. Affective
   e. Autonomic
   f. Motor

14. Recognize the clinical presentation resulting from dominant ongoing central sensitization and alter evaluation and management strategies appropriately.

15. Understand the basic physiological basis for neurodynamic evaluation including the possible test responses:
   a. Normal
   b. Clinically Relevant
   c. Neurogenic/Positive

16. Know the signs, symptoms and objective examination procedures for the following:
   a. Upper Cervical Instability
   b. Vertebrobasilar Insufficiency

17. Appreciate the inappropriateness of the diagnostic term: “Tendinitis”. Clinically recognize and effectively manage the three known types of tendinopathy:
   a. Tendinosis
   b. Acute paratenonitis
   c. Acute/Chronic Partial tendon tear

18. Accurate performance and clinical utilization of the following passive treatment techniques:
   a. Lumbar Spine
      i. General ⊗
      ii. General LF
      iii. ↓
      iv. ↑
      v. →
      vi. ↔(manual traction)
      vii. Mechanical Traction
   b. SIJ
      i. Post/Ant Iliac Tilt
      ii. ↓
   c. Hip
      i. F/Add
      ii. MR in Prone
      iii. E/l
      iv. PAM in F/Add
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d. Knee/PFJ
   i. ↑ in sl F
   ii. PAM in F
   iii. E/Ab IV
   iv. E/Ad IV
   v. E/↑ IV
   vi. E II
   vii. F IV
   viii. PFJ →(med) and ↓(med tilt) in Sly

e. Ankle/foot
   i. DF II
   ii. DF IV
   iii. PAM in DF
   iv. PF IV/III
   v. STJ mobilization in Side lying
   vi.

d. Cervical Spine
   i. General Ø
   ii. General LF
   iii. ↓
   iv. ↓
   v. ↓
   vi. →
   vii. →(manual traction)
   viii. Mechanical Traction

e. Thoracic Spine
   i. ↓
   ii. ↓
   iii. →
   iv. Rotatory ↓ (rib screw)

f. Shoulder
   i. ↓ II
   ii. Q II
   iii. Q IV
   iv. Lock IV
   v. PAM in Q
   vi. PAM AC joint
   vii. Components of HBB

g. Elb
   i. EE II
   ii. E/Ab IV
   iii. E/Ad IV
   iv. E/↓ IV
   v. ↑ over coronoid or radial head
   vi. Sup/Pro

h. Wrist/Hand
   i. E II
   ii. E/↓ IV
   iii. Intercarpal ↓/↑
   iv. HE IV

19. At a minimum know the typical presentation of the following clinical patterns:
   a. Lumbar Spine/Pelvis
      i. Acute Discogenic
      ii. PIV Joint Arthropathy
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iii. Acute Lumbar Nerve Root
iv. Spinal Stenosis
v. SIJ

b. Hip
i. OA
ii. Trochanteric Bursitis

20. When evaluating disorders of movement utilize the following concepts:
   a. Neutral versus Elastic zone.
   b. Global versus Local muscle systems.

21. Recognize when further management should be directed primarily at the correction of any movement abnormalities.

22. Accurate performance and clinical utilization of the following:
   a. Local Muscle System Isolation:
      i. Lumbar Spine
      ii. Cervical Spine
   b. Modified Thomas Test.
   c. Flexibility Assessment for the Proximal UQ including:
      i. Upper trap
      ii. Scalenes
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iii. Levator scap
iv. Scalenes
v. SCM

23. Understand the basic principles of additional Physical Therapy procedures used to complement Manual Therapy when rehabilitating disorders of movement. The following is considered a minimum:
   a. Stretching, Contract/Relax
   b. Soft tissue mobilization
      i. Deep transverse frictions
      ii. Trigger point release
      iii. “Stripping”
      iv. Pump Massage
c. Taping
d. Stabilization Training

24. Practice in a manner that is consistent with the Standards for Intermediate level Manual Physical Therapy Practice.

25. Understand the subjective and objective differences between somatic and neurogenic referred pain.

26. Understand the principles of differentiation, including:
   a. Subjective.
   b. Objective.
   c. Reassessment.
   d. Treatment.

27. Know and look for the common errors that occur in clinical reasoning.


29. Effectively screen, subjectively and objectively, for disease that is not musculoskeletal in origin.

30. Accurate performance and clinical utilization of the following neurodynamic base tests:
   a. PNF
   b. SLR
   c. PKB
d. Slump
e. ULNT 1
f. ULNT 2a
g. ULNT 2b
h. ULNT 3

31. Understand the principles of physical differentiation tests, including the following specific tests:
   a. Cervical/Thoracic
      i. Cervical spine versus thoracic spine in Rot.
   b. Shoulder
      i. Inert versus contractile tissue
      ii. Subacromial impingement versus periarticular (capsule) versus AC joint in Quadrant.
   c. Elbow
      i. Superior radioulnar joint versus radiohumeral joint in supination.
d. Wrist
   i. Radiocarpal joint versus inferior radioulnar joint in supination.
e. Hip/Lumbar
   i. Hip joint versus lumbar spine in F/Add.
   ii. Hip joint versus lumbar spine in standing Rot.
f. Foot
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32. Accurate performance and clinical utilization of the following grade V treatment techniques:
   a. Cervical Spine
      i. Localized Rot C2-C7
      ii. Localized LF C2-C7
      iii. Localized LF C7-T3
      iv. Osteopathic Downslope Glide
      v. Osteopathic Upslope Glide
   b. Thoracic Spine
      i. Localized ↓ T3-T9 (Modifications possible for U/Tx and L/Tx)
      ii. Osteopathic Ext Glide Supine
      iii. Osteopathic Flex Glide Supine
   c. Lumbar Spine/Pelvis
      i. Localized Rot T12-S1
      ii. Osteopathic Ext Glide
      iii. Osteopathic Flex Glide

33. Be able to perform a basic physical examination of the TMJ.

34. Be able to utilize a combined movement examination in the Lumbar Spine and Cervical Spine to refine Manual Therapy Assessment and Application.

35. Know at least the following additional clinical patterns:
   a. Cervical Spine
      i. Cervicogenic Headache
      ii. Tension Headache
      iii. Migraine (Vascular) Headache
      iv. Discogenic Wry Neck
      v. Acute locked PIV
      vi. Chronic Nerve Root
   b. Thoracic Spine
      i. Acute Nerve Root
   c. Lumbar Spine/Pelvis
      i. Instability
      ii. Ankylosing Spondylitis
      iii. Chronic Nerve Root