



Dry Needling for pain management and functional rehabilitation Module 1

Dates: 26, 27th of november 2018 (from 9 am to 5 pm) Campus of innovation & sports (CIS), IPHY

500 \$ participant (2 days | 14 hours)
Main language of the training: English
Number of participants: 20

Registration: www.physiotherapie.usj.edu.lb | 01-421 622 (8 am to 1 pm & from 2 pm to 3 pm) (before the 5th november 2018)

For more informations, please contact:
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Learning outcome:

- In **Peripheral Pain Pathway Model** we are addressing the trigger bands, which are results of slightest Shearing Force because the muscle can only withstand Longitudinal Force & not Shearing Force.
- The treatment is based on the fundamental idea that the Pathological Trigger Point (PTRP) or Trigger Band (TRB) or Ligamental Trigger Band (LTRB) are Connective Tissue Dysfunction (CTD) which can be restored immediately by reduction of pain in the patient, which helps in restoring Muscle Strength, Muscle Mobility & Muscle Function.

Trainer:



Dr Mihir Somaiya

- M.S Pain Management
- Pain Management Consultant & Sports Physical Therapist
- International Partner APTA (American Physical Therapy Association)
- International Partner Sportstherapy Scotland
- Founder & Chief Instructor Functional Integrated Dry Needling for Pain Management and Functional rehabilitation



Day 1:

Morning 9 am to 12 noon

- What is dry needling? How does it act?
- Introduction , History, Different Models of dry needling
- Introduction to pain
- What is functional dry needling?
- (1) Nerve Flow Stimulation.
- (2) Antidode Mechanisms.
- (3) Stimulation of the pain gate mechanism & nociceptive fibers.

(4) Cartilage stimulation

- · Indications of dry needling
- · Effects of Functional dry needling
- (1) Analgesic effects
- (2) Biochemical Modulation
- (3) Mechanical Effects.
- Adverse effects of dry needling
- · Limitations of dry needling

12 noon to 1 pm: Break

1 pm to 3 pm

- Understanding needles.
- Handling needles.
- · Self practice needling.
- Directions of insertion/ basic insertion techniques.
- Maintaining posture of the patients during needling and safety.

3 pm to 3.30 pm : Break

3.30 pm to 5 pm

The functional integrated approach of needling of the following muscles, bands and tendons & its functional areas of the lower limb will be explained in detail with the practical sessions:

(Gluteus Maximus, Iliotibial Band (TFL), Popliteus, Gastrosoleus., Tibialis anterior, Adductor Hallucis, Extensor Hallucis Brevis, Flexor Hallucis Brevis).

Day 2:

9 am to 12 noon

The functional integrated approach of needling of the following muscles, bands and tendons & its functional areas of the face, upper limb & trunk lower limb will be explained in detail with the practical sessions:

(Semi Spinalis, Capitis, Sternocledomastoid, Upper Trapezius, Frontalis, Rhizoris, Pectoralis major)

12 pm to 1 pm: Break

1 pm to 2 pm

The functional integrated approach of needling of the following muscles, bands and tendons & its functional areas of the face, upper limb & trunk lower limb will be explained in detail with the practical sessions:

(Supra spinatous, Infra spinatous, Biceps, Triceps, Brachio radialis, ECRB, Extensor Pollicis longus)

2 pm to 4 pm

The needling of the following Conditions or deformities & its functional points as well as symptomatic points will be explained in detail with the practical sessions:

(Migraine, Sciatica, Osteoarthritis)

4 pm to 4.30 pm : Break

4.30 pm to 5.00 pm: Exam (Theory & Practical)