

Subject Outline

Subject Name:	Myofascial Release 2
Subject Code:	MSTR322
Award(s):	Bachelor of Health Science (Musculoskeletal Therapy)
Core/Elective:	Core – 2 credit points
Pre/co-requisites:	MSTR211, MSTC314
Student Workload	39 hours face to face 36 hours self-directed study
Delivery Mode:	Face to face <ul style="list-style-type: none"> • 3 hours lecture/practical Full Time Part Time
Subject Coordinator:	Brent Cunningham (Brisbane Campus)
Subject Rationale:	<ul style="list-style-type: none"> • This subject follows on from MSTR211 and builds on the foundation of the principles and practice studied previously. • This subject explores an array of broad approaches utilized in the field of myofascial release and will enhance the refinement of applied skill as well as exploring how indirect & direct myofascial release methods are best utilized. • This subject will survey a variety of approaches and methods in the treatment of fascia; including myofascial release interventions for complex conditions and breathing in context of myofascial release and the study of current evidenced based research in the field myofascial research. • This subject will demonstrate and allow students to practice a variety of advanced myofascial release techniques

Learning Outcomes:

1.	Develop an advanced understanding of current evidenced based myofascial theory, research studies, varying myofascial modalities and leading authors in the field myofascia.
2.	Comprehend the concepts, theory & application of fascial receptor manipulation including Golgi, Pacini, Ruffini and interstitial receptors & muscle spindle cells.
3.	Apply and evaluate myofascial release interventions for complex musculoskeletal conditions.
4.	Apply movement therapy in a musculoskeletal therapy clinical setting.
5.	Demonstrate professional conduct at all times with patient management.

Content:

Week	Lecture/Workshop
1.	Neuropathic pain



	<ul style="list-style-type: none"> • Current neuropathic pain theory and research • Fascia receptor manipulation <ul style="list-style-type: none"> ○ Muscle spindle cells, golgi, pacini, ruffini and interstitial receptors • Symptoms of neuropathic pain • Four mechanisms to produce neuropathic pain <ul style="list-style-type: none"> ○ Abnormal impulse generating sites or ectopic foci ○ Ephaptic transmission ○ Central sensitisation ○ Structural reorganisation • Sites that generate neuropathic pain <ul style="list-style-type: none"> ○ Peripheral generation of neuropathic pain ○ Central response to deafferentiation
2.	<p>Pain matrix dysfunction</p> <ul style="list-style-type: none"> • Theory and evidence-based practice • Fibromyalgia <ul style="list-style-type: none"> ○ Assessment and treatment • Tension-type headache <ul style="list-style-type: none"> ○ Assessment and treatment • Migraine <ul style="list-style-type: none"> ○ Assessment and treatment • Chronic whiplash-associated disorder • Assessment and treatment
3.	<p>Sciatic and fibular nerve neuropathies</p> <ul style="list-style-type: none"> • Clinical presentation • Assessment procedures • Current research and evidence-based practice <p>Neurodynamic, neural manipulation techniques and sliders/tensioners.</p> <ul style="list-style-type: none"> • Fibular nerve • Sciatic nerve
4.	<p>Tibial and sural nerve neuropathies</p> <ul style="list-style-type: none"> • Clinical presentation • Assessment procedures • Current research and evidence-based practice <p>Neurodynamic and neural manipulation techniques and sliders/tensioners.</p> <ul style="list-style-type: none"> • Tibial nerve • Sural nerve
5.	<p>Femoral and saphenous nerve neuropathies</p> <ul style="list-style-type: none"> • Clinical presentation • Assessment procedures • Current research and evidence-based practice <p>Neurodynamic and neural manipulation techniques and sliders/tensioners.</p> <ul style="list-style-type: none"> • Femoral nerve • Saphenous nerve
6.	<p>Obturator and lateral femoral cutaneous nerve neuropathies</p>



	<ul style="list-style-type: none"> • Clinical presentation • Assessment procedures • Current research and evidence-based practice <p>Neurodynamic and neural manipulation techniques and sliders/tensioners.</p> <ul style="list-style-type: none"> • Obturator nerve • Lateral femoral cutaneous nerve
7.	<p>Thoracic outlet syndrome and ulnar nerve neuropathies</p> <ul style="list-style-type: none"> • Clinical presentation • Assessment procedures • Current research and evidence-based practice <p>Neurodynamic and neural manipulation techniques and sliders/tensioners</p> <ul style="list-style-type: none"> • Brachial plexus • Ulnar nerve
<p>NON-TEACHING WEEK (note that make-up classes may be scheduled in this week) Semester 1 - This aligns with the week after Easter so it may fall between weeks 6 to 8. Semester 2 - The break week falls between Weeks 7 and 8.</p>	
8.	<p>Median and radial nerve neuropathies</p> <ul style="list-style-type: none"> • Clinical presentation • Assessment procedures • Current research and evidence-based practice <p>Neurodynamic and neural manipulation techniques and sliders/tensioners.</p> <ul style="list-style-type: none"> • Median nerve • Radial nerve
9.	<p>Axillary and musculocutaneous nerve neuropathies</p> <ul style="list-style-type: none"> • Clinical presentation • Assessment procedures • Current research and evidence-based practice <p>Neurodynamic and neural manipulation techniques and sliders/tensioners.</p> <ul style="list-style-type: none"> • Axillary nerve • Musculocutaneous nerve
10.	<p>Suprascapular, trigeminal, greater occipital and spinal accessory nerve neuropathies</p> <ul style="list-style-type: none"> • Clinical presentation • Assessment procedures • Current research and evidence-based practice <p>Neurodynamic and neural manipulation techniques and sliders/tensioners.</p> <ul style="list-style-type: none"> • Suprascapular nerve • Trigeminal nerve • Greater occipital nerve • Spinal accessory nerve
11.	<p>Spinal neuropathic pain</p> <ul style="list-style-type: none"> • Clinical presentation • Assessment procedures • Current research and evidence-based practice

	Neurodynamic and neural manipulation techniques and sliders/tensioners. <ul style="list-style-type: none"> • Spinal cord • Meninges
12.	Chronic and acute neuropathic pain management <ul style="list-style-type: none"> • Lumbar radiculopathies • Cervical radiculopathies • Current research and evidence-based practice Neurodynamic and neural manipulation techniques and sliders/tensioners. <ul style="list-style-type: none"> • Nerve roots
13.	Review class and preparation for practical exam
14-15.	Non-Teaching Weeks / Practical Exam Weeks: note that make-up classes may be scheduled in these weeks.
16-17.	Final Exam Period Please refer to your Campus Timetable for the exact time and day of the final exam if final exam applies, as per assessment table below

Set Text Requirements:

1. Barral, J. P., & Croibier, A. (2007). <i>Manual therapy for the peripheral nerves</i> . Edinburgh, Scotland: Churchill Livingstone Elsevier. [eBook available]
2. Butler, D. (n.d.). <i>The neurodynamics pack</i> . Adelaide, SA: NOI Publications.

Special Resource Requirements:

1. Two bath-sheet sized towels per student (Clinic towels must not be used)

Assessment:

Assessment Item	Topic/s	Learning Outcomes Assessed	Week Content Delivered	Week Due	Weighting
1. Literature review 1 (2000 words)	Students will undertake the critical appraisal of a chosen research topic.	1, 2	1-4	5	30%
2. Literature review 2 (2000 words)	Critical review of concepts and principles of fascial research and fascial implications in complex conditions.	1 - 3	1-9	10	30%
3. Oral Practical exam	Demonstration and explanation of the application of a variety of myofascial release techniques in relation to specific complex conditions.	3 - 5	1-13	Practical Exam Period	40%

Formative assessment will be undertaken early in the subject and then on a regular basis throughout the duration of the subject to provide students and staff with feedback on the learning. It may take the form of quizzes, small group and classroom presentations, writing activities, peer review where appropriate.

Early formative assessment would be used to determine any necessary intervention strategies to ensure students are able to complete the program in the normal subject duration.

Feedback will also be provided on summative assessment undertaken during semester.