*Note: Green text is **Jackson**,*

Guest Introductions:

Name: Mike McKenney

Job Title: Assistant Athletic Trainer

Company: Northeastern University, Boston, MA

Years in Profession: 6.5 Years (7 in June)

Details, awards, anything else you want us to mention:

- Undergrad from Gustavus Adolphus College: 2008
- Masters in Advanced Athletic Training from North Dakota State University: 2013
- Electrolyte research published in the JAT

Name: Josh Ogden

Job Title: Assistant Director of Athletic Training

Company: Baylor University

Years in Profession: 7.5 (8 in May)

Details, awards, anything else you want us to mention:

Undergrad from TCU 2007.

Masters in Advanced Athletic Training Baylor 2009.

Began PRI courses summer 2014.

Show Intro: **What's up y'all and Welcome to the**

Sports Medicine Broadcast, # 125 - Postural Restoration w/ Mike McKenney & Josh Ogden”

***Topic*: This week our guest is...**

Introductions: I am your host ___, and with me today is ____ _____ _____

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ustream social feature
Links to those are on our website.

Topics:

Mr. McKenney please tell us about yourself?

- Attended Postural Respiration and Myokinematic Restoration
- Will be attending Pelvis and Impingement and Instability this year

Mr. Ogden, Same Question

- Experience w/BSB, WSOC, SB, BKB/WBB, VB, FB, etc.
- PRI Myokin, Postural Respiration, & Pelvis Home Study Courses
- Attended PRI for Baseball & PRI Vision Integration for Baseball in Nov. 2014
- Plan to attend I&I w/Mike in July.

MB: Mr. McKenney can you define postural restoration?

- Postural Restoration is an approach to treating asymmetries in the human body, because Humans are not symmetrical. The patterns patients present in are referred to as "Compensatory Patterns"
- Postural restoration is more of a neurological approach to body control and function rather than a Biomechanical one (though biomechanics are still important). It's not just sitting up straight.
- Intent to best position multiple systems for integrated asymmetrical function (PRI book)
- Reducing sympathetic tone that drives compensatory patterns (Extension)

- Agree w/approach to treating asymmetries due to asymmetrical nature of human body - anatomy textbooks mislead us w/symmetrical presentation.
- PRI is a total body approach - everything affects everything else, and PRI gives me a method to evaluate and treat the whole patient/athlete rather than just their current site of pain.
- "Postural restoration" does not mean "military posture" = too much extension
- PRI gives us the ability to reduce compensatory patterns that limit motion & allow us to get into flexion, extension, lateral movement, etc.
- Alignment - Assignment - Technique approach
- Can be used to reduce sympathetic tone when needed, or to increase it if needed for performance...the key is to be able to shut the extension tone off when needed.

Jess: Talk about the process of restoring posture.

- Restore Zone of Apposition: Give left diaphragm same mechanical advantage as the right.

- Evaluate asymmetries and correct them with both manual and non-manual techniques
- Non-manual before manual repositioning → Teach brain what a better position is
- Patients need to own sagittal plane movement before they move on to triplanar movements
    - Sagittal (Extension) → Frontal (Adduction) → Transverse (IR)
- Review L-AIC/R-BC, B-BC, PEC
- PRI goal is Neutrality, but this is not always ideal in an athletic population
- DNS is not PRI, PRI is lateralization
- Modified Ober, Extension Drop (Thomas)
- Turn the neurological key first, your Brain drives the truck...and it pulls to the right

- Evaluate asymmetries
    - Combination of ortho & PRI specific tests
    - Preseason/In-season eval forms/process
- I tend to integrate more traditional rehab movements/programs once pt maintains frontal plane control w/PRI exercises...I feel like this increases patient "buy in" because it's what they think "rehab" is due to past experience (and ALL baseball players have past experience)

Why do we need this?

- Compensatory patterns drive patients into extension, and abnormally stresses structures within multiple polyarticular chains
- This leads to disc pathology, hip pain, numerous other injuries
- How many left adductor issues have you seen with an additional right glute weakness?
- Rib and thorax mechanics directly impact shoulder mechanics, in addition to breathing.
- Your ribs walk just like your pelvis does
- Keep patients out of unnecessary and invasive hip/spine surgeries

- Shoulder impingement problems, biomechanic issues affecting elbows, shoulder ROM/"GIRD" issues
- Hip IR & trunk/thoracic rotation in throwing athletes

MB: How are you using these skills?

- Integrated into every single rehab plan, and global interventions integrated into team workouts/lifts
- Repositioning prior to manual therapy/soft tissue treatment
- Are you treating tone or tension? Can you reduce both before you even start?

- Removing extension patterns from spine.

- Also integrate into all rehab programs. Reposition before any rehab exercises so that the athlete can work the proper structures during their rehab.
- Teach athletes to “shut it off” on their own for sleep/recovery
- Integrate PRI principles w/”standard” arm care programs (my coaches love the crossover symmetry program)
- Along w/”treating tone or tension” - are you “stretching” a muscle or fighting against neurological tone

Jess: What outcomes have you experienced from it?

- A “tight” IT band does not exist, and you can’t stretch it. You can correct the position of the pelvis and remove sympathetic tone.
- Immediate lung capacity improvements measured by Pro2 software, compared to pre-treatment numbers
- I can’t remember the last time I “stretched” a posterior capsule in a shouler.
- Kept multiple patients out of recommended hip surgeries for FAI, CAM, etc

- Pitcher w/hip labral path & surg w/recurrent SSx RTP pn free
- “GIRD” does not exist to me anymore...normal to gain 20deg IR or more in single Tx session
    - Currently have throwers w/past Dx “GIRD” that I cannot in good conscience stretch IR b/c concern of increasing instability.
- Utilize vision techniques w/hitters & baserunners...self reported improvement in picking up the spin on the ball, reading the pitcher (pick vs. pitch) etc.

MB: Where can we learn more (include links if possible)

http://www.posturalrestoration.com/
http://hruskaclinic.com/blog/
http://www.cantrellcenter.com/blog/

http://zaccupples.com/http://www.lancegoyke.com/
http://thenominalistblog.com/
http://ihperformance.com/

Your “Take Away” from today?

Link to NEU website: http://www.gonu.com
@GoNUperformance on twitter
@mckenney_ATC

Link to Baylor website:
www.baylorbears.com
@manbearfrog on Twitter
josh_ogden@baylor.edu

Listener Feedback:

Thank you for the information. Love the podcasts keep up the good work!! - Rob DeJohn - NY

Shout out to people making special contributions

-G-HATS for sponsoring C.E.U. opportunities.

- My amazing wife for encouraging me & listening in with 3 crazy kids at home

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For Jeremy, __ ___ ___ that's a wrap