



GATEWAY TO EXCELLENCE



"Primephysio Team"

PRIMEPHYSIO MAGAZINE

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ISSUE 2

Primephysio is a leading provider of the professional development in the Middle East and Africa, Established in 2006. We proud ourselves as the first ever Professional development provider in the Middle East. 6500 physio-therapists and medical doctors attended our trusted programs between 2006 to December 2015 and counting.

Primephysio officially promoted to be a member in the International Federation of Orthopedic Manipulative Physical Therapy (IFOMPT). The IFOMPT aims to promote and maintain high standards of specialist education and clinical practice in manual physiotherapists as well as facilitating an evidence based practice and research amongst its members.

ACURACY**ACTIVITY****ACHIEVEMENT****ADVANCEMENT****ALERTNESS**

In this issue...

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- Recent Interventions to mobilize the upper cervical spine.
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ABOUT THE IFOMPT.....

The International Federation of Orthopedic Manipulative Physical Therapists (IFOMPT) represents groups of Manipulative Physical Therapists around the world who have completed stringent post-registration/post-graduation specialization programs in the field of neuro-musculoskeletal disorders.

It is a Federation that sets educational and clinical standards in this area of physical therapy. IFOMPT actively encourages improved patient management by its Standards Document and by actively endorsing evidence based practice. IFOMPT is a subgroup of the World Confederation of Physical Therapy, and was formed in 1974.

Orthopedic Manual Therapy is a specialized area of physiotherapy / physical therapy for the management of neuro-musculoskeletal conditions, based on clinical reasoning, using highly specific treatment approaches including manual techniques and therapeutic exercises.

Orthopedic Manual Therapy also encompasses, and is driven by, the available scientific and clinical evidence and the biopsychosocial framework of each individual patient.



2016: A YEAR IN A REVIEW

365 Days of Motivation...

“SUCCESSFULNESS IS TO THINK OUTSIDE THE BOX”- Primephysio team

Last year in 2016, Primephysio team in EGYPT celebrated Primephysio's 10th birthday. Ten years of continuous learning hours full of enthusiasm and motivation. In this article we will briefly introduce what the team did for the celebration. We will review back the last 365 days of success.

The Official Dry Needling Program

Dry needling is an invasive procedure in which a solid filament needle into the skin and muscle directly at a myofascial trigger point. The Program consisted of two parts which were a distant learning part and a continuous face to face practical part. Please welcome the first officially certified dry needling practitioners from Egypt!



The Official Basic Bobath Program

The Program consists of three continuous learning practical week with a practical proposal appraised by the tutor to pass. The program is designed from the International Bobath Instructor Training Association for skillful experienced Physiotherapists dealing with various adult neurological conditions. Please welcome the 8 Egyptian certified Bobath therapists who successfully passed the program in Egypt for the first time.



The Official Mulligan Course

Primephysio is proudly the only host of the Official Mulligan programs in Egypt. The first 13 Certified Mulligan Practitioners from Africa members after passing a final theoretical and practical exam. The Official Mulligan Course was held twice in 2016 with two basic courses and two advanced courses.



The Neurological Rehabilitation Diploma Program

The program consists of two teaching blocks and a final assignment proposal. The diploma program's tutor was Bhanu Ramaswamy. The program was held for the second time in Primephysio. The program firstly held in 2014 by Emma Richards.



The Official Reflexology Program in Egypt

The Program was recognized by the International Institute of Reflexology in the United Kingdom. The program was 5 units in six days of intensive practical training labs.



Sport Injuries Diploma

After the success of the Diploma in 2015's summer, the program was in high demand. It was held twice in 2016. Primephysio team offered various points of view in dealing with Sport Injuries. The program is professionally based in practical clinical reasoning.



Manual Therapy Diploma

Six Successful Manual Therapy Diploma Programs were held in 2016. The program tutors provide the recent evidence based interventions in dealing with various musculoskeletal conditions. The MTD is considered one of the main programs hosted by Primephysio. Over 200 Skillful Physiotherapists and Medical doctors were certified from Primephysio as Manual therapists.



Advanced Manual Therapy Diploma Program

The Program was designed to follow up the achievements of the Manual Therapy Diploma Graduates. The program provides them with solutions and more clinical reasoning to the advanced cases. Final presentation of advanced cases they meet in their daily clinical practice is to be presented at the end of the program.



Spinal Manipulation Program

The program was designed to professional physiotherapists who could master the ordinary mobilization skills. The aim was to provide with them with another new approach of 'hands on practical'.

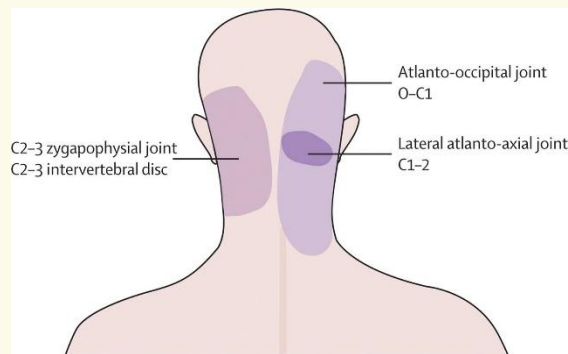


At the end of 2016, Primephysio teaching team announced about the launch of the weekly study cycle sessions. A session is held weekly by Primephysio approved tutors to develop more practical skills, hands on labs and high clinical reasoning skills based on their professional experience.

That was how the teaching team celebrated the 10th birthday of Primephysio

WE KEEP YOU MOVING.....

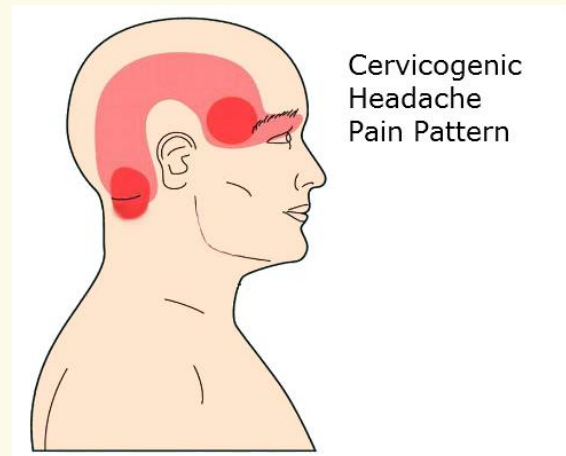
Cervicogenic Headache; Is it related to posture?



"Anatomical back ground of the upper cervical joints"

Headaches from the cervical spine origin could arise due to various abnormalities in the neck structures as the synovial joints, intervertebral discs, soft tissue or the vertebral artery. There is an evidence on the posterior head pain could be linked to a disorder in the cervical spine and therefore the International Headache Society defined this pain as a pain localized to the neck and the occipital region radiating to the forehead, orbital regions, temples, vertex or ear, precipitating or aggravated by special neck movement or sustained neck posture. In addition, one of these three criteria should be fulfilled; 1) Resistance or limitation to passive neck movements, 2) changes in the neck muscle tone or the response of the soft tissue to active or passive stretching or contractions and 3) Abnormal tenderness of the neck muscles. Relations between cervical disc spondylosis and posterior cranial pain is not proved to be significant as most of the cases presented where shown with narrowing of the

intervertebral disc space between C3-C4 and up to C7-T1. It is hypothetically stated that a restriction of the lower cervical movement could add more demands onto the upper cervical levels resulting in a cranial pain which has a cervical origin.

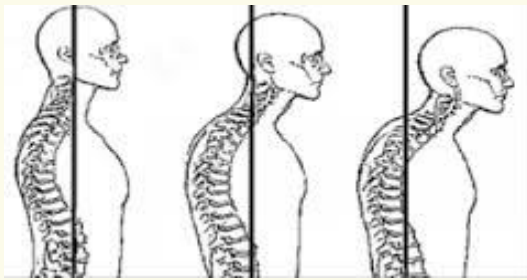


"Cervicogenic headache pain pattern"

Cervicogenic headache patients clinically present with a dull aching pain in one or both sides of the back of their heads and radiating up to the vertex of the skull. Neurologically; the convergence of afferents of the trigeminal and upper three cervical spinal nerves onto the second order neurons in the trigemino-cervical nucleus in the upper cervical spinal cord is likely to lead to the headache.

Cervical spine mobilizations proved to have a short term effects to control the Cervicogenic headaches, recent studies show that there was a significance reduction in the headache after the application of the spinal manipulation procedures favoring the conventional physiotherapy methods or the pharmacological management. It was hypothesized that the spinal manipulative therapy has an effect on the mechanical pain

desensitization. The cervicogenic headache originate from a nociceptive afferent input which involves the upper cervical levels leading to a hypersensitivity of the trigeminal pathway to converging the sensory information from the head. Therefore, it was suggested that the mobilizations and the manipulations interventions may stimulate neural inhibitory systems through activating the descending inhibitory pathways.



"Forward head posture"

Headaches originated from the cervical spine correlates with poor postures. Forwarded head postures adds on the demand of the suboccipital muscles and the neck flexors group. This poor posture is considered one of the causes of the neck, head and shoulder tension type pain.

Manual therapy produces a treatment specific initial hypoalgesic and sympathoexcitatory effect. There is a central control mechanism which is activated by manipulative therapy. Recent evidence also suggests the involvement of the endogenous pain inhibition system mediated by the central nervous system upon the application of the spinal passive mobilisations

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Chronic Daily Headache for Clinicians

Peter J. Goadsby, Stephen D. Silberstein, David Dodick

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Download as: RISNIBIBJS

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Aguirrebeña, I. L., Newham, D., & Critchley, D. J. (2016). Mechanism of action of spinal mobilizations: a systematic review. *Spine*, 41(2), 159-172.

RECENT INTERVENTIONS TO MOBILISE THE UPPER CERVICAL SPINE

Does the forward head Posture link to the Respiratory functions?

Brian Mulligan introduced a new concept to mobilize the cervical spine with the active movement of the spinal joints. His application is done from a weight bearing position while the mobilization was directed parallel to the spinal facet joints. Brian Mulligan also developed this application and introduced another technique which is the spinal mobilization with an active arm movement. This is mainly done to the cervical lesion patients who have pain symptoms in the upper limb. So, in the cervical spine, Brian mulligan introduced the natural apophyseal glides, the sustained natural apophyseal glides and the sustained natural apophyseal glides with arm movement. His techniques could not only done to central pain but also to unilateral pain symptoms or referred pain patterns.

There is a recent upcoming evidence stating that the cervical sustained natural apophyseal glide was determined to be effective in improving neck posture and respiratory functions for patients with forward head posture. Since forward head posture correlates with lack of proprioceptive inputs, Mulligan's approached proved that these glides could enhance the proprioceptive input and correct the positional fault. The respiratory functions can change as a result of forward head posture and that inappropriate posture may worsen respiratory functions, particularly in patients with respiratory diseases. Furthermore, forward head posture can induce inappropriate posture, thereby causing compensation mechanisms to increase the respiratory functions.



"Natural Apophyseal Glides"

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PRIMEPHYSIO RESEARCH COMPETITION

Primephysio proudly announce for the first Research Competition in February 2017.

Everybody is welcomed to join. The aim of the research competition is to encourage the Physiotherapists to read more and focus on their clinical reasoning skills in finding solutions to different musculoskeletal conditions seen in their clinical practice nearly daily basis.

Physiotherapy recently became an Evidence Based Practice due to continuous research findings during the last few years and therefore nothing could be done to our patients without a strong support from research and evidence.

So, Primephysio would like to encourage the physiotherapists to find out different solutions to the several pathologies they treat, and we here will focus on a specific topic, we will give you few key point to put you on the track.

Primephysio Research Competition is open to everybody who belongs to the Physiotherapy profession, undergraduates, interns or postgraduates

PRIMEPHYSIO CONTINUOUS LEARNING PROVIDER

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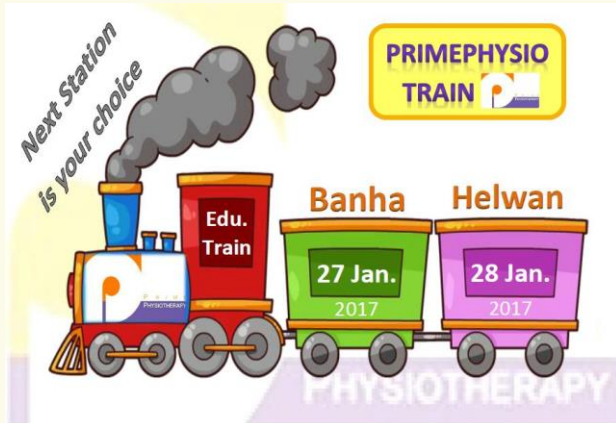
CAIRO'S STUDY CYCLE: AROUND THE YEAR WEEKLY LECTURES

A professional development program with special emphasis on internship students. We will be covering all the specialties in Physiotherapy over the year with a periodical weekly lecture. The lectures are delivered by the most qualified tutors who embrace the concept of the evidence based practice.

Schedule for the upcoming three lectures:

7 th February 2017	By: Dania Sherif	Neuromuscular control and its relations to pelvic stability
14 th February 2017	By: Adham El Masry	Biomechanics of the Shoulder joint
21 st February 2017	By: Hossam El Badry	Shoulder Complex management





27th Jan 2017: Knee assessment and treatment: Evidence based practical approach.

By: Mohamed Aldolify & Fatma El bakry

28th Jan 2017: Basics of Kinesiology taping
By: Hossam Elbadry

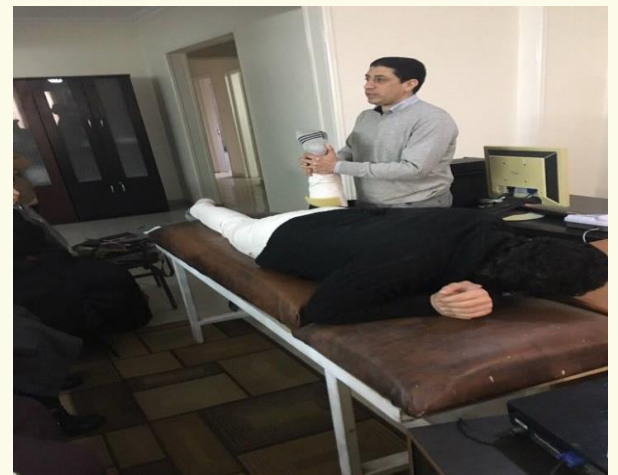


Next station is your choice!!!

Primephysio train travels around Egypt aiming to deliver practical workshops to all the colleagues living in distant places..

Primephysio is now available wherever you choose.

To book the next station, kindly contact
info@primephysio.com



Primphysio around the Gulf



Primephysio internationally works to provide whoever belongs to the profession the highest professional standards based on the most recent evidence and research.

Our colleagues from all over the Gulf (Jordan, KSA, Qatar, UAE, Kuwait ..) approach Primephysio talented tutors to deliver academic as well as practical workshop to raise their handling skills as well as clinical reasons. Not only do they seek the recent approaches in the profession but also they share us with their clinical experience as skillful clinicians and the pioneers in their profession in the near future.

Our local managers in the Gulf act as powerful links to connect Primephysio teaching team to the professionals who always seek the best solutions in order to be provided to their patients Primephysio, therefore; successfully organized more than one visit to the Gulf in 2017's Calendar.





Photo Album from Kuwait City

Advanced Manual Therapy Course and Knee Rehabilitation workshop

Venue: EL Seef Hospital



NEXT.....

Primephysio is in Jordan for a Neurorehabilitation Diploma

Tutor: Bhanu Ramaswamy

Honorary visiting fellow at Sheffield Hallam University

Dates: 10/11/12 March 2017 and 12/13/14 May 2017





PRIMEPHYSIO AROUND EUROPE

“ WE ARE IN MALTA ”

This intensive two days course is designed to provide food for thought to those clinicians specialised in musculoskeletal physiotherapy. To introduce simplified approach for assessment of MSK problems for Upper quadrant based on logical clinical reasoning framework & to introduce a management approach based on integration of a range of treatment strategies with emphasis on simple logical techniques that are based on clinical and research evidence, also to Improve the participants understanding of the objectives through a range of case scenarios and real patients as well as refine the participant's handling of a wide range of assessment and practical techniques.

The tutor is a senior Lecturer of Physiotherapy at Sheffield Hallam University. UK and Chartered Physiotherapist in the UK. He is the director of Prime physio clinics located in London Harley Street, Sheffield.

Dates: Saturday and Sunday 25th and 26th of March, 2017

MANUAL THERAPY TO THE UPPER QUADRANT: A SIMPLIFIED APPROACH

By: Mahmoud Saad
Fellow Higher Education
Academy/ UK

Organised by: Physiotherapy Malta
members of the World Confederation
of Physical Therapy.



Malta Association of
Physiotherapists

Advanced Training and Clinical Placement Program

March 2017



This program is designed for Physiotherapists of the Manual therapy diploma holders, or MSC holders or those of more than 10 years of clinical experience.

The program consists of the following components:

- Shadowing experienced clinicians in clinical practice.
- One to one practical training
- Attendance of practical workshops
- Self-Study activities and final presentations



Next program of the Advanced Manual therapy program starts in March 2017 in Sheffield, United Kingdom

Program fee is 700 Pound sterling for two weeks training
Invitation letter is provided upon application



Case Study

“

Dear Physiotherapist,

Mrs M is complaining from pain in her right knee and a pain in her upper back. She is unable to walk properly, single limb standing in her right leg. Mrs M is a housewife. She has been taking pain killers to control her pain. For further physiotherapy care.

Best regards
General Practitioner
”

Key point to Mrs M's Case:

Role of Proximal Controllers in Anterior Knee pain:

One of the problems in Mrs M' case is the lack of activity of the proximal control muscles which are the Gluteus maximus and the Gluteus medius. It was proved that hip weakness could lead to excessive femoral motions that adversely affect the patellofemoral joint mechanics. Therefore, the proximal controllers should be carefully examined to check the patients with anterior knee pain. Poor proximal control muscles could lead to a poor control on the frontal and transverse planes motion of the hip joint. This dynamic malalignment appears as a femoral adduction and internal rotation as well as a tendency to a knee valgus, therefore; hip muscles might contribute to a range of several lower limb problems including the anterior knee pain.

References

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