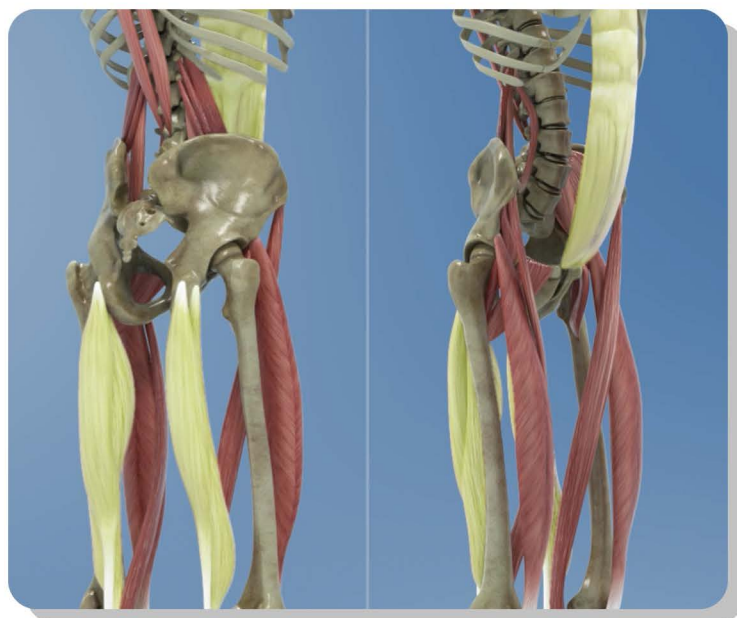




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**SHOCKING DIAPHRAGM REACTIONS
THAT STAGNATES PATIENT PROGRESS
AND STEALS THERAPIST'S
CONFIDENCE**



ABOUT THE AUTHOR



Dave O'Sullivan is a consultant physiotherapist for England Rugby Union. Dave has worked in professional sport for over 12 years. Therapists in 17 different countries are using his Pro Sport approach of looking at the body as a whole. Dave helps therapists deliver world class treatment plans to every patient. Dave always strives for long lasting results and not just short term relief looking at the site of pain.

Dave has implemented this approach in his own clinic based in Huddersfield, UK. His 5 therapists use this approach with non-sporting patients aged 50+ on a daily basis. Dave discovered it overcomes high pressure and high patient expectations in private practice.

Dave has trained over 360 therapists in 17 different countries. His company is called The ProSport Academy. Dave has shared his approach with over 7,000 therapists at

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Consequences Of Looking At The Site Of Injury And Not Seeing The Person In Front Of You

Have you ever had that adrenaline rush from a patient leaving your clinic feeling great after some hands-on treatment or some exercise you did with them...

You think you are finally making some progress...

Only to be brought back down to earth quickly the next week. You find out the pain had returned minutes, or hours after the patient left your office?

You might even be feeling a little annoyed at yourself that you shared your great 'win' on a social media forum a little too prematurely...

Or a certain hands-on technique or exercise that worked really well for one patient...

Has no effect or change on another patient with similar symptoms?

If you are anything like me, this can leave you feeling frustrated and overwhelmed about where to go next. It can really knock your confidence, even with other patients for the rest of the day.

Patients' expectations are so much higher in private practice. It really is the same pressure day in day out as working for an international team during a World Cup final week.

I've worked in two world cup final weeks in Australia and Japan. 2017 with England rugby League. 2019 with England Rugby Union. The impact of your decisions has major consequences if you get them wrong. Things such as is your patient ready to progress, run or go back training.

There really is no room for errors, mistakes or time to 'figure things out' in private practice. Especially when patients hand over their hard earned money at the end of every session.

They expect results fast and one mistake can tarnish your reputation and all your hard work.

So how do we solve these problems? How do we protect your reputation while also growing it?

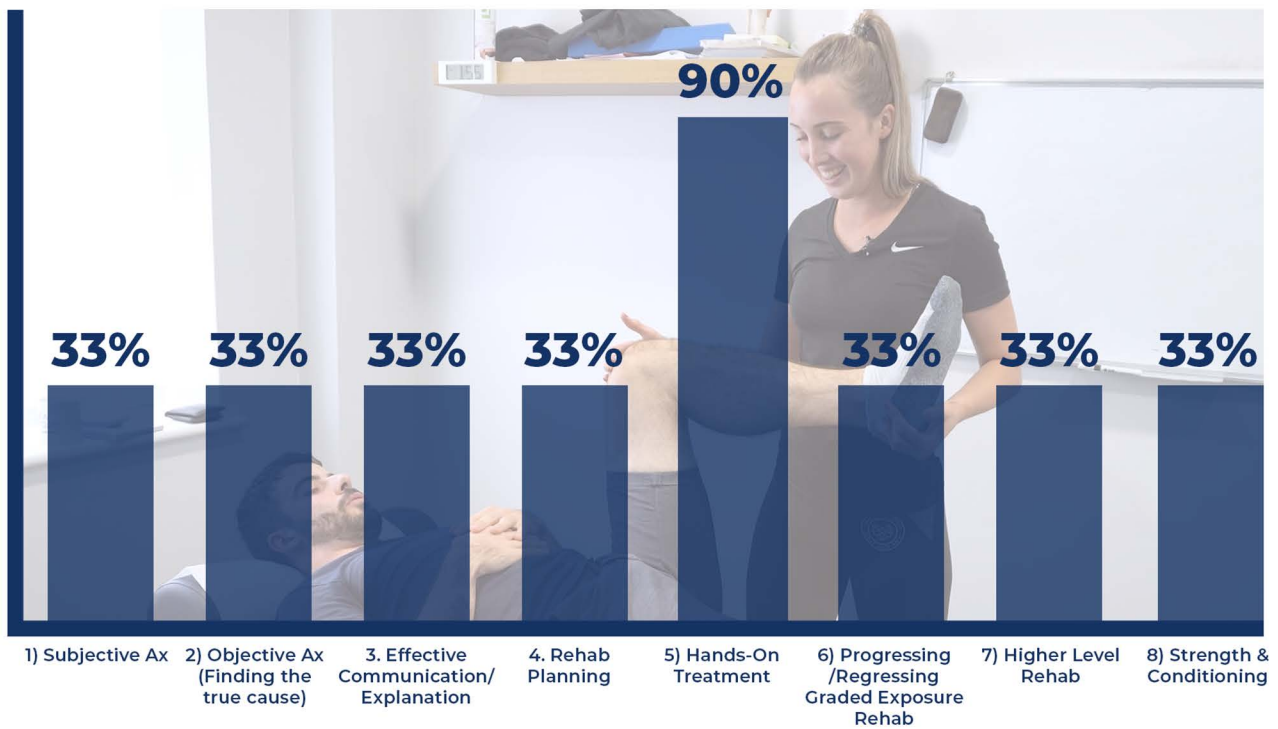
How do you give your patients a world class treatment experience?

Well after spending 12+ years of working with professional athletes where I have the unique opportunity to observe the long lasting impacts of my interventions throughout the day...

...I can reassess my players, minutes, hours or even days later to see how they are **REALLY RESPONDING**.

And be sure that the short term improvements have actually 'stuck'.

I had to learn this the hard way. I started out with a strong reputation of being a hands on dominant therapist...



The Hands-On Dominant Therapist

I quickly realised that symptoms such as ‘tight’ hamstrings or ‘weak’ glutes are not the true cause. This discovery had happened too late for me (I’ll share the full details of the story another time with you via email)

You can do all the ‘soft tissue work’ or ‘activations’ in the world...

But unless you address the true drivers, the symptoms will just keep returning. And two of those drivers are very often the diaphragm and pelvic floor muscles.

So, let’s get started..

And make sure you never have to experience the consequences of ‘just treating symptoms’ like I had to.

The best thing to do to help you learn quickly and easily is to show you first...
...how some simple changes at the diaphragm and ribcage can affect the whole body...

1) LOWER LIMB REACTIONS

CLINICAL EXAMPLE: HIP FLEXION ASSESSMENT

Have you ever had a patient when you took their knee to chest in supine, they got a pinch in the groin? Or maybe had decreased hip internal rotation?

If you were anything like me, you might have wasted hours of your life sticking your elbow in someone’s glutes...

Or dry needling the hip or a combination of various other approaches.



If there is a pinch in the groin at the end of passive hip flexion or decreased hip internal rotation... instead of sticking your elbow in the glutes... consider the influence of the ribcage and diaphragm and work smarter not harder.

Nowadays I like to think I work smarter not harder.

Try this for yourself...

When performing this test next time, get the patient to exhale for as long as possible...

Help them depress the rib cage on the same side of the hip being tested and hold this end range ribcage position.

Now retest the hip flexion and/or hip internal hip rotation. Most patients will improve their range of motion instantly... if the diaphragm and pelvic floor is involved.

Recheck hip flexion range of motion while depressing the ribcage... notice the pinch sensation after exhaling. If the range improves and the sensation disappears... it may be better use of your time to start at the ribcage and diaphragm rather than the glutes.



Now, I'm not trying to 'wow' you or trick you here... I'll clinically reason WHY this happens in a second and it's completely logical...

I'm hoping it shows you rather than spending hours like I did 'triggering the glutes' for the first 5 years of my career... it may be worth standing back for another couple of seconds... and thinking about where to start with your patient rather than just diving in.

I now look somewhere completely different to get long-lasting changes in hip range.

Do It Yourself At Home Version:

Sit on the edge of a chair. Give yourself a proud chest and raise your right hip into flexion and see how that feels.

Now next rep... inhale, then exhale for a prolonged period... so you empty your lungs of air and feel your ribcage drop and then retest your hip flexion. It should feel like you have a more hip range of movement.

Ensure you don't sway back to keep the test some way standardized.

Are you starting to see how the diaphragm (via the breath) can influence the ribcage?

Are you starting to see how this can influence the pelvis which can influence the hip joint?

2) UPPER LIMB REACTIONS

CLINICAL EXAMPLE: SHOULDER INTERNAL ROTATION ASSESSMENT

With the patient on their back... bring the right elbow to 90 degrees flexion and the right shoulder 90 degrees abduction. Test the patient's right shoulder internal rotation.

If shoulder Internal rotation is limited, instead of a sleeper stretch or forced internal rotation stretching... consider the impact the upper rib cage may be having on shoulder joint range of motion first.



Before you give this patient the sleeper stretch that... from my experience will bring about short term changes at best for most athletes...

Have the patient inhale, then exhale... and guide their upper rib cage into depression, retraction and internal rotation. Get them to hold this position with their hands.

Now retest the shoulder internal rotation.



If the shoulder internal rotation range of motion improves... this would indicate that it may be more advantageous to start at the ribcage and diaphragm... rather than stretching the shoulder capsule.

From my experience... the range will improve very quickly unless there is major shoulder pathology present.

Can you see how the diaphragm (via the breath) can influence the ribcage? Can you see how this can influence the scapula position... which can influence the shoulder joint?

Hint: Rather than 'setting' the scapula on the ribcage (which isn't sustainable to consciously hold 24 hours a day)... you are now bringing the ribcage to the scapula... via the breath (something you do do subconsciously 20,000+ times a day).

Do It Yourself At Home Version:

Sit on the edge of a chair with a proud chest.

Bring your shoulder to 90 degrees abduction and elbow 90 degrees... and internally rotate your shoulder.

Now repeat but this time exhale fully (empty your lungs) and retest. You should notice it feels easier and you can access more range.

Now, this isn't some magic act or some 'hocus pocus' that you will use to impress people with... I want to be very very clear here from the start.



ANYONE CAN MAKE THESE SHORT TERM CHANGES.

**THE SKILL AND ART IS KEEPING THESE CHANGES
LONG TERM when the patient walks out
the door of your clinic.**



In order to keep these changes... you need to appreciate the role that the diaphragm and pelvic floor can have on the rest of the body...

Going one step further... you need to appreciate the role that stress and previous injuries can have on the body.

You must learn to look at the person in front of you rather than just the site of pain.

You must learn to understand the person's story... make sense of the objective assessment... explain the problem (not the symptoms or diagnosis but what is actually causing the symptoms, specific to their story)... and solution (a step by step graded exposure to load tolerance)... specific to their actual needs and wants in life... rather than just giving some generic exercises for every patient.

You must get out of the habit of having a few 'go-to' treatment techniques and exercises...

...and trying to make every patient fit into these.

This may be scary going out of your comfort and going against what you were led to believe in University so let me guide you through this easily and effortlessly...

Let's start with helping you make sense of what just happened in the practical examples (and I'll give you the third reaction also shortly)...

The Role Of The Diaphragm & Pelvic Floor In Helping You To Work Smarter And Not Harder

First, let's get the anatomy lesson out of the way...

"The diaphragm is a thin skeletal muscle that sits at the base of the chest and separates the abdomen from the chest..."

www.healthline.com

"The pelvic floor or pelvic diaphragm is composed of muscle fibers of the levator ani, the coccygeus muscle, and associated connective tissue which span the area underneath the pelvis."

- www.wikipedia.org

Now before we get into real-world applications...(if you don't know much about me yet, you'll soon learn ALL my teaching and content is designed not to sound smart and overwhelm you but keep things simple so you can get clarity and apply it in the real world)...

I want you to understand that the diaphragm and pelvic floor DOES NOT CAUSE all these issues below... or is the magic bullet that's going to solve all your problems.

They're not.

But they are very important muscular tissues to consider...

And probably will need to be addressed as part of a treatment approach... that looks at the whole person and not just the site of pain.

REAL-WORLD IMPORTANCE AND APPLICATION

To cut straight to the chase...

The diaphragm attaches to the ribcage and influences the rib cage movement.

The pelvic floor muscles attach to the pelvis and influence pelvic movement.

This can work the other way round too... move the ribs and pelvis, you'll influence the diaphragm and pelvic floor muscles.

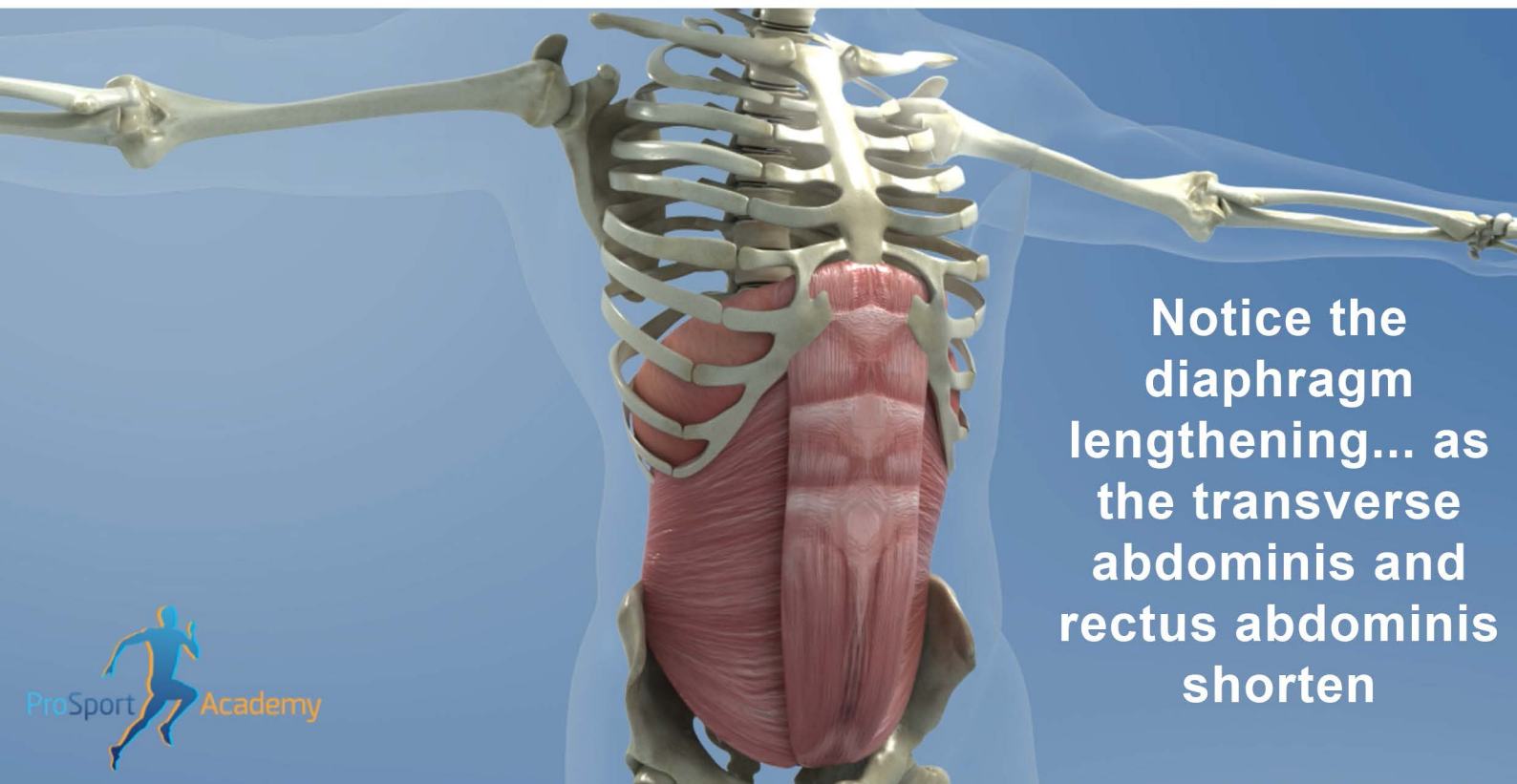
The diaphragm will shorten and flatten downwards when we inhale... which will elevate, anteriorly translate and externally rotate the ribs... unless you consciously block these movements.

The pelvic floor will lengthen when we inhale... and travel downwards as the pelvis moves towards anterior tilt.



Notice the diaphragm flattening... as the transverse abdominis and rectus abdominis expand

The diaphragm will travel upwards as you exhale... and the ribcage will depress, retract, internally rotate.



Notice the diaphragm lengthening... as the transverse abdominis and rectus abdominis shorten

During exhalation, the pelvic floor muscles will return to the original position upwards... while the pelvis will go towards a posterior pelvic tilt.

Working together... when you inhale the diaphragm shortens and travels downwards... the pelvic floor muscles also need to travel down and lengthens... to allow your organs an opportunity to mobilize.

When you exhale... the pelvic floor muscles travel upwards and shorten... while the diaphragm lengthens into a dome shape muscle... and the organs will again move together.

For simplicity in this article, I'll focus more on the diaphragm movement... but you just need to understand that the pelvic floor muscles will be doing the opposite

(Suggested further reading: *Talasz H, Kremser C, Kofler M, Kalchschmid E, Lechleitner M, Rudisch A. Phase-locked parallel movement of diaphragm and pelvic floor during breathing and coughing-a dynamic MRI investigation in healthy females. Int Urogynecol J. 2011;22(1):61-8.*)

Side note: Do you use visceral therapy? If you do... can you see the importance of the diaphragm and pelvic floor being able to go through a full range of motion... to allow the organs to mobilize naturally?

If you don't, can you see how you can get a lot of the benefits of visceral therapy by getting these two muscles to mobilise?

Some thoughts to consider in your everyday practice for musculoskeletal or sports injuries:

The transverse abdominis will lengthen or eccentrically contract during inhalation while shortens naturally during exhalation...

Or said another way... the transverse abdominis will naturally contract and 'hollow', 'suck in'... when the diaphragm lengthens.

(Suggested further reading: *Ha SM, Kwon OY, Kim SJ, Choung SD. The importance of a normal breathing pattern for an effective abdominal-hollowing maneuver in healthy people: an experimental study. J Sport Rehabil. 2014;23(1):12-7.*)

The obliques and rectus abdominis will contract concentrically when the diaphragm lengthens... as this allows your ribcage to depress under the dome it forms... while the obliques depress and retract the rib cage.

Think about touching your toes and the need for ribcage depression and retraction. The internal obliques are very important for this movement... which need the diaphragm to lengthen to do their job well...



Notice the lack of ribcage depression and retraction... when this patient touches their toes.

Although exaggerated for teaching purposes... a lot of back pain patients will use this type of strategy.

Can you see how this is starting to fit together?



If not, don't stress... and keep an eye out for an email from me in the coming days. I'm going to walk you through a video of how all this works in an assessment with a patient.



A common activity that your back pain patients may often struggle with first thing in the morning... is putting on their socks.

This requires almost maximal ribcage depression and retraction... and hip flexion and posterior pelvic tilt... which will require the diaphragm and pelvic floor to mobilize... towards the end of their natural ranges.



Putting on your socks requires the diaphragm to be able to lengthen fully... along with the pelvic floor to ascend.

The glute max will contribute to posteriorly tilting the pelvis... which may be a muscle you target a lot or a pelvic motion you use in your treatment plans? Or said another way... your patient requires the pelvic floor to mobilize, ascend or shorten... to aid their posterior pelvic tilt.

(Suggested further reading: *Takaki S, Kaneoka K, Okubo Y, et al. Analysis of muscle activity during active pelvic tilting the sagittal plane. Phys Ther Res. 2016;19(1):50-57.)*

Taking this one step further... you would ideally like the diaphragm to lengthen and the pelvic floor to shorten... to help the glute max and transverse abdominis to contract concentrically naturally... during many basic movements in everyday life.

(Suggested further reading: *TKang JI, Jeong DK, Choi H. Effect of exhalation exercise on trunk muscle activity and Oswestry disability index of patients with chronic low back pain. J Phys Ther Sci. 2016;28(6):1738-42.)*

If the diaphragm and ribcage cannot lengthen or go through its full range of motion respectively... then this can also restrict the length-tension relationship... in which various muscles can work.

Muscles generate a force towards the tendon.

They have an optimal length and an optimal rate of length change... for optimal movement efficiency.

Said another way, use the appropriate amount of energy for the task at hand, no more no less.

A person holding a dumbbell at 90 degrees elbow flexion will use less energy than holding it at the inner or outer range... due to the biceps optimal length-tension relationship.

While I am not a big fan of finding a 'perfect position or length' or 'knees over second toes' etc... I do want you to be able to access ranges of motion and tolerate load in said ranges... depending on the task at hand or what life throws at you.

More on that shortly.

3) CORE REACTIONS

Now let's cover our final reaction that I want to cover with you today (there's actually a lot more also but these 3 are the 20% that will give you 80% of the results so listen carefully :))

PRACTICAL EXAMPLE: CORE ACTIVATION DURING EXHALATION

Take a slow breath in through your nose... and exhale as long as possible through your mouth... while noticing the conscious sensations of your abdominal muscles contracting.

Notice the intensity of those sensations.

Now the next part, you have to trust me ok?

Now take a deep breath in through your nose again... and this time instead of exhaling I want you to 'hum', YES 'HUM' for as long as possible.

As you continue to hum, you may notice that you feel your abdominals muscles engaging more than a normal exhalation... and that your exhalation is actually a lot longer than your previous breath out.

Can you see how when we prolong the exhalation... or said another way... how lengthening the diaphragm for longer, the abdominal muscles can work more efficiently?

Did you also notice how much movement you felt in your ribcage and pelvis by just doing a hum?

Can you start to see how we can work smarter and not harder... to get all these muscles working together, as they are designed to work, with minimal effort?

KEY POINT TO UNDERSTAND TO DATE:

To give the transverse abdominis, glute max, and obliques the best chance of working efficiently... in optimal length-tension relationships... we need the diaphragm to be able to go through a full range of motion... especially lengthen during the respiratory phase... and the ribs to depress, internally rotate and retract.

This Sounds Too Easy, What's The Catch?

When I first started looking at the body this way... I spent a lot of money on courses that taught me exercises on how to mobilise/reposition/hack the diaphragm... and get these quick results...

Exercises that you basically followed EVERY TIME for EVERY PATIENT.

BUT BE WARNED... cookbook recipes combined with a little bit of information is VERY VERY dangerous.

Approaches like this... WILL get found out quickly... in high pressure environments such as professional sport and private practice.

I learned that lesson hard way and I don't want you to make the same mistakes as me.

So after trying all this stuff out... and getting ok results for some patients and actually flaring up other patients... I spent a lot of time, effort and more money searching for answers.

And to cut a long story short, what I found is that it all comes down to the person in front of you.

You need to ask the **BIGGEST QUESTION** of all:

“Why did this person’s diaphragm and pelvic floor lose the ability to lengthen in the first place... specific to their story?”

Every person's story is different.

The diaphragm and pelvic reactions are actually REACTIONS to that person's story.

Can you see now why these 'cookbook' recipes will only get you so far?

A Sensitised Respiratory System Affects The Diaphragms Ability To Lengthen

When you appreciate the impact of previous injuries or 'stressors' as I like to call them... and specifically in regards to the diaphragm and pelvic floor... periods of prolonged stress (think issues at home, work, traumatic events) non-physical 'stressors'... can become important to understand in your subjective assessment.

Chronic emotional stress and increased mental load can alter how the respiratory system works... in several ways;

1) Regards to respiratory drive

2) Breathing pattern and timing

3) Metabolic appropriateness of the respiratory response

The increased respiratory drive is essentially.. evidence of the body's readiness for action... and will be more than likely be in 'fight or flight'... or also known as the sympathetic division of the autonomic nervous system.

The problem with the increased respiratory drive (think of an extreme example, someone hyperventilating)... is that the person inhales very quickly (shortens the diaphragm)... but has a very short exhalation (not a lot of lengthening of the diaphragm happening).

This will then have an impact on the #2... and the breathing timing and pattern... where your brain just wants to keep you alive... and so will find a solution to this problem.

This is usually in the form of relying on the scalenes to do more work... along with the accessory respiratory muscles... such as the sternocleidomastoid, pec major, minor, serratus anterior, latissimus dorsi and serratus posterior.

(Suggested further reading: Courtney, R. *The functions of breathing and its dysfunctions and their relationship to breathing therapy. Int J Osteopathic Medicine. 2009; 12: 78-85)*

(Suggested further reading: Corrêa EC, Bérzin F. *Mouth Breathing Syndrome: cervical muscles recruitment during nasal inspiration before and after respiratory and postural exercises on Swiss Ball. Int J Pediatr Otorhinolaryngol. 2008;72(9):1335-43.)*

If you list these muscles that may have to do more work out below:

Scalenes
Sternocleidomastoid
Pec Major
Pec Minor
Serratus Anterior
Latissimus Dorsi
Serratus Posterior Superior

You should notice that these muscles are very common muscles that you may be either trying to inhibit via hands-on treatment... or strengthen sometimes for the **majority of shoulder and neck pain patients.**

Hyper-arousal brought on by mental & emotional processes... contributes to allostatic load... and affects the capacity of the body to maintain its stability and response to change... (chronic or frequently repeated stress without sufficient recovery).

The body's physiological processes adapt to the demand... and this respiratory rate essentially becomes the norm.

Now here is where it gets really interesting...

.... and you start to see similar reactions that happen with someone in pain through all the various systems... such as the musculoskeletal and respiratory systems.

The anticipation of coming physical and emotional events has a distinct effect of increased respiratory rate... reducing the time of exhalation and changing the respiratory pattern.

Just like that 'perceived threat' that a pain experience maybe and not actual damage... the respiratory system reacts just like the rest of the body... by becoming sensitised... and contributing to pushing that person further into 'fight or flight'... by increasing the respiratory rate along with the heart rate increasing.

Increased heart rate and breathing rate will decrease heart rate and breathing variability. And, just like movement variability... we ideally want to be able to access as much variability as possible when needed.

When your nervous system and respiratory system is responding to emotions rather than metabolic cues from chemoreceptors... it may not be aligned with the actual physical needs of the body or your metabolic requirements.

Mental and emotional factors... such as fear, grief, anxiety or depression... may start to impact how your breathing is now becoming regulated...

Homeostatic and biomechanically inappropriate breathing is associated with the anticipation of action... that does not actually occur.

Think about your back or neck pain patient sitting at the desk at work... and their boss who has been giving them a hard time of late starts walking towards them.

Your patient's breathing rate and depth are completely inappropriate for the situation... and are in fact probably more appropriate for a lion who has just burst into the room and is about to attack them.

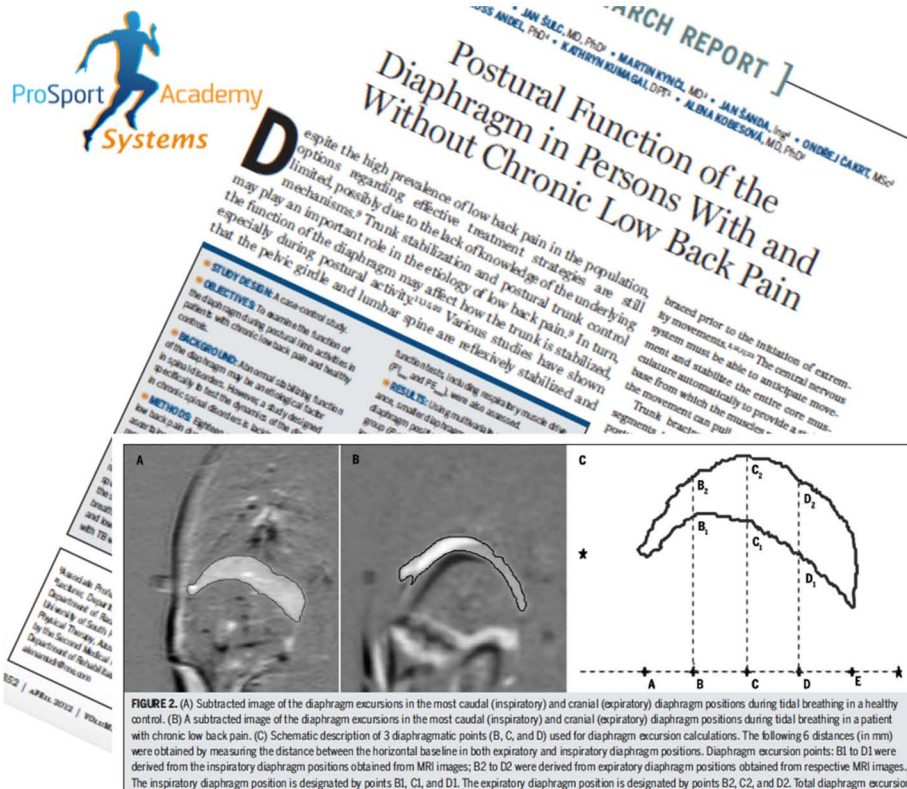
A completely inappropriate response to someone who is at work sat at the desk all day. While working, sure, some 'fight or flight' is good... it's the ability to get back into the 'rest and digest' a.k.a have variability that is the key... and from my experience, a lot of my persistent pain patients struggle with this.

Interestingly, inhalation is associated with the sympathetic nervous system... where the diaphragm flattens and the heart rate increases... while the exhalation is associated with the parasympathetic nervous system... where the diaphragm lengthens and the heart rate decreases.

(Suggested further reading: *Komori T. The relaxation effect of prolonged expiratory breathing. Ment Illn. 2018;10(1):7669.*)

In simple terms, exhaling, a.k.a lengthening the diaphragm helps us get into rest and digest.

As we can see in the image below... notice the range of motion of the diaphragm... on the right-hand side of those patients without back pain versus those with.



Again... think about common strategies of your patients with back pain to bend over to pick something up.

They will usually take a big breath in (shorten the diaphragm)... and move in a rigid motion with very little movement of the rib cage during the acute stage.

This further pushes your patient in a vicious circle of losing mobility through the diaphragm and ribcage... while further moving towards 'fight or flight'.

Short term it might be an ok strategy for acute pain experience, but long term what's the implications?

From clinical experience... desensitizing the respiratory system and increasing the heart rate variability... (indirectly via the respiratory system)... can have massive impacts on persistent pain patients' ability to sleep in 'rest and digest'... and wake up actually feeling refreshed along with decreased pain.

In fact, just restoring some variability with various respiratory desensitization techniques... that we teach in module 1 of the 'Go-To' Therapist mentorship... can make a massive difference to your patient's pain levels... without doing any hands-on treatment or rehab.

What about the diaphragms impact on the lower limb?

Now that you have covered the impact of the loss of the diaphragm's ability to lengthen (ribcage to depress, ability to access 'rest and digest', whatever we want to call it) on the upper limb and cervical spine... let's take a look at some reactions through the lower limb.

Let's look at that person in the rugby, soccer or Gaelic football team... that is always complaining of tight hamstrings.

If the diaphragm is shortening ok but not going through its full physiological range of motion and can't lengthen... then essentially ribcage depression, retraction and internal rotation along with posterior pelvic tilting... are reactions that may not be accessed as often as your patient would like.

When you ask your patient to touch their toes... you would notice this patient reaches out in front of themselves... instead of straight down to the toes. I would interpret this as potentially the patient working around their adaptations... and 'finding a way' to touch their toes.

If your patient is constantly living with the ribcage elevated, protracted and externally rotated, the pelvis will more than likely be anterior tilting a lot more than posterior tilting or said another way, unable to access a full posterior tilt if required (by the way, I appreciate most of us in standing posture will have an anterior tilt, that is not an issue for me).

Now that range your patient can only access might be fine for a lot of people.

It may be only when your patient's physical or emotional load increases that this may become problematic (start training for a marathon, training load increases unexpectedly, break up with a partner, life changing event)...

An increase in your patient's day to day anterior pelvic tilt range may increase the resting length of the hamstrings.... activate more receptors... and give your patient a conscious awareness of their hamstrings feeling 'tight'.

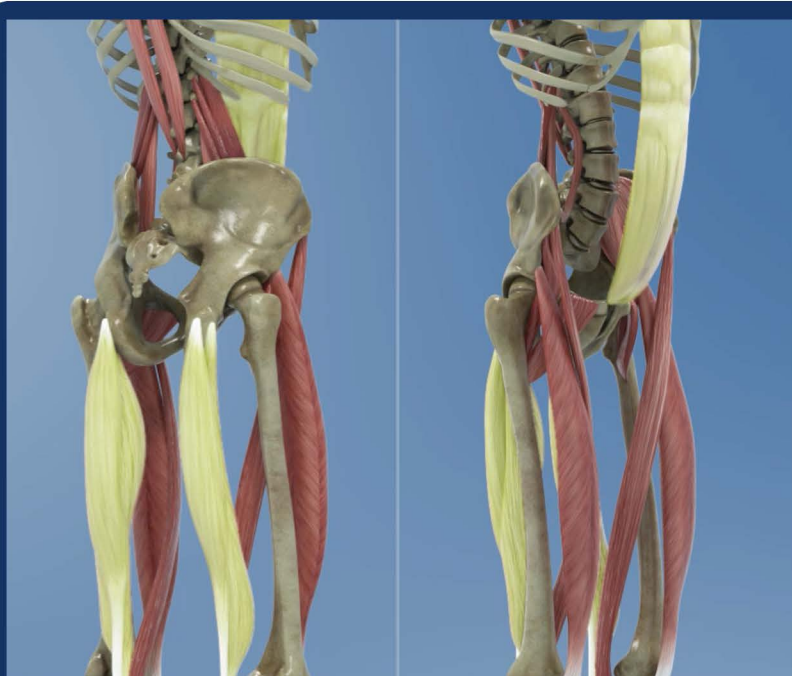
Ironically your patient's hamstrings are not tight. They are actually lengthening as the proximal attachment is lengthening further.

Can you see now why that hamstring massage and stretching may modulate the receptors short term... but the problem is still there the following week when your patient comes back to see you?

What about an approach where you look at the person's story... look at how their body is moving in response to their story... and restore your patient's ability to access and tolerate load through the ranges of motion... that your patient had at one point in their life...

...promoting a lengthening ability of the diaphragm... an ability of the ribcage to depress, internally rotate and retract... the obliques to contract more efficiently... and the pelvic floor to mobilize and help the glute max.

All the while quietening down the proximal hamstring receptors?



When the respiratory rate increases further... this further flattens the diaphragm... elevating the ribcage, anterior tilting the pelvis and lengthening the hamstrings proximally.

This will stimulate the receptors around the skin, fascia, and muscle further... and the person may feel like their hamstrings are 'tight' and might want to stretch them.

The problem is the tissues around the hamstrings are already on a stretch... and so a better approach would be to take these 'off stretch'... by lengthening the diaphragm, depressing the ribcage and helping the pelvis... to access posterior tilt naturally which will, in theory, dampen down the receptors.

These studies show promising reactions at the peripheral tissues... by helping the diaphragm to lengthen (or dome as mentioned in some of these studies).

(Suggested further reading: González-Álvarez FJ, Valenza MC, Torres-sánchez I, Cabrera-martos I, Rodríguez-torres J, Castellote-caballero Y. Effects of diaphragm stretching on posterior chain muscle kinematics and rib cage and abdominal excursion: a randomized controlled trial. *Braz J Phys Ther.* 2016;20(5):405-411.)

(Suggested further reading: Valenza MC, Cabrera-martos I, Torres-sánchez I, Garcés-garcía A, Mateos-toset S, Valenza-demet G. The Effects of Doming of the Diaphragm in Subjects With Short-Hamstring Syndrome: A Randomized Controlled Trial. *J Sport Rehabil.* 2015;24(4):342-8.)

The ability of the trunk to mobilise through full range is also very important... to ensure we stimulate the peripheral tissues as you can see by this study by Prior et al. in 2014.

Different peripheral muscles react to different trunk movements... so you need the brain and spinal cord to feel safe going into various ranges.

(Suggested further reading: Prior S, Mitchell T, Whiteley R, et al. The influence of changes in trunk and pelvic posture during single leg standing on hip and thigh muscle activation in a pain free population. *BMC Sports Sci Med Rehabil.* 2014;6(1):13.)

Please don't get sucked into seeing these diaphragm studies... and just using these short term quick fixes...

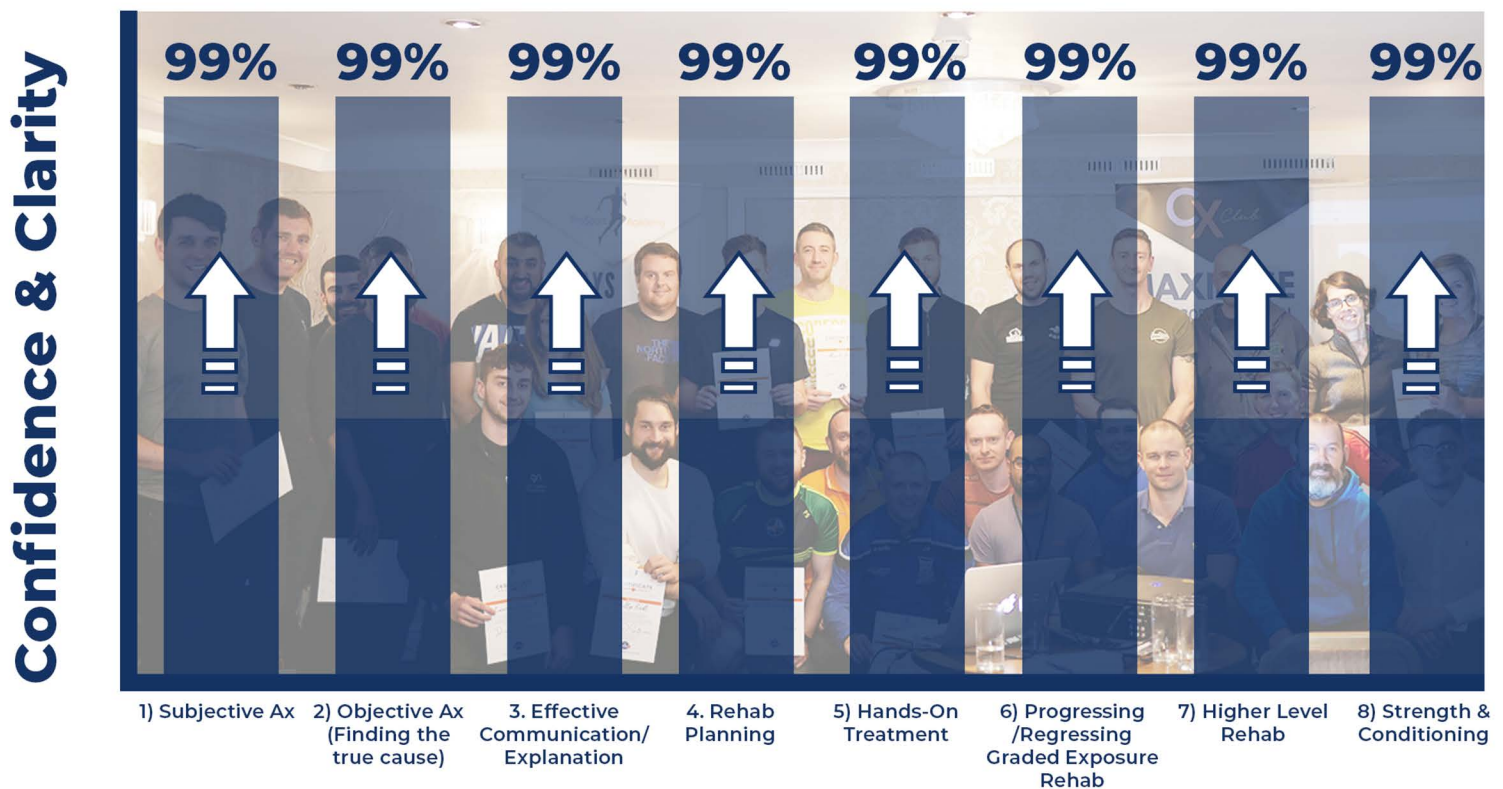
This is coming from personal experiences...

Don't get sucked into seeing some short term changes... and improvements in hip flexion and shoulder internal rotation... and thinking this is the be-all and end-all.

Anyone can create short term changes... it is the ability to maintain these changes... when your patient stands up, leaves your clinic and goes back into the real world is the art.

Your patient needs the ability to tolerate the loads placed upon their body and mind... in the real world that counts most

That is why it is **CRITICAL** that you acquire the full skill set... to really have meaningful impacts on your patient's lives.



So how DO you solve this problem and get long-lasting changes in the real world with real people?

Here's my approach...

STEP 1

Ideally, you want to find the true 'stressor' in the subjective assessment... by asking high-quality questions that elicit the answers required in a sensitive manner.

Ultimately, you want to know if there has been anything in their story... that may sensitize the respiratory system.

STEP 2

You then want to make sense of the objective assessment... and cross-reference with the patient's story from your subjective assessment.

Rather than just focusing on the symptoms... you are now looking at what is NOT DOING IT'S JOB, that is actually overloading the site of pain.

This is a powerful shift in your attention... and almost like magic, the clues just start appearing right in front of you.

STEP 3

By making sense of the objective assessment specific to the patient's story... you can then give an authentic explanation of the problem... and a solution for the patient... so they also have complete clarity on the problem... and what they need to focus on to get back to doing things they want and need to do in real life.

STEP 4

You not only explain the problem and solution... but you actually show them the plan that you have designed specific to their needs.

This is the equivalent of turning on the sat nav in your car to get to the destination you need. It can be extremely powerful for persistent pain patients especially.

This sets expectations... and takes away the fear of the unknown... while building complete trust in you as the therapist that can finally help them.

STEP 5

You may then choose to do specific hands-on techniques if appropriate... to facilitate ribcage mobility... lengthening of the diaphragm and facilitation of the obliques and hip muscles.

You would use a clinically reasoned approach so you save your hands and work smarter, not harder.

STEP 6

You then continue to restore and maintain ribcage mobility... and expose the appropriate tissues to a load tolerance in a step by step manner... so your patient can tolerate the loads placed upon the body in the real world. This will help your patients avoid becoming reliant on hands-on treatment... minimize flare-ups or symptoms returning again.

STEP 7

Once the person has earned the right to progress to the final stages.... you focus on the final stage... where you empower the patient to continue to build resilience to both physical and non-physical stressors in their life... so the problem does not return again... under times of high stress, a lack of sleep or higher physical loads without reverting back to old habits.

STEP 8

Just like when you break through that initial few sessions of exercising again... it starts to become addictive. You will be making such powerful changes and impacts on your patient's life... that they will want to continue to progress... and you will have the skill sets to empower them to further build resilience in the real world.

I'm not going to lie to you: looking at the person as a whole rather than just the site of pain isn't easy.

You've got to be willing to work for it. But with these strategies, you have everything you need to make it happen.

The rest is up to you.

I've given you what you need to get started. But if you have any questions, or would like my help on implementing any of the above, get in touch today.

Even better, for a limited time... I'm offering you a 30-minutes "Go-To Therapist Assessment" strategy session... where we'll discuss your own assessment and treatment approach... along with your career goals and challenges... and draw up an action plan for you... for free... if you are interested in treating your patients with an approach like this.

Please note, this is NOT a sales call. You will be speaking with one of my team, not a salesman. I'll ask you some questions in a quiz format after you book the call...

The actual same quiz I use when a new therapist starts in my own clinic so we can see where to start up skilling them... for the biggest gains in the quickest time possible... before they start treating my patients.

When you take this quiz, that will give me an insight into your situation and main challenges... and I'll give you my honest opinion of where I would start in your current situation... with your current skill sets for the most bang for your buck.

**Claim your no-obligation free 30-minutes
"Go-To Therapist Assessment" strategy session now... and
get your own custom built action plan FREE!**

WARNING:

Before you claim your free strategy session... you must understand that this is only for people... serious about setting up their assessment and treatment approach for long term success.

We'll do the brunt of the work, but to truly get your approach structured and flowing... from the subjective right through to the high level rehab... we need your commitment and dedication,

If you're not ready for that please don't waste our time.

But if you are ready to differentiate yourself from other therapists... and accelerate your results quickly and safely...



**Book your FREE
"Go-To Therapist Assessment"
strategy session call now.**



**CLAIM YOUR
FREE 30 MINUTE
"GO-TO THERAPIST
ASSESSMENT"
STRATEGY
SESSION**



Don't Judge Me On What I Say, Judge Me On My Students Results...



Paula W. - "You're going to be more productive, more confident, **you're going to retain more clients and they're going to keep coming back** for more sessions so straight away you're going to get that money back... literally straight away"

Brian H.

- "I now have a way of thinking that **gets to the root cause of my patient's problems in a clear logical way.** My clients have no problem understanding and feel very engaged in the sessions. I had lots of referrals already at this early stage and loads of positive feedback and much better adherence to treatment plans."



David G. - "My confidence has grown so much. The step by step system has given me complete clarity that I can treat any patient that walks through my door and **I know exactly where to go next with them.**"

Sinead W.

- "If you implement the step by step system and use the resources that are there the money will come back to you tenfold"



Leon C. - "I've been running my own practice since late January 2019 and have grown from treating 5-6 patients a week to between 15-20 most weeks and above 20 patients on some occasions. **Patients are returning weekly** and adhere to their homework. A lot of my patients have been from word of mouth"



BREATHE / MOVE / RETURN TO ACTIVITY



Derek S. - "I started off in a tiny room in my house and now I have just opened up a clinic on the busy high street where I live. The results I'm getting now with patients I wouldn't be getting them if I didn't do the Mentorship. I've now got the confidence and authority to treat any patient that walks through the door."