LearnIMS Continuing Education Course (Gunn) Intramuscular Stimulation - IMS Trigger Point Dry Needling

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Course Information & Materials for Prospective Students

TITLE and DESCRIPTION

(Gunn) LearnIMS Intramuscular Stimulation (IMS) Trigger Point Dry Needling

LearnIMS Continuing Education offers 3 day-27 contact hour courses in the Gunn model of Intramuscular Stimulation (IMS), an elaborated form of trigger point dry needling. Dr. Goodman's goal is to have you immediately begin offering IMS safely and effectively in your practice. Class size limited to 12 students. The course consists of lectures and slides covering the neurophysiology, published basic and clinical research, physical findings and proper selection of patients, including the indications, contraindications, and potential complications of IMS Rx. During the workshops you will have continuous observation and personal instruction directly from Dr. Goodman, the only instructor, emphasizing clean technique, surface anatomy and danger zones. You will get extensive hands-on practice in all regions and muscles to build the confidence necessary to begin using IMS immediately. Transform your practice by providing an effective non-drug, non-surgical solution for your patients with persistent pain!

<u>LECTURES CONTENT OUTLINE</u>

The Gunn Intramuscular Stimulation (IMS) - radiculo-neuropathic model of myofascial trigger point pain is taught. An extensive list of supporting published scientific literature references is provided.

- 1. Neurophysiology of Pain: Anatomical, Pathophysiological, Temporal-Functional Models: Types 1, 2 & 3 Pain
- 2. Cannon's Law of Denervation Supersensitivity
- 3. Muscle Contracture & Radiculo-Neuropathic-Myofascial Pain (RNMP) Syndromes
- 4. Clinical Basis & Physical Examination of RNMP
- 5. Epidemiology of Myofascial Pain Syndromes
- 6. General Approach to the Treatment of the Patient with Neuropathic-Myofascial Pain: Reversing Neuropathic Supersensitivity through Counter-Irritation Reflex Stimulation:

- Manual Therapy, Therapeutic Aids, Gate Theory/TENS, Needle Effect, LTR-Local Twitch Response, Dry Needling vs. Trigger Point Injection, Gunn IMS vs. other TP DN Models
- 7. Therapeutic Mechanisms of the IMS needle
- 8. Published Basic Animal & Clinical Research on Dry Needling and IMS
- 9. Indications, Contraindications, Potential Complications & Adverse Events Data
- 10. Educating the Patient Properly @ IMS Prior to Rx, Patient Handouts on IMS for their Review; Ergonomic and Travel Precutions for IMS Patients
- 11. Informed Consent Form Review
- 12. Integration of Manual therapy, Electrotherapeutic Modalities (TENS/U/S) and Proper Functional Rehabilitation Exercise Regimens w/ IMS Rx
- 13. Value and Limitations of MRI and EMG studies in the IMS patient
- 14. Clinical Decision Making: Monitoring Progress Objectively, Adjusting Therapeutic Targets, Handling Unusual Responses, Discontinuing Rx, Seeking Advice, Followup Support from Dr. Goodman, Opportunities for Continued Education in IMS

• <u>DESCRIPTION OF THE CLINICAL, SAFETY & INFECTION</u> CONTROL INSTRUCTION

Based on the principles and physical exam findings taught in the lectures, physical examination of the patient is demonstrated, with particular emphasis on identification and selection of patients most likely to respond to treatment. Appropriate expectation of the length of treatment based on the physical findings is emphasized and identification of patients NOT appropriate for dry needling is taught and emphasized. Monitoring progress through objective measures, adjustment of therapeutic targets, handling uncommon clinical responses and decisions to seek advice and/or discontinue treatment are covered.

Use of the point finder device to optimize treatment is taught and practiced.

Axial spine and regional limb anatomy is reviewed, and surface anatomy with particular attention to DANGER ZONES that contain nerve, vascular, gland and organ structures to avoid/vulnerable to injury is emphasized.

The difference between sterile and 'no-touch' antiseptic technique is reviewed. Proper personal and patient precautions, including hand washing, cleansing of the skin and handling and disposal of needles are covered.

Proper positioning of the patient for safety and comfort, and direction of needling to minimize the chance of injury to underlying vulnerable structures is taught. Students are taught proper selection of needle size and monitoring for and management of potential complications (including pneumothorax) is reviewed. The College of Physical Therapists of Alberta 'Dry Needling Competency Profile for Physical Therapists' document is provided to all students and the sections titled 'Clean Dry Needling Technique' and 'Safe Dry Needling Technique' are reviewed in class.

ANATOMICAL REGIONS TAUGHT

The most commonly treated regions and muscles that account for the large majority of the muscles that are routinely treated in practice are demonstrated, taught and practiced extensively during the hands-on workshop with direct continuous observation and coaching 1:1 by Dr. Steven R. Goodman

- 1. Cervical Spine, Occipital Attachments, Mandible/Masseter/Pterygoid
- 2. Shoulder Girdle: Anterior and Posterior
- 3. Elbow/Forearm/Hand
- 4. Thoracic Spine
- 5. Lumbosacral Spine, Quadratus Lumborum
- **6.** Hip Girdle: Posterior and Lateral
- 7. Thigh: Anterior, Medial and Posterior
- **8.** Leg: Anterior and Posterior
- **9.** Foot

COURSE OBJECTIVES

- 1. By the completion of the course the student will correctly: identify the 3 Types of Pain, describe the patho-neurophysiology of neuropathic pain, list the therapeutic options for reversing neuropathic-myofascial pain and the 6 specific differences between the IMS form of trigger point dry needling and other dry needling models.
- 2. By the completion of the course the student will correctly: list the indications, contraindications, anticipated outcomes, risks & potential complications of IMS treatment, identify how to handle them and describe how to educate the prospective patient about these issues.
- 3. By the completion of the course the student will independently describe how to: properly select patients for treatment including identification of patients who are not appropriate candidates, create a treatment plan based on physical examination, objectively monitor progress, adjust therapeutic targets and goals according to response, handle unusual responses, and when to seek advice and/or discontinue treatment.
- 4. By the completion of the course the student will accurately articulate the specific value of MRI and EMG studies in assisiting the staging patients for IMS Rx.
- 5. By the completion of the course the student will correctly describe proper integration of home therapeutic devices, manual therapy, electrotherapeutic modalities and functional rehabilitation exercise regimens into IMS Rx to maximize clinical outcomes.

6. By the completion of the course, on 3 hypothetical cases the student will independently and successfully demonstrate the physical examination findings of neuropathic-myofascial pain, name the specific muscles likely involved and their corresponding spinal segments, identify the surface anatomy and danger zones associated with treatment of these muscles, and demonstrate accurate selection of treatment points and safe and effective needling technique.

PROFICIENCY STANDARD in Order to Get Credit for the Course

EXAMINATIONS & SUMMARY FINAL EVALUATION

There are (2) written examinations covering the theoretical basis and clinical evidence-based literature on the radiculoneuropathic IMS model; the student must achieve a minimum score of 70%. The first written examination on Day 1 of the Course includes material in the REQUIRED Pre-course Reading.

The Summary Final Integrated Case Study Practical Examination consists of presenting each student with (3) hypothetical cases and having them demonstrate relevant proper physical examination of the patient, including demonstration of neuropathic findings, surface anatomy and potential structures to be avoided to prevent injury. The student is then observed to choose proper needle size, identify specific points to be treated by palpation and/or use of the point finder, and then properly clean and prepare the site. The students' needling technique is then observed 1:1 to ensure that it is being performed safely and effectively.

The Summary Final Integrated Case Study Practical Examination is performed personally and only by Dr. Goodman. The student must demonstrate proper clinical decision-making and safe and proper performance of Gunn-IMS for Dr. Goodman to award a passing grade.

• <u>COURSE INSTRUCTOR'S CREDENTIALS</u>

Dr. Steven R. Goodman is the only instructor. He is assisted in the course performance by the LearnIMS Course Administrator, Ms. Caryn Adaryn.

Steven R. Goodman, M.D. is Board Certified in Physical Medicine & Rehabilitation and Electrodiagnostic Medicine. He has been practicing and teaching IMS for more than 25 years and is recognized internationally as an expert in this treatment model. He has taught IMS at both the University of Washington Pain Center and the Institute for the Study and Treatment of Pain in Vancouver, B.C.

Dr. Goodman authored a chapter on Gunn-IMS in the 2018 2nd ed. textbook 'Trigger Point Dry Needling: An Evidence and Clinical-Based Approach'. He was the invited 2014 'Annual Gunn-IMS Lecturer' at the University of British Columbia. In 2015 he received the Washington State Physical Therapy Association 'Joseph Black Friend of PT Award' for his efforts to increase the physical therapy scope of practice in Washington State to include trigger point dry needling, including testifying in person before the Washington State House and Senate Healthcare Committees. He has helped thousands of patients with Gunn-IMS and is committed to teaching this proven and invaluable treatment model to appropriate medical professionals.

• THE TARGET AUDIENCE FOR THE CE ACTIVITY

Current active M.D., D.O. license; P.T. license with minimum one year postgraduate clinical work experience, or your state guidelines; current professional malpractice insurance coverage.

• COSTS AND CANCELLATION - REFUND POLICIES

The course registration fee is US\$ 1,500.00

Registrant Cancellation and Refund Policy:

If a previously confirmed registrant chooses to cancel their registration, the following terms apply:

- 1. If written notification of cancellation is received and confirmed **prior to 30 days of course start date**, the registrant will incur a \$150 administrative fee and will receive a refund for the remaining balance.
- 2. If written notification of cancellation is received 15-29 days prior to the course start date, there will be a \$300 administrative fee and registrant will receive a letter of credit for the remaining balance. The letter of credit can be used towards a future course. No monies will be refunded for cancellations in this time frame.
- 3. If written notification of cancellation is received less than 15 days prior to the course start date, there will be a \$500 administrative fee and registrant will receive a letter of credit for the remaining balance. The letter of credit can be used towards a future course. No monies will be refunded for cancellations in this time frame.

*** If we are able to replace your paid registration with another paid registrant (for the same course dates) we will refund the course fee less the administrative fee.

<u>LearnIMS Course Cancellation Policy:</u>

LearnIMS Continuing Education, P.S., Inc. ('LearnIMS') reserves the right to cancel a course due to unforeseen or unavoidable circumstances. If a course is canceled due to weather, natural disaster, national emergency, terrorism, or other Acts of God, a full refund will be given for the course registration fee. LearnIMS is not responsible for any charges incurred by the registrant due to cancellation of the course other than the registration fee that was paid to LearnIMS. Any travel and hotel costs incurred by the registrant will not be refunded. LearnIMS will make every attempt to contact you as soon as possible in the event a course must be canceled.

<u>INFORMED CONSENT</u>

A signed Informed Consent & Waiver will be required of all regsitrants prior to attending the course.

• PREREQUISITE TEXTBOOK AND PRE-COURSE READING <u>ASSIGNMENTS</u>

ALL STUDENTS MUST HAVE THEIR OWN PERSONAL PRINTED COPIES OF THE (2) REQUIRED TEXTBOOKS AND BRING THEM TO THE COURSE. DIGITAL-E-BOOK VERSIONS ARE NOT ACCEPTABLE.

ON DAY 1 ONLY STUDENTS W/ THE (2) TEXTS WILL BE GIVEN THE COURSE MATERIAL.

These (2) textbooks are **REQUIRED BEFORE**, **DURING**, **AND AFTER** the LearnIMS Course. The professional practice of IMS requires that ALL practitioners have immediate ready access in their office to the required textbooks. These texts are used as bedside treatment manuals and are REQUIRED for SAFE PRACTICE.

ELECTRONIC VERSIONS ARE INADEQUATE FOR THIS PURPOSE.

- 1. The Gunn Approach to the Treatment of Chronic Pain: Intramuscular Stimulation of Radiculopathic Origin. Gunn, C.C. Churchill Livingstone, 2nd ed. 1996
- 2. Trigger Point Dry Needling: An Evidence and ClinIcal Based-Based Approach. Dommerholt, et.al. Churchill Livingstone, 2nd ed. 2018

ON DAY 1 THERE WILL BE A WRITTEN EXAM ON THE REQUIRED PRE-COURSE READING ASSIGNMENTS:

A. TEXT #1: READ the Forward, Preface, Introduction & Overview: pages vii-xvi, 1-10

AND Review pages 117-119: Segmental Innervation of Muscles PRIOR to the course.

B. TEXT #2: Chapter 15 (2nd ed.), Chapter 14 (1st ed.): Entire Chapter

STUDENTS CANNOT AND WILL NOT SUCCESSFULLY COMPLETE THE COURSE AND BE AWARDED A CE CERTIFICATE WITHOUT THEM.

• THERE ARE NO CONFLICT OF INTEREST DISCLOSURES

• RATIO OF TEACHER TO STUDENTS

There is only 1 Instructor, S. Goodman, M.D. In addition there is 1 teaching assistant, Ms. Caryn Adaryn.

Ratio Instructor: Students

Lectures: 1:12

Demonstrations 1:11 (1 Student Volunteer)

Hands-on Student Practice: 1: 6 - there are 6 tables with 2 students/table; only 1

student/table is practicing at any time