



The Bare Bones:


Brachiation

Brandon Hetzler 12/14/2020

Video Link: https://youtu.be/qz_C9szpZGQ

Disclaimer


- OMS does not have financial or other associations with the manufacturers of commercial products, suppliers of commercial services or commercial supporters.
- This presentation does not involve the unlabeled use of a product or product under investigational use.
- There is no financial or in-kind commercial support for this activity

Mercy  Sports Medicine

2

Non-Discrimination Statement:

- Outlaw Movement Systems, LLC, does not discriminate on the basis of race, color, national origin, religion, sex, disability, military status, sexual orientation, or age. OMS is committed to accessibility and non-discrimination in all aspects of its continuing education activities. Participants who have special needs are encouraged to contact the program organizers so that all reasonable efforts to accommodate these needs can be made.

Mercy  Sports Medicine

3

Disclosures

- I have the following financial relationship to disclose:
 - I am creating and recording this as part of my responsibilities to Mercy. This responsibility falls under my normal salary.

INTENT

Provide the minimal didactic information for you to begin implementing brachiation/inversion into patient care.

CEU's will be provided –upon completion of a quiz and course review- by Outlaw Movement Systems, LLC (OMS).

- This does NOT:**
- Provide the technical skills

Language...

Brachiation

- *"Hanging from the limbs"*

Traction

- *"a pulling force exerted on a skeletal structure"*

Inversion

- *"to reverse in position; to turn upside down"*



Clinically “Why”?

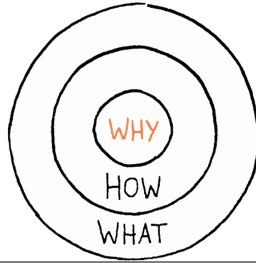
• Down-regulate the CNS

- inhibition of protective muscle reflexion (GTO)
- Turn things off

• Create Tension across lymphatic tissues

• Improved vascular return

- Create Space
 - Mechanically “open” joint spaces



Contraindications:

Full Inversion

- Ocular issues – glaucoma, detached retina
- Open fracture sites
- High BP, elevated resting HR
- Conditions with elevated intracranial pressure
- Pregnancy
- Syncope episodes
- VC Issues

Traction/Brachiation

- Surgical repair or reconstruction less than 8 weeks post op.
- Fracture less than 8 weeks



Benefits:

- CNS
 - Brachiation
 - Decreases muscle activation through GTO response
 - Inversion
 - Changes orientation with Gravity
 - Both
 - sensory rich environment
- Mechanical
 - Creates space/gapping at the involved joints
 - Elongates involved muscles
 - Brachiation creates physical adaptation in tissues
 - Wolff's Law, Davis's Law, SAID

Requisites:

1. Understand your physician's limitations (ROM, Strengthening, Sling, etc.)
2. Understand the surgical procedure.
3. No ACUTE pain.
4. Ability to get into the inversion boots
5. An integrated plan of tissue work, corrective exercise, and strengthening.

Techniques

Securing the Bar

- THE CLINICIAN WILL ALWAYS ENSURE THE BAR IS SECURELY ATTACHED TO THE RIG. ALWAYS.
- Utilize the neon yellow ties to secure the bar on each end.



Techniques



Putting on the Boots

- Left to left, right to right
 - Hook open on the top side
 - Secure firmly
- *"If you feel any tingling or numbness in your feet, let me know immediately and we will get you down."*

Step 1 – put the boots on correctly

Step 2 – feed the straps thru the buckle

Step 3 – tighten the straps, close the ratchet

Mercy Sports Medicine

13

Not like this

Mercy Sports Medicine

14

Techniques

Setting up the Table

1. Before getting into the table
 1. Set up Inversion Stop Limit
 2. Adjust for the height of the individual
2. Have them step onto the foot platform
3. Secure the ankles
4. Have them raise 1 arm overhead – assist them into inversion as needed

"If you feel any tingling, dizziness or light headedness, let me know immediately and we will set you up."

Mercy Sports Medicine

15

The safety strap

- Red – 90
- Orange – 60
- Green - 30
- Fully shortened - 0



Things we struggle with that this will work aid:

- Terminal knee extension
 - Capsular restriction – be aware of time frame post-op
 - “tension” mediated – be aware of time frame post-op
- Ankle Dorsiflexion from a (capsular restriction) – inversion table
- Lumbar Flexion mobility
- “Pinching” of the hip following hip scope
- Hip flexion motor control

Documentation/Billing

Documentation

- Inversion Table
 - “Inversion table full”
 - “inversion table partial”
- Boots
 - “Brachiated Long sit”
 - “Single leg-brachiation”
- Include any of the NDS/C patterns as well
 - Breathing for
 - Head control (flex/ext, rotation...)

Billing

- **INTENT**
- **Neuro Re-Education 97112**
 - reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception
- **Therapeutic Activity 97530**
 - Dynamic activities to improve functional performance
 - “ing” such as carrying, lifting, handling, reaching, transferring and transporting to improve overall function.
 - “Striking Progression”
- **Therapeutic Exercise 97110**
 - improve mobility, stretching, strengthening, coordination, control of extremities, dexterity, range of motion, or endurance as part of activities of daily living training, or re-education

Next Steps:

BEFORE USING ON A PATIENT:

- **Technical Proficiency**
 - Inversion Table
 - Horizontal
 - 60 degree
 - 90 degree
 - Inversion Boots
 - Adjusting/Securing the bar
- **Experience each**
 - Inversion table
 - Inversion boots

• **To receive CEU's**

- Email brandon.Hetzler@mercy.net requesting the quiz and course eval.
- You will receive a link to each
- Upon successfully passing the quiz and completing the eval you will receive your CEU certificate.



How can we help?
Contact us:

Brandon.Hetzler@mercy.net

If you want more information and more CEU's (an expanded version of this lecture that includes a deeper dive into research as well as patient example and protocols, email the address above to receive the private link to that resource.
