

FDM Principles Seminar Syllabus

Seminar Description:


This seminar contains a review of the FDM Principles as well as a basic introduction to the Practice of the Fascial Distortion Model in relation to the Upper/Lower Regions of the human body. Here we will fine-tune your knowledge of the basic principles and expose you to the power of correctly identifying and treating Upper/Lower Region complaints as they relate to FDM. Special attention will be emphasized on teaching you how to properly administer the basic manual treatment portion of our Model.


You will have the opportunity to feel what it is like to be treated within FDM and practice the manual treatment portions in detail with our instructors. Our teaching approach is very interactive and hands-on. Evaluations throughout the seminar on many different aspects of the FDM Principles and Practice will be administered by our team. This not only assists in quality control, but will also ensure that you have instant feedback to questions you may have as the seminar progresses.


Educational Material: Each participant gets access to the online FDM Living Manual before and after the seminar to further develop and refine their knowledge and skills. The FDM Living Manual consists of the FDM Principles Course, Interactive training videos, body language videos and written descriptions of all musculoskeletal fascial distortions. (See screen shot below)

The image displays two side-by-side screenshots of the FDM Living Manual website. Both pages feature a navigation menu on the left with links for Home, Fascial Distortions, FDM Providers Forum, FDM Principles Course, and Contact Us. A search bar and a 'YOUR PROGRESS' indicator are also present.

Left Screenshot: Principal Types of Fascial Distortions

Triggerbands. 
TRIGGERBANDS: The most common of all, these are twisted or wrinkled fascial fibers that cause a burning or pulling pain along the course of the fascial band. Patients often subconsciously make a sweeping motion with their fingers along the involved pathway when describing their discomfort. (You can think of Triggerbands as a twisted ribbon, a twisted shoulder harness, or a Ziploc® bag that has become unzipped.)
DEFINITION: Distorted fascial band
BODY LANGUAGE: Sweeping fingers along painful linear pathway
TREATMENT: Untwist the twisted fibers and iron out the wrinkle
NOTE: During treatment the pain can be moved along the course of the fascial band

Herniated Triggerpoints. 
HERNIATED TRIGGERPOINTS: Herniated Triggerbands (HTPs) are almond-sized or smaller fascial herniations with a consistency like spongy marbles that are rarely found in the extremities.
DEFINITION: Protrusion of tissue through fascial plane
BODY LANGUAGE: Pushing fingers, thumb, or knuckles into protruding tissue
TREATMENT: Push protruding tissue below fascial plane

Continuum Distortions. 
CONTINUUM DISTORTIONS: Think of these distortions as tiny injuries of the bone-ligament transition zone. Patients point to Continuum Distortions with the tip of their finger complaining of pain in one spot.
DEFINITION: Alteration of transition zone between tissue types
BODY LANGUAGE: Pointing with one finger to scottish of pain

Right Screenshot: Finesse & Brawn of FDM Techniques

In the FDM, finesse and brawn are concepts of clinical practicality. Finesse is the ability to modify the precise action of a manipulative technique so that it can be specifically applied to each individual injury. Brawn, in contrast, means that the necessary and appropriate amount of physical force is utilized to make the anatomical correction. As a whole, manipulative Fascial Distortion Techniques tend to be both more exact and more aggressive than other manual therapies and, from a purely mechanical point of view, are classified as either thumb or whole hand treatments.

The breakdown is shown below:

Thumb

- Triggerband Technique
- Continuum Technique
- Herniated Triggerpoint Therapy
- Cylinder Technique (double thumb)

Whole Hand


- Folding Technique
- Tectonic Technique
- Cylinder Technique (Indian Burn, Squeeze)

THUMB TECHNIQUES

In Traditional Manual Therapy, the human thumb is appreciated as an instrument of great manipulative dexterity. It is the ideal tool for palpating and engaging small soft tissue structures such as fascial distortions. It is compact and strong, tactile and flexible. And unlike the fingers, it bends only once in its middle which allows the treating force to be focused evenly and precisely beneath it.

In all FDM thumb techniques, the initial position of the thumb is essentially the same. The first metacarpophalangeal joint is held in a slightly abducted posture as the interphalangeal joint is flexed. The fingers are used to steady the hand and are stretched apart from the thumb. The hand itself is held loosely so that the wrist can be rotated to the appropriate angle. Direction of force is through the distal phalanx of the thumb. For this reason, the forearm, wrist, and thumb should not be in a straight line. If that is the case, the thumb is forced into extension (and ultimately hyperextension) which displaces the focus of contact from the tip of the thumb to the volar aspect (i.e., where a thumbprint is obtained). This widens the contact surface, unsteadies the force, and decreases endurance.

To be successful with thumb techniques, the contact point must be just slightly to the volar aspect of the end of the distal tuft. This is particularly true in treating small triggerbands and in all continuum distortions. To help steady the



Learning Objectives:

At the completion of this seminar, you should have a better understanding of the FDM approach and will be able to confidently apply our Model to common Upper/Lower Region soft tissue/fascial injuries typically found in office and on the field.

Examples of injuries you will learn to treat include:

- Low Back Pain
- Low Back Sprain/Strains
- Abdominal Sprains/Strains
- SI Joint Pain
- Disc Injuries
- Ankle Sprains/Strains
- Sever's Disease
- Heel Pain
- Plantar Fasciitis
- Achilles Tendonitis
- Shin Splints
- Compartment Syndrome
- Knee Pain
- Patellar Tendonitis
- Osgood Schlatter's Disease
- Hamstring Sprains/Strains
- IT Band Syndrome
- Mid Back Sprains/Strains
- Neck Pain
- Whiplash
- Headaches
- Wrist Sprains/Strains
- Carpal Tunnel
- Forearm Sprains/Strains
- Tennis Elbow
- Golfer's Elbow
- Bicep Tendonitis
- Triceps Tendonitis
- Shoulder Pain
- Rotator Cuff Injuries
- Impingement Syndrome
- Frozen Shoulder

General Approach to Teaching:

Our teaching approach is very interactive and hands-on. Evaluations throughout the seminar on many different aspects of the FDM Principles and Practice will be administered by our team. This not only assists in quality control, but will also ensure that you have instant feedback to questions you may have as the seminar progresses.

Course Bibliography - Relative Research

The FDM Course Bibliography can be seen on our website at:

<https://www.fascialdistortion.com/about-us/course-bibliography/>

Relative research can be seen on our website at:

<https://www.fascialdistortion.com/fdm-articles/>

Seminar Schedule:

Day One

- Hour 1 Examination & Treatment of Triggerbands of Shoulder & Neck
- Hour 2 Examination & Treatment of Triggerbands of Forearm & Hand
15 Minute Break
- Hour 3 Examination & Treatment of Triggerbands of Torso & Ribs
- Hour 4 Examination & Treatment of Herniated Triggerpoints of Shoulder
1 Hour Break for Lunch
- Hour 5 Examination & Treatment of Folding Distortions of Shoulder, Elbow, Wrist & Hand
- Hour 6 Examination & Treatment of Folding Distortions of Arm, Torso & Neck
15 Minute Break
- Hour 7 Examination & Treatment of Cylinder Distortions of Hand, Forearm & Shoulder
- Hour 8 Examination & Treatment of Cylinder Distortions of Upper Arm, Neck & Torso

Day Two

- Hour 1 Examination & Treatment of Continuum Distortions of Shoulder, Elbow & Wrist
- Hour 2 Examination & Treatment of Continuum Distortions of Hand, Neck & Torso
15 Minute Break
- Hour 3 Examination & Treatment of Tectonic Fixations of Torso, Shoulder & Neck
- Hour 4 Examination & Treatment of Tectonic Fixations of Upper Arm, Forearm & Hand
1 Hour Break for Lunch
- Hour 5 Recap & Review of FDM Principles & the Six Fascial Distortions
- Hour 6 Written Exam
15 Minute Break
- Hour 7 Practical Exam: Triggerbands, Herniated Triggerpoints & Folding Distortions
- Hour 8 Practical Exam: Cylinder Distortions, Continuum Distortions & Tectonic Fixations

Seminar Contact Hours: 16

C.Tyrel Hummel, DC

Director of Education



Practice

Established BlueChip Spine & Sports Specialists, LLC in 2007; A Kansas based Chiropractic Sports practice specializing in soft tissue repetitive strain/sprain injuries and cumulative trauma disorders.

Education

Parker College of Chiropractic, Dallas, TX
Doctor of Chiropractic

Parker College of Chiropractic, Dallas, TX
Bachelor of Science – Human Anatomy

Abilene Christian University, Abilene, TX
Bachelor of Science – Exercise Science

Clinical Training

Texas Back Institute – Chiropractic Spine Fellowship,
Plano, TX
Supervised by; Dr. Darran W. Marlow D.C.

ChiroSport Specialists of Dallas – A.R.T. Elite Training (TELOS Fitness Center)
Dallas, TX
Supervised by; Dr. Troy Van Biezen D.C.

Universidad Estatal del Valle de Ecatepec – Outpatient Clinic
Mexico City, Mexico.
Supervised by; Dr. Juan Sanchez D.C.

Parker College of Chiropractic Outpatient Clinic
Dallas, TX
Supervised by; Dr. Joseph Parrish D.C.

Supplemental Training

Neuroscience Conferences: Regular attendee; Texas Back Institute;
Presbyterian Plano Center for Diagnostics & Surgery;
Plano, Texas

Personal Trainer: Heart Healthy Fitness Center;
Dallas, Texas

ACU Internship: Cardiac Rehab; Hendrick Health Club (Hendrick Hospital)
Abilene, Texas
Supervised by; Ron Richert, M.S., CSCS

Licenses/Certifications

TITLE	JURISDICTION
Doctor of Chiropractic	Kansas/Texas 01-01522/10756
Certified Chiropractic Sports Practitioner®	Kansas/Texas 4406
Manipulation Under Anesthesia	Kansas/Texas
Active Release Techniques® - <i>Elite Provider</i>	National
Certified Strength & Conditioning Specialist®	National

Affiliations

A.C.A. – American Chiropractic Association
ACBSP – American Chiropractic Board of Sports Physicians™
K.C.A. – Kansas Chiropractic Association
N.A.S.S. – North American Spine Society
NSCA – National Strength & Conditioning Association™
T.C.A. – Texas Chiropractic Association

References

Gary Gaines – Ector County ISD (Athletic Director)
David Hess – ACU (Strength & Conditioning Coach)
Darran W. Marlow, D.C. – Texas Back Institute
Joseph Parrish, D.C. – Parker College of Chiropractic
R. Paul Poe, D.C. – Andover Chiropractic Center, Inc
Juan Sanchez, D.C. – Mexico City Clinic (UNEVE)
Ben Storey, D.C. – Storey Chiropractic Center
Chris Thomsen – ACU Football (Head Coach)
Troy Van Biezen, D.C. – ChiroSport Specialists of Dallas

EVERETT JOHNSON, DC

Lead Instructor

ACADEMIC CREDENTIALS

DEGREES EARNED

Parker College of Chiropractic, Dallas, TX
Doctor of Chiropractic Degree

TEACHING EXPERIENCE

Continuing Education Instructor
Fascial Distortion Model through Select Seminar Services
Oct 2016 to present

Parker College of Chiropractic, Sept 2008 to Dec. 2015
Associate Professor, Gross Human Anatomy
Teaching Assistant, Human Gross Anatomy I and II laboratories, 2003-2005

Continuing Education Instructor
Gross Anatomy for the Massage Therapist
Nov. 2008 to Dec. 2014

Active Release Techniques Nerve entrapment course with gross anatomy
April 2010 to Oct. 2014

Professional Massage Training Center, Nov. 2006 thru Aug. 2008
Instructor: Anatomy and Physiology, Pathology, Kinesiology

Southeast Missouri State University,
Teaching Assistant, Anatomy and Physiology Laboratory, 2001-2002

PRACTICE EXPERIENCE

Licensed Chiropractor, Texas

National Board of Chiropractic Examiners, Parts I, II, III, IV and Physiotherapy.

Neuromuscular Corporate Solutions, June 2011 to Nov. 2016 - Technical Director

- Provide on-site health service to companies in the DFW area
- Risk evaluation of employee work areas and tasks
- Created safe and healthy work place presentations
- Assisted health and safety team to provide appropriate accommodations for employees
- Triage of employees for entry into the musculoskeletal wellness program
- Interacted with health and safety team for 'at-risk' employees

- Developed and provided workplace musculoskeletal wellness warm-up and stretching programs
- Developed and presented outcomes reports for companies and providers

Management of a team of doctors providing on-site services to corporations throughout the US. Responsible for patient session note oversight, provider reporting, customer satisfaction, program set-up at new locations, hiring and training new doctors on our software and OSHA regulations, difficult case consultations, and web-based team meetings.

Laney Chiropractic and Sports Therapy, May 2009 to June 2011
Chiropractic practice

Core Chiropractic, July 2006 thru Aug. 2008
Chiropractic practice, Missouri

ART Corporate Solutions, Mar. 2007 thru Nov. 2008
Provide on-site health service to companies in Missouri

Fascial Distortion Model Certified Full Body

Active Release Techniques Certified Provider Upper and Lower Extremity, Spine, Nerve Entrapment

Former Active Release Techniques Elite Provider

Technical Writer, Active Release Techniques, June 2010-Aug. 2011
Wrote evidence based articles on soft tissue therapy

Fellow, Acupuncture Society of America

TEACHING: ACADEMICS

COURSES

BASC-5202, Gross Human Anatomy I

Lecture and Lab topics include the back, thorax, neck and head regions with dissection. Embryology of the respiratory system, neck and head regions.

BASC-5301, Gross Human Anatomy II

Lecture and Lab topics include the upper limb, abdomen, pelvis, and lower limb regions with dissection.

RESEARCH AND SCHOLARLY ACTIVITY

Current Projects:

Examination of the clinical implications of a variation of the anterior scalene muscle of a cadaver.

Bilateral accessory psoas and iliacus muscles in a cadaver. Biomechanical implications.

Previous Projects:

2015: Dorsal scapular artery: Anomaly of rare origin. Co-Author, ACC-RAC, Las Vegas, March 2015. Poster Presentation.

2014: Common Carotid Artery; Rare Presentation of level of Bifurcation. Co-Author, ACC-RAC, Las Vegas, March 2012. Poster Presentation.

2013: Accessory coracobrachialis muscle and anastomosis of the musculocutaneous and median nerves in a cadaver: A case report. ACC-RAC, Las Vegas, March 2013. Poster Presentation.

2012: Report of Anatomical Variation of the Azygos Venous System In the Posterior Thoracic Wall: Implication to Chiropractic Imaging. Co-Author, ACC-RAC, Las Vegas, March 2012. Poster Presentation.

2011: Peroneus Digiti Quinti: Case Report and Literature Review. ACC-RAC, Las Vegas, March 2011. Poster presentation.

2010: Report of Anatomic Variation of the Anterior Compartment of the Leg: Anterior Peroneocalcaneous. Annual HAPS meeting, Denver, CO. Poster presentation.

2010: Student Eye Pain While Wearing Contact Lenses in the Gross Anatomy Laboratory. ACC-RAC, Las Vegas March 2010 Podium Presentation.

2010: Report of Anatomic Variation of the Anterior Compartment of the Leg: Anterior Peroneocalcaneous. ACC-RAC, Las Vegas March 2010 Podium Presentation.

2009: Mosby's Pathology for Massage Therapists, 2nd ed.
Review of the Pathology of the Integument System.

Independent Human Dissection
St. Louis University January 2002-April 2002