

REGIONAL INTERDEPENDENCE



PART A: A Clinical Model in Musculoskeletal Therapy

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Introduction to Regional Interdependence

- The term **regional interdependence** or RI refers to a clinical model of musculoskeletal assessment and intervention
- RI describes the clinical observations related to the relationship between regions of the body
- **Its role in management of patients with musculoskeletal dysfunction is normally considered within the context of the biomedical model**

Early clinical observation

- In 1959, Slocum stated that it was not uncommon for a baseball pitcher with an injured toe or foot to lose the effectiveness of the shoulder joint



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Kinetic Chain

- An efficient kinetic chain requires optimal anatomy, physiology and mechanics throughout all of the body segments involved
- Breakdown in the kinetic chain may include:
 - Variation in motor control
 - Inadequate muscle strength
 - Flexibility & endurance
 - Joint injury
 - Improper muscle activation patterns

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RI as a Treatment Framework

- The primary interest of RI has been physical manifestations:
pain
range of motion
and involving the musculoskeletal system
- It must be recognised that:
The mechanisms underlying these primary manifestations can be much **more complex involving other physiological systems**

Defined and redefined

- **The biomedical model has been expanded to include other factors that may contribute to the patient's complaints**
- Any disorder initiates a series of responses that involves multiple systems of the body not only musculoskeletal but also:
 - **Neurophysiological**
 - **Somatovisceral**
 - **and Biopsychological responses**

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A Mechanism for Manual Therapy

Manual therapy likely works through biomechanical and/or neurophysiological mechanisms

Neuromuscular changes such as decreased resting EMG activity and decreased muscle inhibition have been associated with manual therapy

This is theorized to occur due to stimulation of the mechanoreceptors or proprioceptors producing a spinal cord mediated effect

A mechanism for Manual Therapy

Bialosky et al, 2009 suggested that RI may be the result of the combined interaction between biomechanical and neurophysiological mechanisms

**This model suggests that a mechanical force from manual therapy:
initiates a cascade of neurophysiological responses
from the peripheral and central nervous system
which are then responsible for the clinical outcomes**



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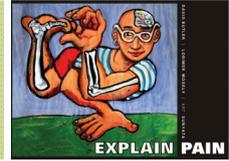
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Biopsychosocial model

- Research has demonstrated that altering a patient's perception of pain allows for improved neuromuscular function
- **Lorimer Moseley 2004, 2006**
Graded motor imagery is effective for longstanding complex regional pain syndrome
Graded motor imagery for pathological pain
- **Butler and Page 2006**
Mental practice with motor imagery: evidence for motor recovery and cortical organization after stroke

Explain Pain by Lorimer Moseley & David Butler

- *Explain Pain* describes the complexities of the central nervous system for chronic pain patients in everyday language
 - *Explain Pain* covers how pain is a response produced by the brain
- And how responses from the autonomic motor and immune systems can contribute to pain



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A redefined model of Regional Interdependence

- A more expansive and encompassing model:
- The revised RI model states that the interdependence between regions of the body may involve the musculoskeletal system
- Neurophysiological, biopsychosocial, and somatovisceral systems can also influence musculoskeletal function both locally and at remote sites

Somatovisceral as a source of pain

- Somatovisceral tissue can be the source of referred pain as well as mimic musculoskeletal pain
- Left shoulder pain can be due to heart disorders
- Right shoulder pain can be due to liver disorders
- Low back pain the result of urogenital disorders
- Gerwin in an article from 2002 in the *Journal of Musculoskeletal Pain* describes myofascial and visceral pain syndromes and the subsequent visceral-somatic pain representations

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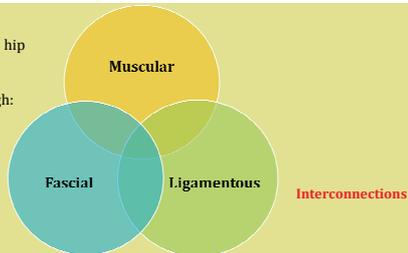
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The integrated lumbopelvic-hip region

The sacrum, pelvis, hip & spine are all functionally interrelated through:



Thoracic Ring Approach™

- The Thoracic Ring Approach™ is part of The Integrated Systems Model co-developed by Canadian Physiotherapists Diane Lee & Linda Joy Lee



It is a framework to help clinicians organize knowledge and develop clinical reasoning

It allows clinicians to determine the "Primary Driver"

Functional Testing for the Kinetic Chain

• The Functional Movement Screen FMS

- Gary Cook (2004) developed the FMS with the aim to identify, analyse and treat functional imbalances in order to improve performance and prevent injuries

• The FMS is a test of 7 fundamental movements that assesses the quality of movement patterns

- Essentially this is a test of neuromuscular control to challenge the kinetic chain



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In summary

- Clinical observations during both assessment and treatment of musculoskeletal disorders supports the view of a Kinetic Chain
- **Regional Interdependence is part of a more integrated clinical reasoning model whose scope extends beyond the biomedical model**
It is part of the biopsychosocial model
- Several clinical reasoning models draw on the idea of Regional Interdependence
- Research studies do support the idea of Regional Interdependence