

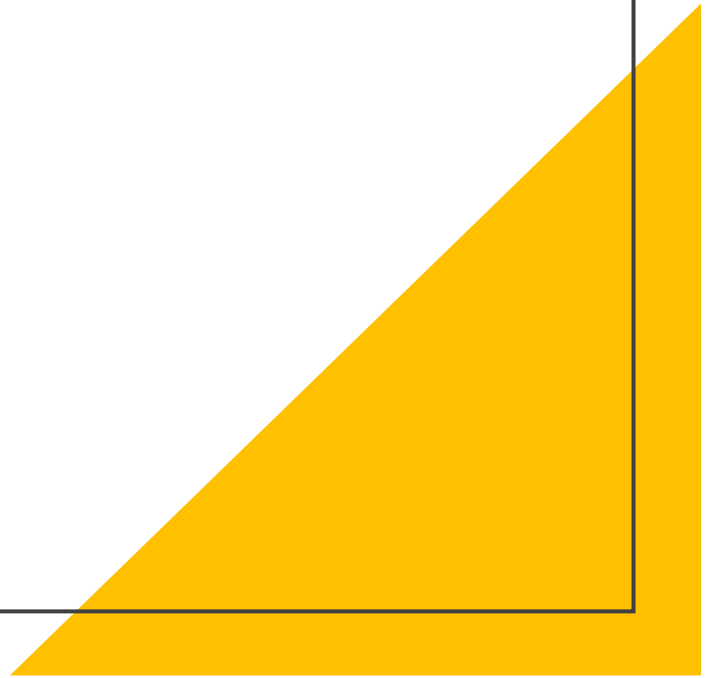
David Overby, PT, MHS, OCS

## Hands On Therapeutics

Adding sense to science and  
heart to the healing arts

## **Disclaimer**

Nothing presented should be construed as medical advice, your situation could be different. Please consult your medical team before starting any new treatment or exercise program.



# Goals

- Chronic pain versus complicated pain
- Balanced Therapeutic Approach
- Clinical Pearls

# Chronic vs Complicated Pain

- **Chronic Pain**

- Pain management has come an enormous distance even over the last 5 years with the improvement in pain science
- Still a paradigm of symptom amelioration and not fixing problems

- **Complicated pain**

- Looks at an individual outside of their larger diagnosis and looks more tissue specific. Example
- Considers postural habits and movement patterns that may create these areas of overuse and develops a plan to address them

# Balanced Approach to Rehabilitation

- Sleep-wake cycles
- Social-behavioral
- Anxiety/depression/psychoemotional stressors and coping mechanism
- Other medical influences
- Fitness/general conditioning
- Therapeutic Exercise
- Hands-On techniques/bodywork
- Ergonomics analysis/postural retraining/body mechanics
- Bracing
- Physical Modalities



Cornerstone of this therapeutic approach is  
empowerment through knowledge and  
application of technique

# Therapeutic Exercise

- Neuromuscular retraining to correct dysfunctional movement patterns/postures along with building strength, endurance and power to allow one to negotiate weightbearing forces and the forces of life without relative overuse
- Must identify the underlying drivers of dysfunction
- Specificity
- Dosing



# Manual Therapy/Bodywork

Powerful tool to restore mobility, control soft tissue irritability and mitigate pain

May take many forms and types.

Effectiveness dependent on confidence of practitioner and patient's confidence and expectations

Should be part of a comprehensive program designed address faulty movement patterns, poor posture, weak/inhibited musculature or short/restricted musculature

Is not sustainable as a monotreatment and may foster dependency



# Posture and Body Mechanics Retraining

- This is the functional application of the neuromuscular retraining, mobility training and strength/endurance training achieved during therapeutic exercise
- Important to eliminate unnecessary stress across tissues and allow healing
- May use devices to promote good patterning (ie tape or a Swiss ball) until new habits are formed

# Modalities and Bracing

- Heat, ice, electrical stimulation can be helpful in preparing tissues for exercise or bodywork, proactively working to control/prevent inflammation following activity or to help control pain
- Judicious use of bracing to provide support or relative rest for an injured or overworked body part until one's inherent stabilizing capacity is restored

# Clinical Pearls

No pain, No gain does not exist

Physiologic soreness is normal and a necessary component of change.


Less is often more when it comes to treatment

Allow time for your body to respond. Therapeutic intervention is often just the catalyst that starts the reaction.

Not all work is therapeutic

Breaking old habits and reforming new ones are often the most frustrating and frequently the rate limiting step

Changing one's mechanics and improving capacity are the only modifiable risk factors



For questions or if  
there is anything I  
can do please feel  
free to contact me.

David Overby, PT, MHS,  
OCS, Cert MDT, CSCS

314.994.7468

doverby@handsonthera  
peutics.net