



2019 COACHES CONFERENCE

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Bridging the Gap from Rehab to Performance

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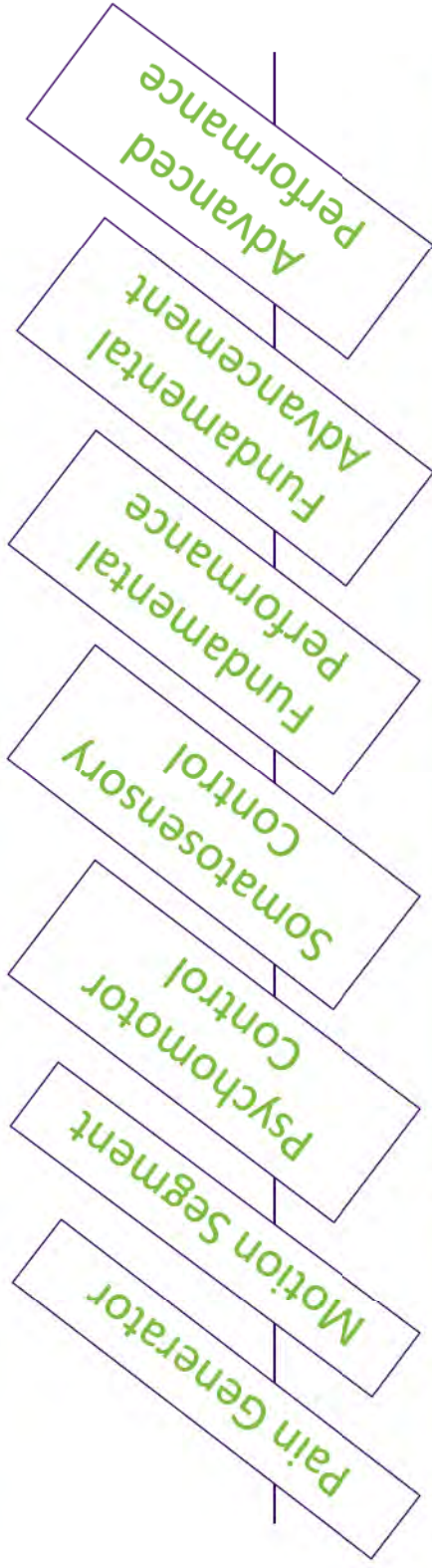
Conflict of Interest Statement

I currently have, or I have had in the past 2 years an affiliation or financial interest with **Structure & Function Education PLLC/ Falsone Consulting, PLLC** around this presentation, including:

- Consulting
- Employment
- Stock holder or stock options
- Royalties or licensing fees
- Honoraria
- Promotional fees
- Research funding
- Corporate laboratory funding
- Scholarship
- Other(s)

**Pain Management:
Medical and Clinical Examination**

**Performance Enhancement:
Functional Examination**



Dx Specific

**Structural
Diagnosis**

Dx Inclusive

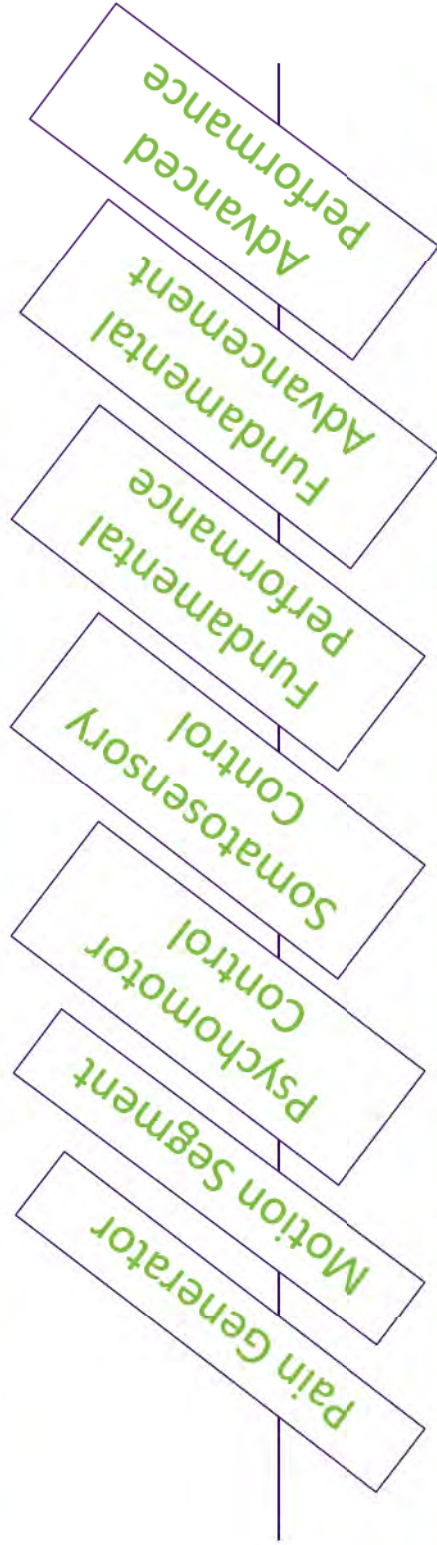
**Functional
Diagnosis**

Client Specific

Biopsychosocial Factors

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Biopsychosocial Factors

Pain Generator

- Identify the tissue that's the issue
- It matters in your course of initial treatment
 - Bursitis vs tendonopathy, for example



Kinesiology Tape



How Does Kinesiology Tape Work?

- **Sensory theory**
 - Gate Control theory
- **Circulatory theory**
 - Convulsions lift skin, creates channels, promotes blood flow and reduces pressure
- **Muscle activation theory**
 - Based on the different directions and tensions

Bottom Line: We really don't know

A Mega Review of Kinesiology Taping Research

(Page et al 2015)

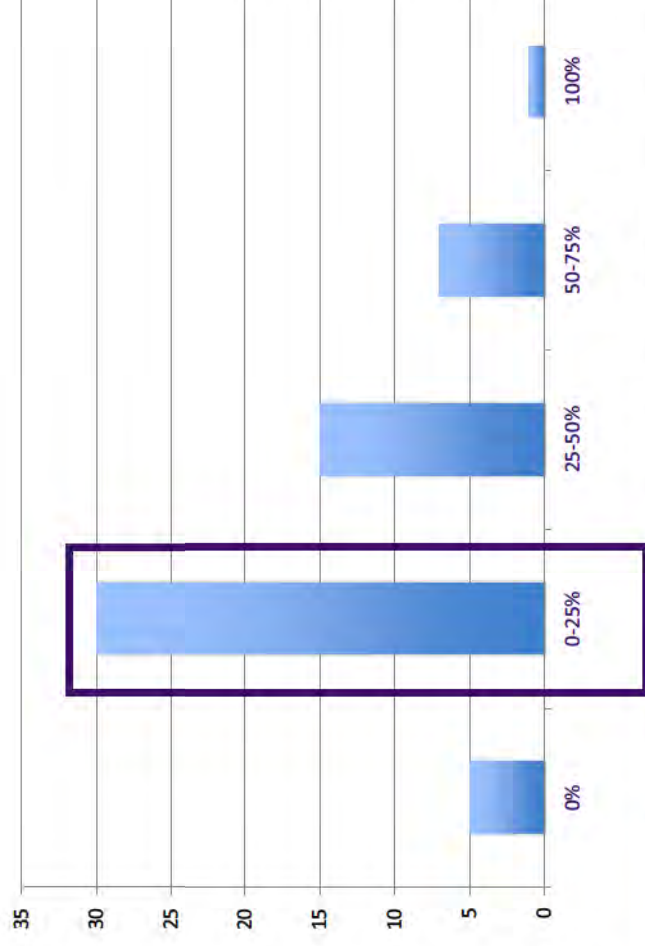
Study	PAIN	STRENGTH	ROM	PROPRIO	SWELLING	FUNCTION	
Bassett 2010	+						
Csapo 2014		+					
Drouin 2013		+	+	+		+	
Kalron 2013	+	0	0		?	0	
Lim 2015	++					0	
Montalvo 2014	+						
Morris 2013	+		+				
Mostavifar 2012	+	?				?	
Parriera 2014	+						
Taylor 2014	+	0	+			+	
Williams 2012	+	+	?	?			
	+	Trivial benefit; as effective				-	Harmful
	++	Clinically beneficial				?	Unclear/ inconclusive
	0	No benefit					

Does Tension Affect Outcomes?

- There is no evidence that specific tensions provide specific outcomes, however:
- Tension is associated with outcomes overall (Lim & Tay, 2015)
 - More tension is associated with smaller effect sizes

Specified Kinesiology Tape Tensions with Positive, Significant Outcomes (Page et al. 2015)

- *In well-controlled studies with significant outcomes, 86% of studies utilized tension \leq 50%;*
- *The most common tension used was \leq 25%.*



Instrument-Assisted Soft Tissue Mobilization (IASTM)



IASTM Theoretical Mechanisms

- **Analgesic**
 - **Uses gate-control theory for analgesia**
- **Vascular/Circulatory**
 - Promotes vasodilation & edema reduction
 - Hydrates tissue and removes metabolites
- **Neurological**
 - **Mechanotransduction**
 - **Muscle tone**
- **Mechanical**
 - Mobilizes fascial cross-links (fibrolysis) & realignment
 - Piezoelectric effect
- **Physiological**
 - Re-creates inflammatory response by stimulating fibroblasts & collagen thru microtrauma
 - Promotes conversion of Type 3 to Type 1 collagen

Instrument Assisted Soft Tissue

- Reduces inappropriate fibrosis
 - May be causing irritation or restrictions in movement
- Treatment must be followed by exercise
 - Collagen remodeling to adapt the tissue

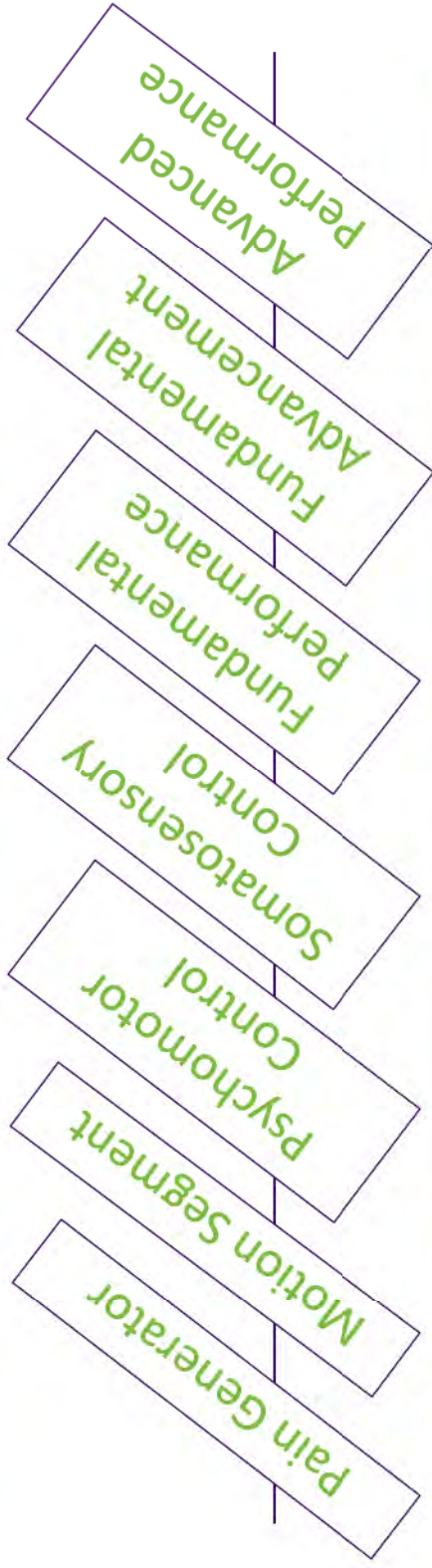


Dry Needling

- **Pain (Cagnie, 2013)**
 - Inhibits pain via gate control theory
 - Conditioned Pain Theory
- Circulation
 - Release of CGRP, adenosine and NO
 - All are vasodilators (Butts, 2016)
- Mechanical
 - Evidence of collagen and elastic fibers on needle (Kimura, 1992)

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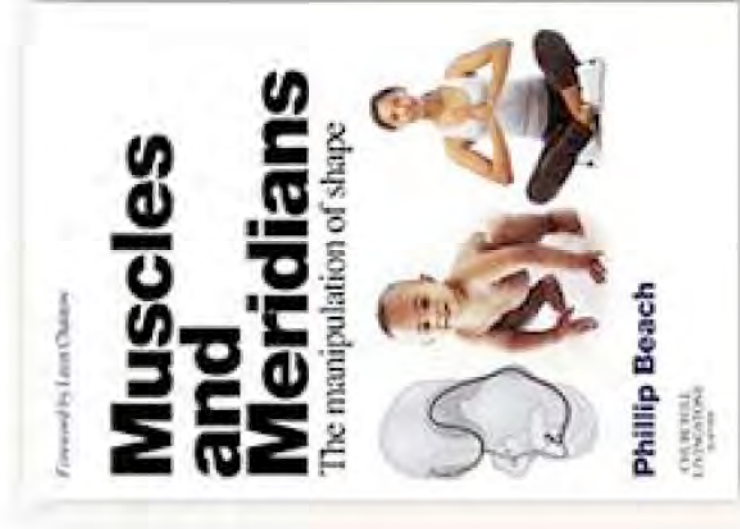
Client Specific

Biopsychosocial Factors

Motion Segment

- Normalize the motion segment that is involved
- When it comes to overhead movement:
 - 1st MTP DF
 - Foot Intrinsic
 - Ankle DF
 - Hip ROM
 - Hip Stability
 - Lumbopelvic stability
- USE: ART, MWMM, ASTYM, SFMA, VM, SFDN, RYT, MAT, FM
 - Shoulder ROM
 - Elbow ROM
 - Wrist and hand ROM
 - Thoracic Mobility
 - Scapular Controlled Mobility

Archetypal Postures and Erectorises



Cupping



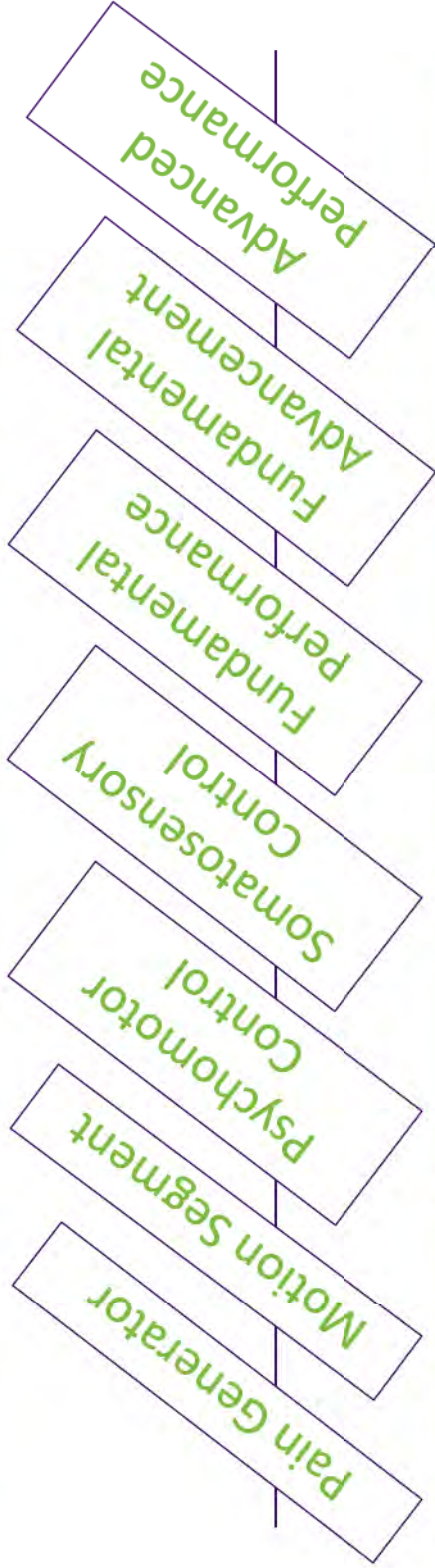
Cupping

- Opposite of IASTM
 - Creates a distraction of tissue instead of compression
 - Periodizes our soft tissue work
- Creates a microexplosion
 - Loosening or destruction of adhesions between tissues
- Negative pressure destroys non-functioning capillaries
 - Blood and lymph



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Biopsychosocial Factors

Psychomotor Control

- Make sure things are firing at the right time
- USE: DNS, PRI, MAT, SFDN, FMS/ SFMA correctives, PMA-CPT

Psychomotor Control

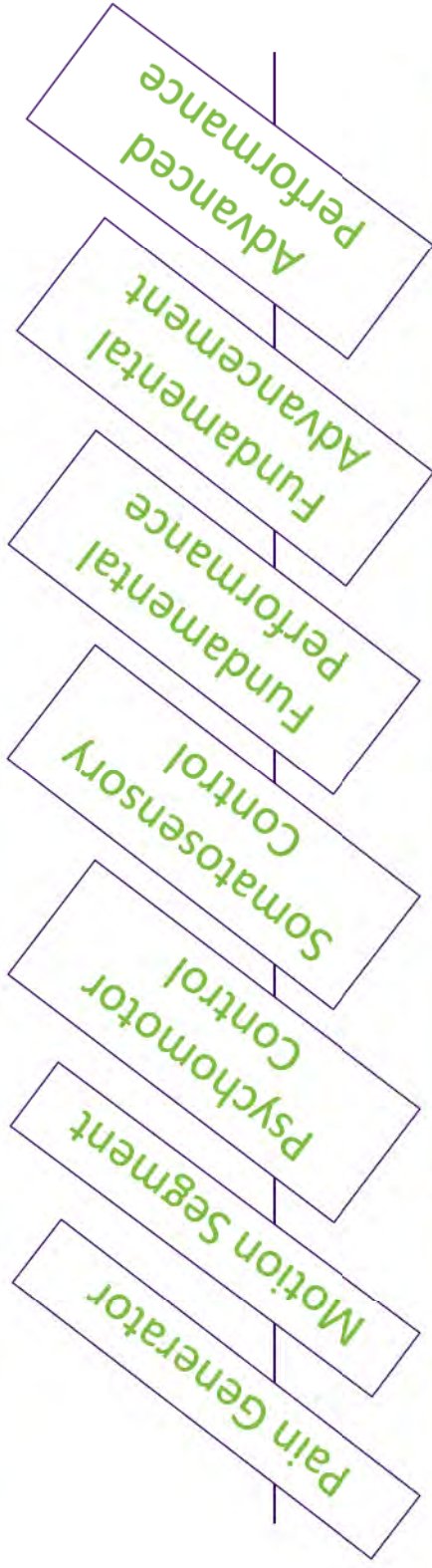
- Let stabilizers be stabilizers
- Let prime movers be prime movers
- Let synergists be synergists

- When a stabilizer becomes a prime mover
 - OR
- A prime mover becomes a stabilizer or synergist
 - OR
- A synergist becomes a prime mover

THE BODY GETS MAD!

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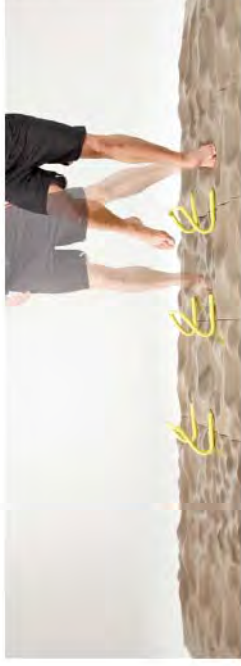
Biopsychosocial Factors

Somatosensory Control

- Restore balance, reflexes, postural sway and control
- USE: DNS, VM, PRI, RYT, PMA-CPT

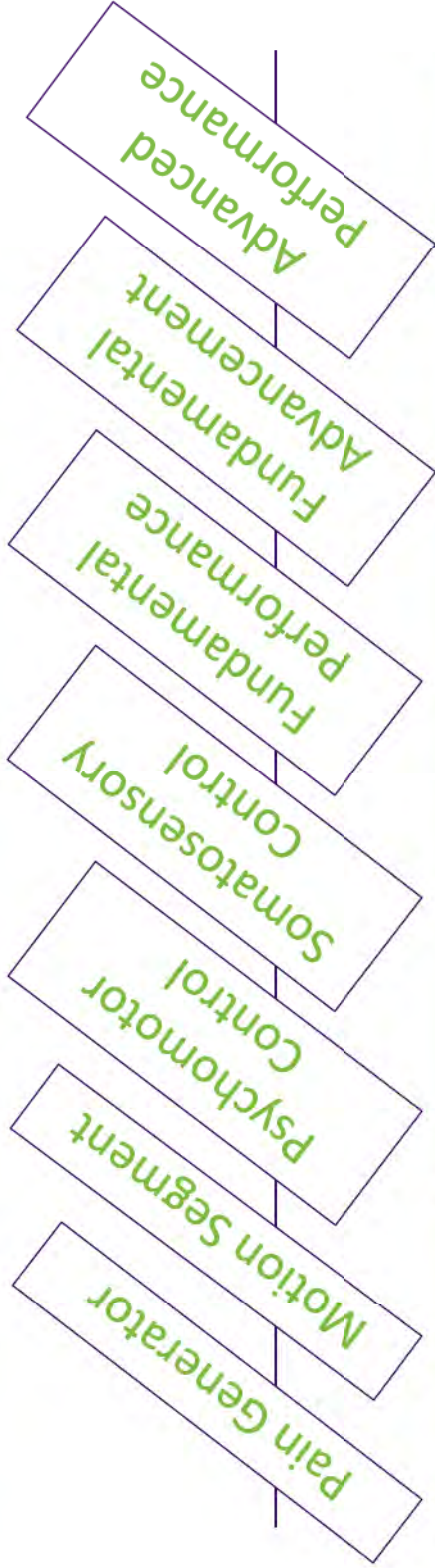
We Need...

- Postural Control
- Single Leg Balance
- Visual Manipulation
- Vestibular Manipulation
- Proprioceptive Manipulation



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Fundamental Performance

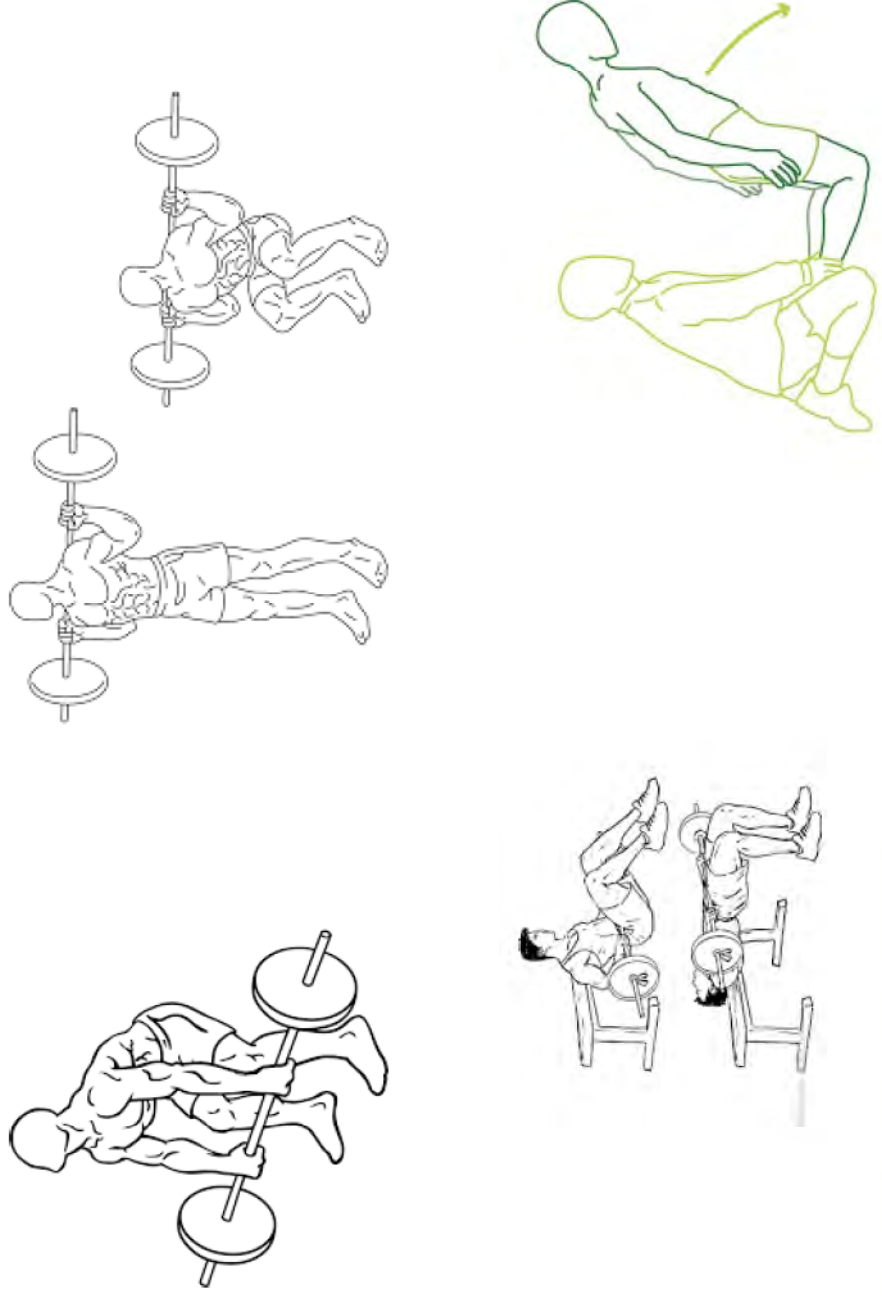
- Basic 5/5 strength is happening throughout the system
- USE: FMS/ SFMA correctives, PRI, MAT, SFDN, CSCS

Strength and Conditioning Perspective

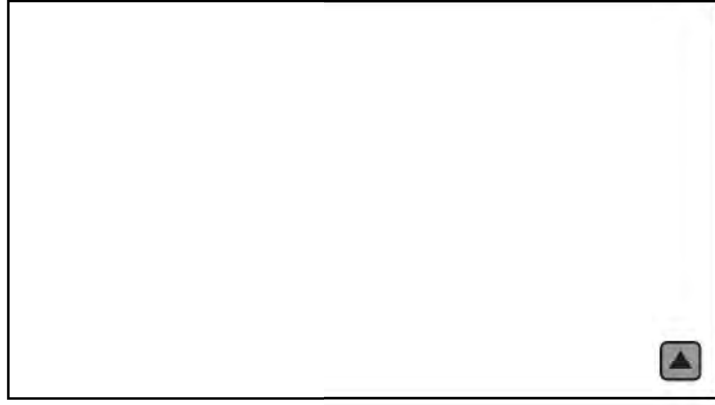
- Focus on transfer of force from lower body to upper body
- Consider
 - Core stabilization vs core propulsion
 - Reeves, Clin Biomech, 2007
 - Uhl, JAT, 2000
 - Resistance training load variables
 - Time under tension

Resistance/ Load Intensity/ Time Under Tension

- Relative Strength
 - 1 to 5 Reps
 - 0-20s per set
- Relative Power
 - 1-10+ Reps Depending on Specificity
 - 0-10s per set
 - Power Endurance – Capacity of Wattage over time
- Applied/Functional Hypertrophy
 - 6-8 Reps
 - 20-40s per set
- Hypertrophy
 - 9-15 Reps
 - 40-70s per set

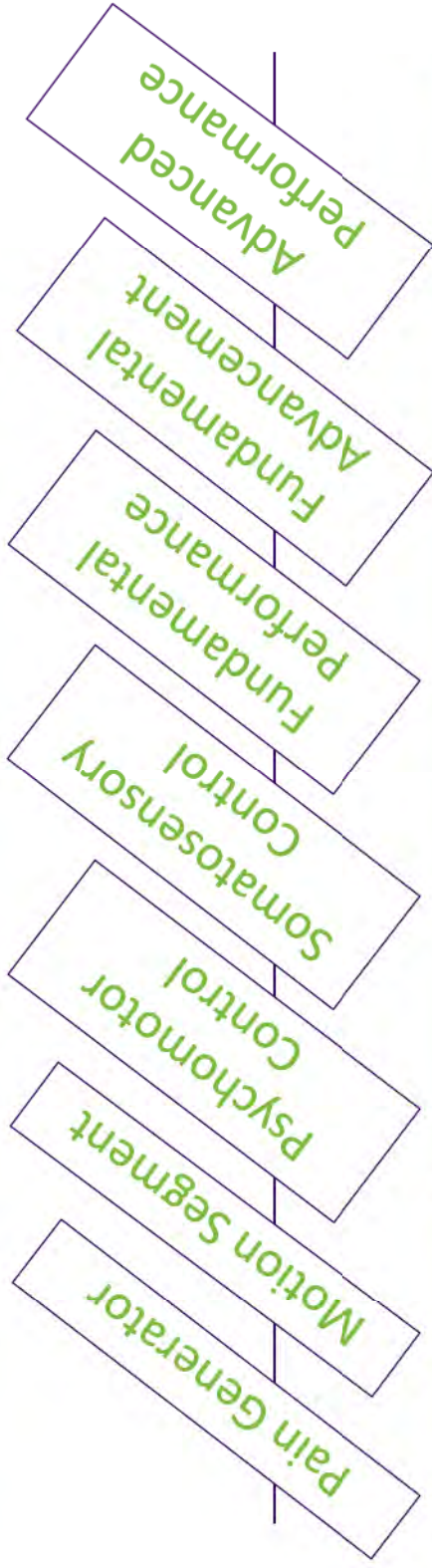


RIP Trainer



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Biopsychosocial Factors

Fundamental Advancement

- Make sure the athlete has proper fundamental ability to perform athletic skill
 - Acceleration, absolute speed, deceleration, base, other MD movement skill
- USE: CSCS, RKC

Acceleration



Absolute Speed



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Athletic Base



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Shuffle



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Change of Direction



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Crossover



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Open Step



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Drop Step



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Jumping

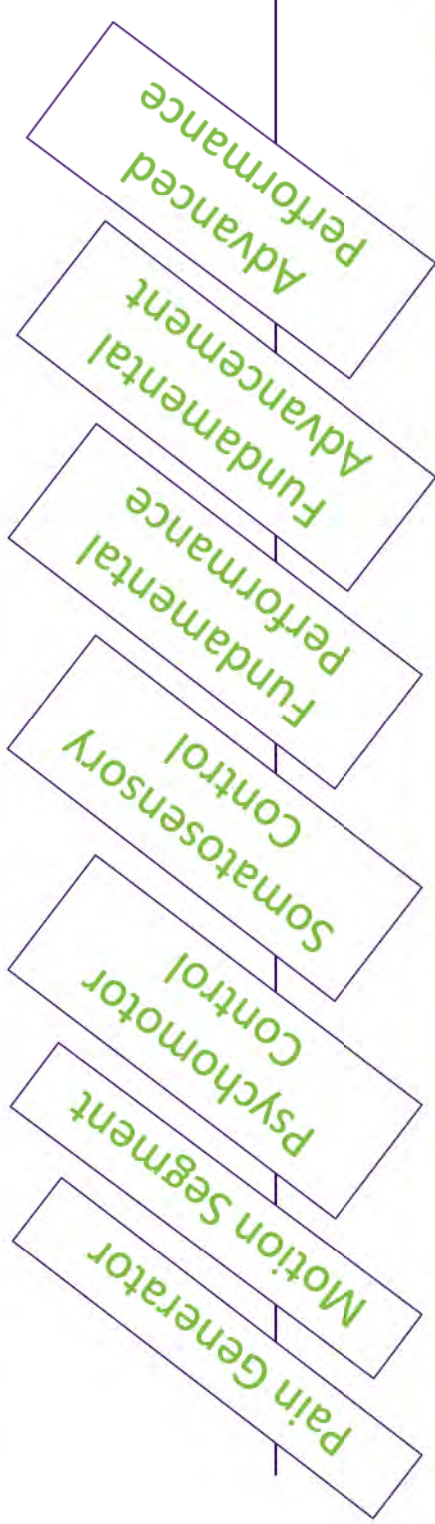


Landing



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Biopsychosocial Factors

Advanced Performance

- Make sure the athlete is using the fundamental athletic skill applied towards his/ her position and sport
- USE: CSCS, Interdisciplinary approach with skill coaches

Sport Specific

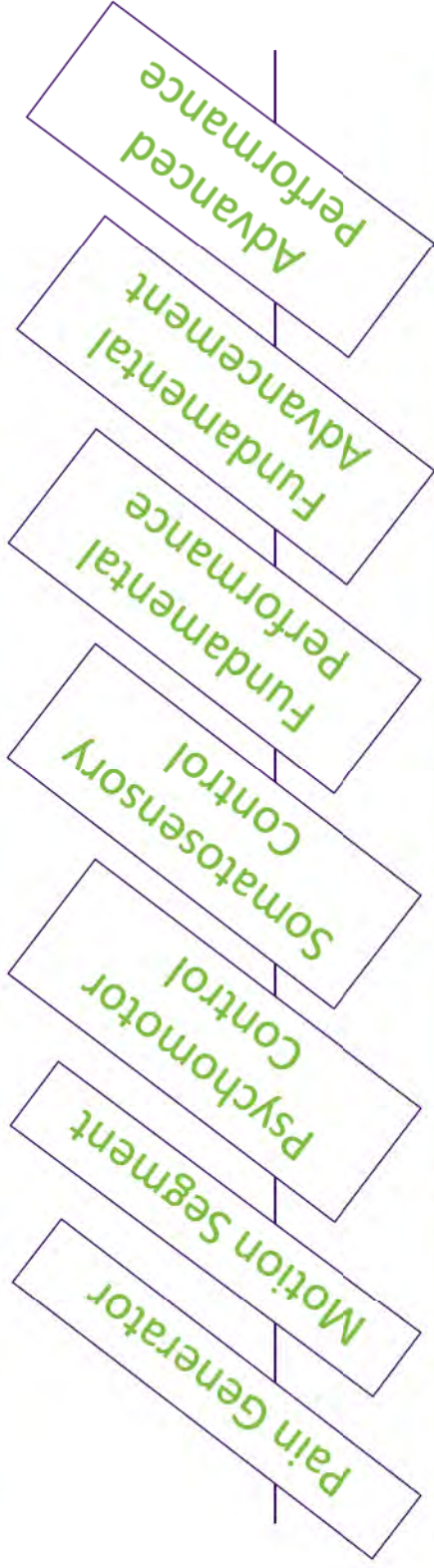


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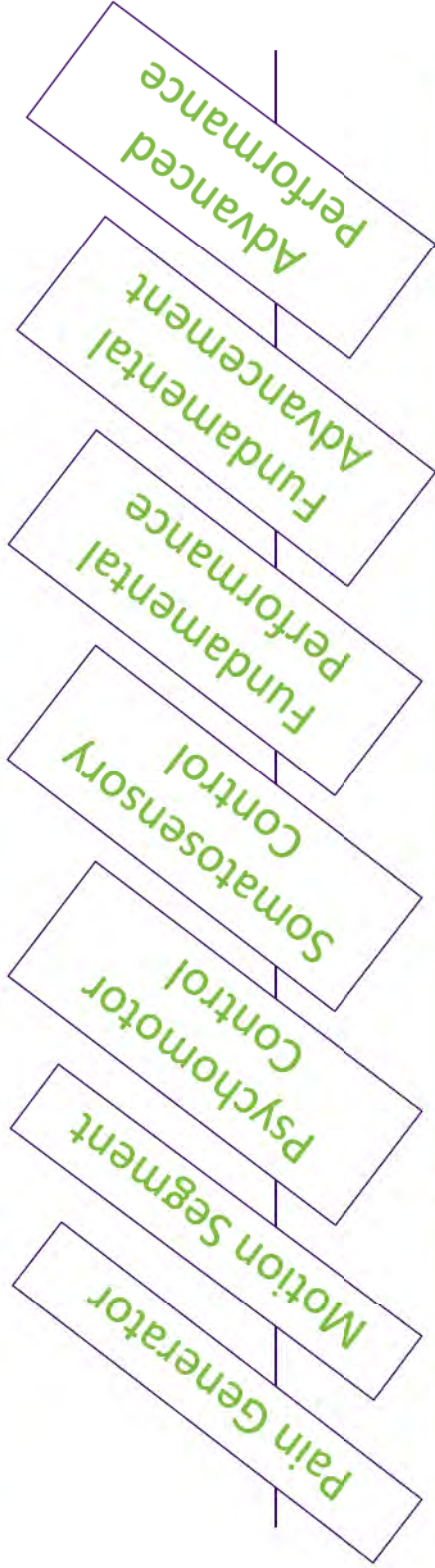
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Biopsychosocial Factors

“Let’s Do Some Functional Training”

- Motor redundancy
 - There are infinite ways for the nervous system to complete a task
 - What is the goal of functional training?
 - Perfect the movement?
- OR

- Give the organism multiple ways to complete a task safely?

“Let’s Do Some Functional Training”

- Dynamic Systems Theory (McKeon, 2009)
 - Create functional variability
 - The SMS is affected by
 - The health of the organism
 - The task being performed
 - The environment in which the task is being performed
 - The SMS is free to adapt task execution based on the environment and the organism

“Let’s Do Some Functional Training”

Cultivating Functional Variability: The Dynamical-Systems Approach to Rehabilitation

Patrick O. McKeon, PhD, ATC, CSCS • University of Kentucky

- “Coordination within the sensorimotor system changes on the basis of demands imposed by the movement goal”
- “A healthy sensorimotor system can accomplish a movement goal in a variety of ways...based on the environmental cues received as the task is performed”
- “Injury reduces the functional variability of a system”

“Let’s Do Some Functional Training”

- Our job is to give the nervous system as many ways as possible to safely complete a task
- Injury reduces this ability and forces the organism to compensate
- The nervous system will prioritize protection of injured tissue (Hug, 2014)

In Summary...

- Keeping DST in mind, Functional Training should
 - Manipulate the organism
 - Eyes closed, turned head, rhythmic perturbation, cognitive tasks
 - Manipulate the task
 - Alter BOS and COG
 - Manipulate the environment
 - Predictable to unpredictable, surface, noise, light

In Summary

- Consider the tools you have available to you for each phase of the spectrum
- Make friends with someone who has other skills along the spectrum in places you may lack knowledge or skill

Stay in Touch!

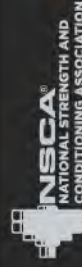
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