|  |  |  |
| --- | --- | --- |
| JOUR 1 | | Méthode |
| Objectif :  Connaître les différentes classification dans la prise en charge de la lombalgie  Savoir reconnaître les élements à rechercher lors d’un examen subjectif  Connaître les différents drapeau rouge et jaunes de la région afin de faire du triage  Savoir mettre en place un examen objectif à visée articulaire ainsi que le traitement adéquat (progression/regression)  Savoir recherche les points triggers des muscles pouvant avoir des douleurs référés dans la région lombaire ainsi que leur traitement  Discuter de situation clinique | | |
| 9h00-10h30 | 1. Introduction et données épidémiologique concernant la lombalgie non spécifique 2. Données de la recherche concernant la prise en charge de la lombalgie | Power point + support vidéo + paper board |
| 10h30-10h45 | Pause |  |
| 10h45-12h30 | 1. Examen subjectif du patient 2. Réflexion sur l’examen subjectif 3. Planification de l’examen objectif | Power point + support vidéo + paper board |
| 12h30-13h30 | Pause |  |
| 13h30-15h30 | 1. Examen objectif du patient : Vision articulaire/biomécanique 2. Proposition de traitement : Mobilisation + Manipulation 3. Cas clinique et adaptation (progression/regression) | Power point + support vidéo + paper board + pratique + travail de groupe autour de cas clinique |
| 15h30-15h45 | Pause |  |
| 15h45-17h30 | 1. Discussion autour des effets de la mobilization et de la manipulation 2. Discussion concernant les données scientifiques | Power point + support  vidéo + paper board +  pratique |
|  | |  |
| JOUR 2 | | |
| Objectif :  Savoir recherche les points triggers des muscles pouvant avoir des douleurs référés dans la région lombaire ainsi que leur traitement  Savoir examiner la mécano-sensitivité des nerfs périphériques de la région ainsi que la mise en place du traitement  Savoir examiner le contrôle moteur lombo-pelvien ainsi que réfléchier sur les moyens de traitement à disposition (progression/regression)  Discuter de situation clinique | | |
| 9h00-10h30 | * 1. Examen objectif du patient : Vision myofasciale   2. Proposition de traitement | Power point + support vidéo + paper board + pratique + travail de groupe autour de cas clinique |
| 10h30-10h45 | Pause |  |
| 10h45-12h30 | 1. Examen objectif du patient: mécano-sensitivité des nerfs périphériques 2. Proposition de traitement | Power point + support vidéo + paper board + pratique + travail de groupe autour de cas clinique |
| 12h30-13h30 | Pause |  |
| 13h30-15h30 | 1. Examen fonctionnel du patient: approche par le mouvement et le contrôle du movement 2. Proposition de traitement | Power point + support vidéo + paper board + pratique + travail de groupe autour de cas clinique |
| 15h30-15h45 | Pause |  |
| 15h45-17h00 | 1. Cas cliniques et situation clinique | Power point + support vidéo + paper board + pratique + travail de groupe autour de cas clinique |
| 17h00-17h30 | Evaluation des connaissances + Discussions groupe | QCM |
|  | |  |

Bibliographie

Deyo, R.A., Mirza, S.K., Turner, J.A., Martin, B.I., 2009. Overtreating Chronic Back Pain: Time to Back Off? J. Am. Board Fam. Med. 22, 62–68. https://doi.org/10.3122/jabfm.2009.01.080102

Jarvik, J.G., Hollingworth, W., Heagerty, P.J., Haynor, D.R., Boyko, E.J., Deyo, R.A., 2005. Three-year incidence of low back pain in an initially asymptomatic cohort: clinical and imaging risk factors. Spine 30, 1541–1548.

Brinjikji, W., Luetmer, P.H., Comstock, B., Bresnahan, B.W., Chen, L.E., Deyo, R.A., Halabi, S., Turner, J.A., Avins, A.L., James, K., Wald, J.T., Kallmes, D.F., Jarvik, J.G., 2015. Systematic Literature Review of Imaging Features of Spinal Degeneration in Asymptomatic Populations. Am. J. Neuroradiol. 36, 811–816. doi:10.3174/ajnr.A4173

Herzog, R., Elgort, D.R., Flanders, A.E., Moley, P.J., 2017. Variability in diagnostic error rates of 10 MRI centers performing lumbar spine MRI examinations on the same patient within a 3-week period. Spine J. 17, 554–561. https://doi.org/10.1016/j.spinee.2016.11.009

Foster, N.E., Hill, J.C., O’Sullivan, P., Hancock, M., 2013. Stratified models of care. Best Pract. Res. Clin. Rheumatol. 27, 649–661. https://doi.org/10.1016/j.berh.2013.10.005

Hill, J.C., Whitehurst, D.G., Lewis, M., Bryan, S., Dunn, K.M., Foster, N.E., Konstantinou, K., Main, C.J., Mason, E., Somerville, S., 2011. Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial. The Lancet 378, 1560–1571.

O’Sullivan, P., 2005. Diagnosis and classification of chronic low back pain disorders: Maladaptive movement and motor control impairments as underlying mechanism. Manual Therapy 10, 242–255. doi:10.1016/j.math.2005.07.001

Flynn, T., Fritz, J., Whitman, J., Wainner, R., Magel, J., Rendeiro, D., ... & Allison, S. (2002). A clinical prediction rule for classifying patients with low back pain who demonstrate short-term improvement with spinal manipulation. *Spine*, *27*(24), 2835-2843.

Sizer PS, Brismée JM, Cook C Medical Screening for Red Flags in the Diagnosis and Management of Musculoskeletal Spine Pain.*Pain Practice,* 2007; 7(1):53-71

Finucane, L. M., Downie, A., Mercer, C., Greenhalgh, S. M., Boissonnault, W. G., Pool-Goudzwaard, A. L., ... & Selfe, J. (2020). International Framework for Red Flags for Potential Serious Spinal Pathologies. *Journal of Orthopaedic & Sports Physical Therapy*, (0), 1-23.

Greenhalgh, S., Finucane, L., Mercer, C., & Selfe, J. (2018). Assessment and management of cauda equina syndrome. *Musculoskeletal Science and Practice*, *37*, 69-74.

Nicholas, M.K., Linton, S.J., Watson, P.J., Main, C.J., 2011. Early Identification and Management of Psychological Risk Factors (“Yellow Flags”) in Patients With Low Back Pain: A Reappraisal. Phys. Ther. 91, 737–753. https://doi.org/10.2522/ptj.20100224

Picavet, H.S.J., Vlaeyen, J.W.S., Schouten, J.S.A.G., 2002. Pain Catastrophizing and Kinesiophobia: Predictors of Chronic Low Back Pain. Am. J. Epidemiol. 156, 1028–1034. https://doi.org/10.1093/aje/kwf136

Vlaeyen, J.W., Kole-Snijders, A.M., Boeren, R.G., Van Eek, H., 1995. Fear of movement/(re) injury in chronic low back pain and its relation to behavioral performance. Pain 62, 363–372.

Synnott, A., O’Keeffe, M., Bunzli, S., Dankaerts, W., O’Sullivan, P., O’Sullivan, K., 2015. Physiotherapists may stigmatise or feel unprepared to treat people with low back pain and psychosocial factors that influence recovery: a systematic review. J. Physiother. 61, 68–76. https://doi.org/10.1016/j.jphys.2015.02.016

Rivett DA, Jones MA. Clinical Reasoning for Manual Therapists, edited by Mark A. Jones Darren A. Rivett, Butterworth-Heinemann, Oxford, 2004, ISBN 9780750639064

Dankaerts, W., O??Sullivan, P., Burnett, A., Straker, L., 2006. Altered Patterns of Superficial Trunk Muscle Activation During Sitting in Nonspecific Chronic Low Back Pain Patients: Importance of Subclassification. Spine 31, 2017–2023. https://doi.org/10.1097/01.brs.0000228728.11076.82

Cleland, J.A., Fritz, J.M., Kulig, K., Davenport, T.E., Eberhart, S., Magel, J., Childs, J.D., 2009. Comparison of the Effectiveness of Three Manual Physical Therapy Techniques in a Subgroup of Patients With Low Back Pain Who Satisfy a Clinical Prediction Rule: A Randomized Clinical Trial. Spine 34, 2720–2729. https://doi.org/10.1097/BRS.0b013e3181b48809

Maitland GD. 2006. Vertebral manipulation. Edinburgh: Elsevier

Bialosky, J.E., Beneciuk, J.M., Bishop, M.D., Coronado, R.A., Penza, C.W., Simon, C.B. and George, S.Z., 2018. Unraveling the mechanisms of manual therapy: modeling an approach. *journal of orthopaedic & sports physical therapy*, *48*(1), pp.8-18.

Walsh, J., Hall, T., 2009. Reliability, validity and diagnostic accuracy of palpation of the sciatic, tibial and common peroneal nerves in the examination of low back related leg pain. Man. Ther. 14, 623–629. https://doi.org/10.1016/j.math.2008.12.007

Schäfer, A., Hall, T., Briffa, K., 2009. Classification of low back-related leg pain—A proposed patho-mechanism-based approach. Man. Ther. 14, 222–230. https://doi.org/10.1016/j.math.2007.10.003

Basson, A., Olivier, B., Ellis, R., Coppieters, M., Stewart, A., Mudzi, W., 2017. The Effectiveness of Neural Mobilization for Neuromusculoskeletal Conditions: A Systematic Review and Meta-analysis. J. Orthop. Sports Phys. Ther. 47, 593–615. https://doi.org/10.2519/jospt.2017.7117

Laslett M, Young S, Aprill C, McDonald B. Diagnosing painful sacroiliac joints : a validity study of a McKenzie evaluation and sacroiliac provocation tests. Aust J Physiother . 2003 ; 49 : 89-97.

Karayannis, N.V., Jull, G.A., Hodges, P.W., n.d. Movement-based subgrouping in low back pain: synergy and divergence in approaches. Physiotherapy. https://doi.org/10.1016/j.physio.2015.04.005

Luomajoki, H., Kool, J., Bruin, E.D. de, Airaksinen, O., 2008. Movement control tests of the low back; evaluation of the difference between patients with low back pain and healthy controls. BMC Musculoskelet. Disord. 9, 170. https://doi.org/10.1186/1471-2474-9-170

Luomajoki, H.A., Bonet Beltran, M.B., Careddu, S., Bauer, C.M., 2018. Effectiveness of movement control exercise on patients with non-specific low back pain and movement control impairment: A systematic review and meta-analysis. Musculoskelet. Sci. Pract. 36, 1–11. https://doi.org/10.1016/j.msksp.2018.03.008

Blanchard, S., & Glasgow, P. (2014). A theoretical model to describe progressions and regressions for exercise rehabilitation. *Physical Therapy in Sport*, *15*(3), 131-135.