

2014 PROGRAMS & COURSES

January 11-12	Lincoln, NE
January 13-14	PRT Testing
January 17-18	St. Louis, MO
January 18-19	Minneapolis, MN
January 25-26	Phoenix, AZ
February 8-9	Portland, OR
February 8-9	Coppell, TX
February 8-9	Philadelphia, PA
February 15-16	Las Vegas, NV
February 22-23	Urbana, MD
March 1-2	Dallas, TX
March 1-2	Indianapolis, IN
March 7-8	Lincoln, NE
March 8-9	Phoenix, AZ
March 22-23	Prescott Valley, AZ
March 22-23	Montreal, QC
March 29-30	New York, NY
April 5-6	Santa Clara, CA
April 5-6	Tucson, AZ
April 5-6	Seattle, WA
April 10-11	Lincoln, NE
April 26-27	Windsor, ON
April 26-27	Boston, MA
April 26-27	Grayslake, IL
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May 3-4	Chapel Hill, NC
May 17-18	Richmond, VA
May 31-June 1	Pittsburgh, PA
May 31-June 1	Spokane, WA
June 7-8	Columbus, OH
June 7-8	Lincoln, NE
June 21-22	Boston, MA
June 28-29	Stanford, CA
August 2-3	Boston, MA
August 9-10	Indianapolis, IN
August 16-17	Santa Cruz, CA
August 22-23	Lincoln, NE
August 23-24	Madison, WI
September 6-7	Seattle, WA
September 6-7	Gillette, WY
September 13-14	Montreal, QC
September 13-14	Canton, CT
September 13-14	Portland, OR
September 15	PRC Applications Due

September 19-20	St. Louis, MO
September 20-21	Wilmette, IL
September 27-28	Las Vegas, NV
October 4-5	Cary, NC
October 10-11	Lincoln, NE
October 11-12	St. Albans, VT
October 15	PRT Applications Due
October 18-19	Portland, OR
October 18-19	New York, NY
October 25-26	Greensboro, NC
November 1-2	Tucson, AZ
November 8-9	Salem, OR
November 8-9	Minneapolis, MN
November 15-16	Phoenix, AZ
November 14-15	Phoenix, AZ
November 21-22	Clearwater, FL
December 4-7	Lincoln, NE
December 47	
December 8-9	PRC Testing

- Myokinematic Restoration
- Pelvis Restoration
- Postural Respiration
- Cervical-Cranio-Mandibular Restoration
- Impingement & Instability
- Advanced Integration
- Interdisciplinary Integration
- PRI Affiliate Courses
- PRI Vision Courses
- PRI Credentialing

AUDIENCE & ACCREDITATION

Certificates of Completion are awarded to attendees upon the successful completion of each course. Before attending a course, please verify CEU acceptance with your profession's regulating body.

Physical Therapists and PT Assistants

In the states where PRI is sponsoring courses and where pre-authorization through state American Physical Therapy Association (APTA) or licensing agencies is required, PRI has earned approval for CEUs for Physical Therapists and Physical Therapist Assistants.

PT's and PTA's are eligible to apply for Postural Restoration Certified™ (PRC).

Occupational Therapists and OT Assistants



The American Occupational Therapy Association (AOTA) recognizes PRI as an Approved Provider of continuing education. Approval applies to PRI live courses only. Please note that the assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.

OT's are eligible to apply for Postural Restoration Certified™ (PRC).

Athletic Trainers

PRI is recognized by the Board of Certification, Inc (BOC) to offer continuing education for Certified Athletic Trainers (#P2376).

AT's with Certification through the BOC are eligible to apply for Postural Restoration Trained™ (PRT).



Strength and Conditioning Coaches



PRI courses are approved by the National Strength and Conditioning Association (NSCA).

Strength and Conditioning Coaches with CSCS Certification through the NSCA or SCCC Certification through the CSCCa are eligible to apply for Postural Restoration Trained™ (PRT).

Massage Therapists





Other Healthcare Professionals

PRI welcomes any interested healthcare professional to attend our courses. Attendees are responsible for following their state statutes regulating their professional practice as they integrate interdisciplinary PRI concepts. Certificates of Completion are awarded to attendees upon the successful completion of each course.

CREDENTIALING PROGRAMS

The Postural Restoration Institute® has established credentialing programs as a way to recognize and identify individuals with advanced training, extraordinary interest and devotion to the science of postural adaptations, asymmetrical patterns and the influence of polyarticular chains of muscles on the human body as defined by the Postural Restoration Institute®.



The Postural Restoration Certified™ (PRC) credentialing program was established in 2004, and is available to Physical Therapists, Physical Therapist Assistants, and Occupational Therapists who have attended the required PRI courses, demonstrated a thorough understanding of the science through completion of the PRC Application and successfully participated in both clinical and analytical testing.

COURSE REQUIREMENTS:

- Myokinematic Restoration (Live or Home Study)
- Pelvis Restoration (Live or Home Study)
- Postural Respiration (Live or Home Study)
- Advanced Integration



The Postural Restoration Trained™ (PRT) credentialing program was established in 2011, and is available to Athletic Trainers (with Certification through the BOC) and Strength and Conditioning Coaches (with CSCS Certification through the NSCA or SCCC Certification through the CSCCa) who have attended the required PRI courses, demonstrated a thorough understanding of the science through completion of the PRT Application and successfully participated in both clinical and analytical testing.

COURSE REQUIREMENTS:

- Myokinematic Restoration (Live or Home Study)
- Pelvis Restoration (Live or Home Study)
- Postural Respiration (Live or Home Study)
- Impingement & Instability

PRC

Application Deadline September 15, 2014

Testing December 8-9, 2014

PRT

Application Deadline October 15, 2014

Testing January 12-13, 2015

Please visit our website for more information, including printable applications. www.posturalrestoration.com

MYOKINEMATIC RESTORATION

An Integrated Approach to Treatment of Patterned Lumbo-Pelvic-Femoral Pathomechanics

DESCRIPTION

This advanced lecture and lab course explores the biomechanics of contralateral and ipsilateral myokinematic lumbo-pelvic-femoral dysfunction. Treatment emphasizes the restoration of pelvic-femoral alignment and recruitment of specific rotational muscles to reduce synergistic patterns of pathomechanic asymmetry. Emphasis will be placed on restoration, recruitment and retraining activities using internal and external rotators of the femur, pelvis and lower trunk. Identification and isolation techniques to inhibit overactive musculature will enable the course participant to restore normal resting muscle position. Participants will be able to immediately apply PRI clinical assessment and management skills when treating diagnoses such as "piriformis syndrome", right ilio-sacral joint dysfunction and low back strain.

Myokinematic Influences on the Pelvis &

OBJECTIVES

- Outline biomechanical principles of lower half musculoskeletal dysfunction as they relate to rotational patterns of the femur, pelvis and lumbar spine.
- Describe how musculoskeletal dysfunction relates to articular chain asymmetry and patterns of synergistic compensatory activity.
- Apply examination and assessment skills to neuromuscular dyssynchrony and postural asymmetries that affect stability and function of the lower half.
- Restore synchronous activity across the lumbo-pelvicfemoral complex and improve neuromuscular motor control of the muscles that stabilize these joints.

January 18-19 February 8-9 February 15-16 March 22-23 April 5-6 April 5-6 April 26-27 May 31-June 1 May 31-June 1 June 7-8 August 2-3 August 9-10 August 16-17 August 23-24 September 6-7 September 13-14 October 11-12

3-3:15

3:15-5

Break

grams

Minneapolis, MN Coppell, TX Las Vegas, NV Montreal, QC Tucson, AZ Seattle, WA Boston, MA Pittsburgh, PA Spokane, WA Columbus, OH Boston, MA Indianapolis, IN Santa Cruz, CA Madison, WI Gillette, WY Canton, CT

St. Albans, VT

Designing Specific Sequenced Home Pro-

COURSE AGENDA

Femur

1-2

Day One		2-3	Examination Tests & Assessment	Day Two	CO ROM AVAILABLE AVAILABLE AVAILABLE
7:30-8	Registration & Light Breakfast		Adduction Drop TestExtension Drop Test	7:45-8	Sign-In & Light Breakfast
8-9	Left Anterior Interior Chain (AIC) Pattern &		Femoral-Acetabular (FA) Rotation	8-10	Myokinematic Hierarchy
	Pelvic Joint Dynamics		Trunk Rotation	10-10:15	Break
9-10	Lumbo-Pelvic-Femoral Capsuloligamentous		 Hruska Adduction Lift Test 	10:15-12	Left AIC Related Pathomechanics: "Piriformis
	Issues		 Hruska Abduction Lift Test 		Syndrome", Right Ilio-Sacral Joint Dysfunc-
10-10:15	Break		Standing Reach Test		tion, Low Back Strain
10:15-12	Femoral Internal & External Rotators	3-3:15	Break	12-1	Lunch (on your own)
12-1	Lunch (on your own)	3:15-4:15	Examination & Assessment (Lab)	1-3	Left AIC Myokinematic Integration (Lab)

Demonstration

Questions

4:15-4:30

4:30-5





Repositioning Through Integrated Isolation

PELVIS RESTORATION

An Integrated Approach to Treatment of Patterned Pubo-Sacral Pathomechanics

DESCRIPTION

This advanced lecture and lab course is designed to assist clinicians with those complex patients that are struggling to improve. The clinician will gain an appreciation for the influences of an asymmetrical pelvis and how this imbalance contributes to pelvis dysfunction. We will explore in detail the function of the pelvic inlet and outlet, as it relates to anatomy, respiration and asymmetry, in a multiple polyarticular chain system. Participants will be able to restore pelvic and respiratory neutrality through a PRI treatment approach.

OBJECTIVES

- Identify musculature of the pelvic inlet and outlet.
- Understand the respiratory diaphragm and how it integrates with the pelvic diaphragm function and rehabilitation.
- Recognize pelvic asymmetry and understand the relationship of pelvic asymmetry and pelvis function.
- Apply appropriate PRI techniques in the treatment of pelvis dysfunctional patterns.
- Design a postural isolation and inhibition program that includes the integration of appropriate pubosacral dynamics for pelvis function.

January 17-18	St. Louis, MO				
February 22-23	Urbana, MD				

March 22-23 Prescott Valley, AZ

April 5-6 Santa Clara, CA

September 13-14 Montreal, QC

October 4-5 Cary, NC

October 18-19 Portland, OR

October 18-19 New York, NY

November 1-2 Tucson, AZ

November 8-9 Minneapolis, MN

Day One		2-3	Examination Tests and Assessment (Lab)	9-10	Treatment of Pelvis Dys- function as it Relates to
7:30-8	Registration & Light Breakfast		Standing Reach TestAdduction Drop Test		function as it Relates to the Left AIC Pattern
8-9	Introduction to the Pelvic Floor		Pelvic Ascension Drop Test	10-10:15	Break
9-10	Left Anterior Interior Chain (AIC) and Posterior Exterior Chain (PEC) Influence on the Pelvis		Passive Abduction Raise TestFunctional Squat Test	10:15-12	Treatment of Pelvis Dysfunction as it Relates to the Left AIC Pattern (Case Study)
10-10:15	Break	0.045	Hruska Adduction Lift Test	12-1	Lunch (on your own)
10:15-12	Left AIC and PEC Influence on the Pelvis (cont'd)	3-3:15 3:15-5	Break Respiratory Influences on the Pelvis	1-3	Treatment of Pelvis Dysfunction as it Relates to the PEC Pattern (Case Study)
12-1	Lunch (on your own)	Day Two		3-3:15	Break
1-2	Left AIC and PEC Influence on the Pelvis (cont'd)	7:45-8 8-9	Sign-In & Light Breakfast Respiratory Influences on the Pelvis (Lab)	3:15-5	Treatment of Pelvis Dysfunction as it Relates to the Pathologic PEC Pattern

POSTURAL RESPIRATION

An Integrated Approach to Treatment of Patterned Thoraco-Abdominal Pathomechanics

DESCRIPTION

This advanced lecture and lab course is structured so that clinicians will gain an appreciation for the postural influences of: rib torsion, asymmetrical oblique strength, inconsistent breathing patterns, habitual use of accessory respiratory musculature and a restricted diaphragm. The focus of this course will be to "balance" polyarticular muscle chains through focused functional assessment of the upper-half. Integrated treatments using manual therapy and specific non-manual techniques to restore respiratory and rotational functions of the thorax will be covered. Participants will be able to immediately apply PRI clinical assessment and management skills when treating diagnoses such as chronic fatigue syndrome, thoracic outlet syndrome and shoulder dysfunction.

OBJECTIVES

- Recognize structural influences and breathing patterns of faulty postures.
- Design a postural isolation and inhibition program that includes the integration of appropriate dynamics of respiration.
- Release restricted polyarticular chains and torsional patterns of the thorax through specific manual and non-manual orientation of ventilatory muscle.
- Restore thoracic-scapular force couples, rib alignment and abdominal-diaphragm muscle integration.

January 25-20	THOETIK, AZ
February 8-9	Portland, OR
March 1-2	Indianapolis, IN
March 29-30	New York, NY
April 26-27	Windsor, ON
June 21-22	Boston, MA
June 28-29	Stanford, CA

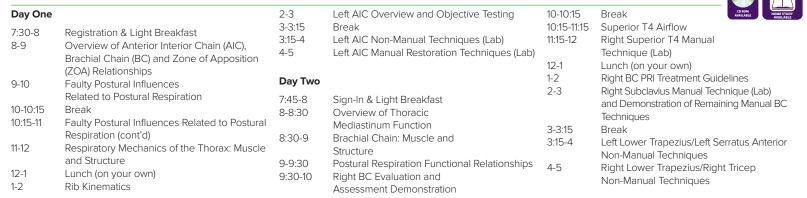
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Seattle, WA

January 25-26

September 6-7

September 27-28 Las Vegas, NV



CERVICAL-CRANIO-MANDIBULAR RESTORATION

An Integrated Approach to Treatment of Patterned Temporomandibular and Cervical Dysfunction

DESCRIPTION

■ Prerequisite Course: Postural Respiration

This advanced lecture and lab course is structured so that clinicians will gain a 'system' appreciation for the relationships between cervicothoracic, cervicocranial and craniomandibular dysfunction and disorders. The focus of this course will be to evaluate, treat and manage cranial joint compression and instability dysfunction as it relates to upper quarter asymmetry, cranial osteo dysfunction, and temporal, sphenoid, and occipital position. Information will be presented that anatomically addresses and supports sequential treatment approaches that are introduced in the clinic and oriented for carryover by the patient. Participants will be able to immediately apply PRI clinical assessment and management skills when treating diagnosis such as TMD, headaches, facial and cervical pain.

OBJECTIVES

- Recognize and evaluate contributing influences of cervicothoracic, craniocervical, and craniomandibular compression disorders and torsional constraint.
- Distinguish cranial versus mandibular adaptation patterns of TMD.
- Design a neuro-strengthening and stabilization program for cervical, brachial and craniomandibular instabilities.
- Identify appropriate management sequence of TMD and cervical dysfunction using PRI principles.

February 8-9 May 17-18 September 19-20 October 10-11

November 15-16

Philadelphia, PA Richmond, VA St. Louis, MO Lincoln, NE Phoenix, AZ

Day One		2-3	Sphenoid and Lateral Pterygoid Orientation	10-10:15	Break
7:30-8	Registration & Light Breakfast		and Organization	10:15-11:15	Temporal Mandibular Cervical Chain (TMCC)
8-8:30	Opening Remarks	3-3:15	Break	11:15-12	TMCC Respiration and Treatment Goals
8:30-10	Review of AIC and BC Tests and Techniques	3:15-4	Cranial Flexion Manual Techniques	12-1	Lunch (on your own)
	Relating to TMCC Examination		Demonstration and Lab	1-3	Right TMCC Tests Demonstration, Right
10-10:15	Break	4-5	Cranial Flexion Non-Manual Techniques		TMCC Manual Techniques Lab: Fronto
10:15-12	Right Temporal Mandibular Cervical	Day Two			Occipital (Right), Sphenobasilar Flexion
	Chain (TMCC) Facial Observations and	7:45-8	Sign-In & Light Breakfast		(Right)
	Characteristics	8-8:30	Review of TMCC Inhalation and Exhalation	3-3:15	Break
12-1	Lunch (on your own)		Correlations	3:15-4:15	Right TMCC Non-Manual Techniques
1-2	Cervical-Cranio-Mandibular Functional Anatomy	8:30-10	Temporal and SCM/Temporalis Orientation and Organization	4:15-5	Mandibular Temporal Joint Integrative Management

IMPINGEMENT & INSTABILITY

A Unique Approach to the Treatment of Common Impingement & Instability Through PRI Reference Center Integration

DESCRIPTION

 Prerequisite Courses: Myokinematic Restoration and Postural Respiration

This advanced lecture and demonstration course will explore issues of impingement and instability as they relate to the Left AIC and Right BC pattern and associated reference centers. Participants will be able to immediately apply PRI clinical assessment and management skills when treating diagnoses such as calcaneal instability, femoral instability, hip impingement, ilium instability, scapula instability, shoulder impingement and multidirectional HG and FA instability. Guidance will be offered in assessing 'instability' and 'impingement' as related to early and late pathologic function following the asymmetrical human developed pattern (Left AIC/Right BC) of unilateral dominance, habit and consistent hand and foot usage.

OBJECTIVES

- Identify key anti-gravitational myokinematic and neurologic processes influencing compensatory and non-compensatory patterns of the upright patient.
- Recognize influences of internal orientation and compensation on the extended and hypertonic system.
- Manage calcaneal instability and how to incorporate calcaneal stability in the frontal plane.
- Establish a plan of care reflecting femoral and tibial activity for the patella-femoral patient.
- Facilitate PRI neuromuscular retraining programs for scapular-thoracic instability.

January 11-12 Lincoln, NE

March 1-2 Dallas, TX

May 3-4 Chapel Hill, NC

September 20-21 Wilmette, IL

Salem, OR

November 8-9

Day	One	12-1	Lunch (on your own)	10-10:15	Break
7:30	-8 Registration & Light Breakfast	1-3	Calcaneal Instability	10:15-12	Hip and Groin Impingement
8-9	PRI Concepts of Impingement and Instability	3-3:15	Break	12-1	Lunch (on your own)
	Associated Compensatory Patterns	3:15-5	Femoral Instability	1-2	Right BC PRI Treatment Guidelines
	 Contributing Factors 	Day Two		2-3	Scapula Thoracic Instability
9-10	9-10 Sagittal vs. Salamander (Frontal Plane)	7:45-8	Sign-In & Light Breakfast		Mechanics
10-10	:15 Break	8-8:30 Overview of Tri-Planar Stability: T8 to Sacral		Hruska Classification of Scapular Pasting Pasting	
10:15	-11 Interferences and Influences on Gait - An	0.00	Base		Resting Position
	Intuitive Perspective by Ron Hruska	8:30-9	llium Instability	3-3:15	Break
	Unscientific Interactive Incident Intensity	9-10		3:15-5	Scapular-Thoracic Stabilization Related to
	PRI Gait Analysis		Ilio-Sacral Instability		Impingement and Instability
44.40	,		Ischial Tendonitis		
11-12	Left AIC Foot and Ankle Pattern				

ADVANCED INTEGRATION

A Comprehensive Overview of PRI Science Integrated in an Advanced Manner

Lincoln, NE

December 4-7

DESCRIPTION

 Prerequisite Courses: Myokinematic Restoration, Pelvis Restoration and Postural Respiration

This four-day advanced lecture and demonstration course is structured so that clinicians will gain an appreciation for the relationship between pathomechanic patterns. It is highly advanced and interactive, and reflects PRI concepts covered in both the Myokinematic Restoration and Postural Respiration courses, in a system-integrative fashion. Both non patho-compensatory and patho-compensatory issues as they relate to the Left AIC and Right BC pattern will be explored in detail. Anatomy, examination tests, algorithms, and manual and non-manual techniques will be presented with focus on total body integration rather than on individual regions of the body. Participants will be able to immediately apply concepts of synchronous breathing, tri-planar integration and thoracic-scapular integration in the treatment and management of typical compensatory and non-compensatory patterns, and pathologic and non-pathologic curvature of the spine. This course enables the participant to advance integration of PRI concepts and principles by taking into consideration all patterned muscles outlined in the PRI Introductory Courses.

Please visit our website for detailed course objectives.

Day One	Thursday, December 4th	Day Thre	e: Saturday, December 6th		
Synchron	nous Breathing –	Thoracic-	Scapular Integration		
Sagittal I	Repositioning of ZOA	7:45-8	Sign-In & Light Breakfast		
7:30-8 8-10	Registration & Light Breakfast Introduction; Overview of Respiratory	8-10	Rib Kinematics; Superior T4 Syndrome; Flat Back Syndrome		
	Position and Septal Symmetry	10-10:15	Break		
10-10:15 10:15-12	Break Breathing – Acquiring a ZOA and Posterior	10:15-12	Brachial Chain (BC) and Thoracic-Scapular Non-Manual Techniques		
	Mediastinum Inhibition; Top Integration	12-1	Lunch (on your own)		
12-1	Concepts Lunch (on your own)	1-3	BC and Thoracic-Scapular Non-Manual Techniques (cont'd)		
1-3	Review of Restoration Techniques	3-3:15	Break		
3-3:15	Break	3:15-4:15	Gravity vs. Non-Gravity (Swimmers)		
3:15-5	Temporal Mandibular Cervical Chain (TMCC)		Integration		
	Overview	4:15-5	Podiatry Integration		
-	Friday, December 5th	Day Four	: Sunday, December 7th		
	Activity – Frontal and Transverse	Curvature	e of the Spine		
Integration		7:45-8	Sign-In & Light Breakfast		
7:45-8	Sign-In & Light Breakfast	8-9	Pattern vs. Position		
8-10 10-10:15	Pelvis and Diaphragm; PEC Patients Break	9-10	Idiopathic Acquired Scoliosis; Non-Patho and Patho Curves		
10:15-12	Frontal Plane Assessment; Overview of	10-10:15	Break		
	Adduction and Abduction Concepts	10:15-12	Idiopathic Acquired Scoliosis (cont'd)		
12-1	Lunch (on your own)	12-1	Lunch (on your own)		
1-3	Coloring Correlations	1-3	Idiopathic Acquired Scoliosis (cont'd);		
3-3:15	Break		Juvenile Kyphosis		
3:15-5	Piriformis Syndrome and Ilio-Sacral Joint	3-3:15	Break		
	Dysfunction as Related to Transverse Reciprocal Activity	3:15-5	Alternating Reciprocal Activity		

INTERDISCIPLINARY INTEGRATION

Gas & Gravity

April 10-11 Lincoln, NE

DESCRIPTION

Our 6th Annual Interdisciplinary Integration course brings together six highly regarded professionals to share their expertise on the subjects of pulmonary gas exchange and gravitational influences affecting human form and function. This symposium will include interactive discussion on topics that reduce undesirable neuromuscular patterns of activity. These topics will include how our body has adapted to or contends with the low ratio of carbon dioxide production to alveolar ventilation (hyperventilation) and the speed of falling towards the earth's surface at an acceleration rate of 9.8 meters per second squared (Earth's gravity). Each speaker will reflect on the positive and negative influences of gas and gravity, compensatory strategies used to contend with improper gas ratios and anti-gravitational processes, and recommendations to improve pulmonary and ventilation gas ratios, as well as, centered anti-gravity function; based on their personal or professional experience or research. Please visit our website for more details.

SPEAKERS

Dr. Paul Hodges, PhD

Director NHMRC Centre for Clinical Research Excellence in Spinal Pain, Injury & Health The University of Queensland

Queensland, Australia

Emily Soiney, DPT, CST, RYT, PRC

Owner and Physical Therapist at Shine Integrative Physical Therapy Portland, OR

Susan Henning, PT, PRC

Owner and Physical Therapist at Advance Physical Therapy Chapel Hill, NC

Ron Hruska, MPA, PT

Director of the Postural Restoration Institute*, Co-Founder of PRI Vision and Consultant at Hruska Clinic Lincoln, NE

Clayton Anderson

Retired NASA Astronaut Houston, TX

Chris Poulin, ATC, CSCS, PES, PRT

Founder and Owner of Sandhills Sports Performance Pinehurst, NC

Day One:	Thursday, April 10th	3-3:15	Break	12-1	Lunch (on your own)
7:30-8 8-10	Registration & Light Breakfast Integrated Function of the Trunk Muscles for Breathing and Postural Control	3:15-5	Unconventional Treatment Methods to Inhibit Neck "Pulling" and Facilitate Floor "Pushing" - Ron Hruska, MPA, PT	1-3	Incorporating and Maximizing "Jump" Concepts into Daily Life - Chris Poulin, ATC, CSCS, PES, PRT
	- Dr. Paul Hodges, PhD	Day Two:	Friday, April 11th	3-3:15	Break
10-10:15	Break	7:45-8	Sign-In and Continental Breakfast	3:15-5	Alternating Thoracic Rotation, and Its Role
10:15-12	"Unloading" the Mind and Body Using Yoga Breathing Techniques - Emily Soiney, DPT, CST, RYT, PRC	8-10	Zero Gravity and Its Effects on Astronauts – A Personal Account - Clayton Anderson, Retired NASA Astronaut		in Regulating Orthostatic Conditions and Dysautonomia - Ron Hruska, MPA, PT
12-1	Lunch (on your own)	10-10:15	Break		
1-3	The Influence of Position and Breath in the Treatment of Curvature of the Spine, Utilizing PRI and Schroth Methodologies - Susan Henning, PT, PRC	10:15-12	Postural Changes in Trunk Control with Pain and Movement Dysfunction - Dr. Paul Hodges, PhD		

PRI INTEGRATION FOR THE HOME

Restoring Function Through Respiration and Alternating Reciprocal Movement

DESCRIPTION

This advanced lecture and lab course is designed to assist clinicians in restoring function in the home through respiration and alternating reciprocal movement of the patterned human body. The clinician will gain an appreciation for PRI fundamental principles applied to the home environment, outpatient geriatrics and chronic pain populations. Emphasis will be placed on PRI tri-planar concepts and assessment tests related to the thorax, hip and ankle. Participants will be able to immediately apply PRI techniques to improve function of bed mobility, transfers, balance and gait through restoration of alternating reciprocal movement and respiration utilizing a PRI treatment approach designed for the home.

OBJECTIVES

- Understand the influence of respiration on home functional mobility.
- Recognize the human asymmetrical patterns that influence alternating reciprocal motion.
- Assess alternating reciprocal movement dysfunction in the home.
- Design a functional program for the home setting using PRI concepts and techniques to restore alternating reciprocal function.

March 8-9
June 7-8
October 25-26

Phoenix, AZ Lincoln, NE Greensboro, NC

Day One 7:30-8 Registration & Light Breakfast	2-3:30	Pelvis and Hip (AIC) Pattern as Related to Stance and Swing Phases of Gait	9-10	Bed Mobility in the Home: Improving Self-Mobility
8-10 Introduction to PRI and the Patterned Human Body	3:30-3:45	 Seated Gait Integration Test (Lab) Break 	10-10:15	Treatment Recommendations (Lab) Break
10-10:15 Break	3:45-5	Influence of Left AIC Pattern on the Foot and Ankle	10:15-12	Transfers in the Home: Improving Self-Mobility • Treatment Recommendations (Lab)
10:15-12 The Influence of Respiration and Zone of Apposition (ZOA) on PRI Assessment Tests		 Seated Eversion with Hip Abduction Test (Lab) 	12-1 1-3	Lunch (on your own) Balance in the Home: Improving Single Leg
12-1 Lunch (on your own)1-2 Thorax and Shoulder (BC) Pattern as Related	Day Two 7:45-8	Sign-In & Light Breakfast	1-3	Mobility Treatment Recommendations (Lab)
to Respiration Sidelying Shoulder Horizontal Abduction	7.45-6 8-9	Managing Functional Routines in the Home	3-3:15	Break
Test (Lab)			3:15-5	Gait in the Home: Improving Floor Mobility • Treatment Recommendations (Lab)

PRI INTEGRATION FOR YOGA

Balancing Asymmetrical Respiration and Posture

DESCRIPTION

This advanced lecture and lab course is designed to assist clinicians and fitness professionals in applying Postural Restoration® principles to yoga in both rehabilitation and studio settings. Course participants will gain an appreciation for fundamental principles of the Postural Restoration Institute® (PRI) that can immediately be applied to yoga and other fitness settings for either group or individualized instruction. Emphasis will be placed on PRI tri-planar concepts, respiration techniques, and assessment tools to ensure that facilitators can create a therapeutically-sound yoga intervention. Ample lab time will allow all participants to experience the integration of PRI and yoga.

Compensatory Strategies Seen In Yoga

OBJECTIVES

- Recognize the human asymmetrical patterns that influence reciprocal movement and respiration.
- Learn how to balance PRI tri-planar muscle function in yoga postures and class sequencing.
- Design and facilitate yoga classes and rehab interventions using PRI concepts to minimize compensatory movement strategies when performing yoga.
- Integrate the therapeutics of yoga language, cueing principles, and mindfulness into a PRI clinical setting.

Sept 13-14

Portland, OR

Day One		3-3:15	Break (change into lab attire)	11-12	Yoga Poses to Facilitate Balanced Frontal
7:30-8	7:30-8 Registration & Light Breakfast		4 Introduction to Integrating Yoga and PRI		and Transverse Plane Alignment and Movement (Lab)
8-10	Introduction to PRI and the Patterned Human	4-5	PRI Yoga Assessment Poses (Lab)	12-1	Lunch (on your own)
	Body	Day Two		1-3	Yoga Recommendations for Pose Selection,
10-10:15	Break	7:45-8	Sign In & Light Breakfast	10	Cues, and Modifications (Lab)
10:15-12	The Influence of Respiration and Zone of	8-9	Therapeutic Yoga Concepts and Techniques	3-3:15	Break
40.4	Apposition (ZOA) on PRI Assessment Tests	9-10	Selected Yoga Breathing Techniques	3:15-4:30	Detailed Yoga Sequencing
12-1	Lunch (on your own)	10-10:15	Break (change into lab attire)		Recommendations (Lab)
1-1:45	PRI Thorax and Shoulder Patterns	10:15-11	Yoga Poses to Facilitate Balanced Sagittal		 Suggested Yoga Class Sequences
1:45-3	Compensatory Strategies Seen In Yoga PRI Pelvis and Hip Patterns		Plane Alignment and Movement (Lab)	4:30-5	Questions

PRI INTEGRATION FOR BASEBALL

Restoring Reciprocal Performance in the Patterned Baseball Athlete

DESCRIPTION

This advanced lecture and lab course will explore asymmetrical human patterns and how they contribute to patho-mechanical respiration and movement in the baseball athlete. Participants will gain an appreciation for PRI fundamental principles and will learn PRI assessment tests specific to baseball performance. Upper half program development will focus on restoring balanced rib alignment, thoracic-scapular force couples and abdominal-diaphragm muscle integration to prevent and alleviate UCL, shoulder labrum, rotator cuff, and oblique injuries. Lower half program development will focus on lumbo-pelvic and pelvic-femoral integration to prevent and alleviate low back strain, hip impingement and knee torsion.

Standing Eversion with Hip Abduction Test

OBJECTIVES

- Describe how polyarticular chain asymmetry can lead to position-specific dysfunction in the baseball athlete.
- Assess thoraco-scapular and scapular-thoracic and full body tri-planar performance.
- Improve rotational power and unlock tri-planar performance using principles of inhibition and balanced muscle integration.
- Design a PRI neuromuscular inhibition program for position-specific issues in the baseball athlete.

November 14-15 Phoenix, AZ

November 21-22 Clearwater, FL

Day One		3-3:15	Break	10:15-12	Tri-Planar Integration of the Lower Half for
7:30-8 8-10	Registration & Light Breakfast Introduction to PRI and the Patterned Human Body	3:15-5	Review of Position-Specific Compensatory Patterns seen in Left and Right Handed Players	12-1 1-3	Baseball Performance (Lab) Lunch (on your own) Tri-Planar Integration of the Upper Half for
10-10:15	Break	Day Two			Baseball Performance (Lab)
10:15-12	The Influence of Respiration and Zone of	7:45-8	Sign-In & Light Breakfast	3-3:15	Break
	Apposition (ZOA) on PRI Assessment Tests.	8-10	Tri-Planar Strategies to Improve Femoral-	3:15-5	Program Design and Treatment
12-1	Lunch (on your own)		Thorax Rotational Mobility and Power		Considerations for the Baseball Athlete and
1-3	PRI Baseball Examination Tests (lab) • Quadruped Reciprocal TS/ST Test	10-10:15	Break		Their Respective Positions of Play

POSTURAL-VISUAL INTEGRATION

A Neurological Intervention for Embedded Postural Patterns

April 26-27 August 22-23 Grayslake, IL Lincoln, NE

DESCRIPTION

This course is designed to educate Physical Therapists, PT Assistants, Occupational Therapists, Athletic Trainers, Strength & Conditioning Coaches, and other healthcare/ fitness professionals, on how to evaluate and assess a patient who has persistent postural adaptation patterns that are reinforced, dependent on or developed by the visual system. Postural-Visual Integration dysfunction occurs when the visual process interferes with appropriate muscles that need to "turn off" so that habitual positions and patterns of human motion can be improved. This course will offer specific treatment approaches to improve symmetrical head on body (HOB) activity and appropriate visual cortical influence on single leg activity.

This course will also utilize the respiratory system, equilibrium in the frontal plane, and ocular functional integration to change the vestibular postural control and unilateral

centered stability. The speakers have dedicated their careers to patients with postural and visual imbalance and have utilized scientific principles in their respective fields to treat, in this unique interdisciplinary manner, visual integrative dysfunction. No prior visual training or visual course prerequisites are required. However, information provided by attending *Myokinematic Restoration* or *Postural Respiration* would be helpful.



OBJECTIVES

- Define postural-visual integration as it relates to tri-planar organization and control, ideal use of postural reflex mechanism during weight shift, proprioceptive references and synkinesis of respiration.
- Outline the three levels of postural-visual integrative dysfunction.
- Understand the direct influences primitive reflexes, the autonomic nervous system, habitual vision and learned behavior can have on locomotion and extensor tone.
- Establish appropriate extraocular myokinematic function during lateral centered stance.
- Learn when and why to refer to an optometrist, or an integrated neuro-optometrist.
- Design a therapeutic program using PRI Vision phases to manage and progress a patient without producing stress on the visual system or the extensors of the neck or back.

Day One		3:15-4:15 Glasses Prescriptions, Visual Neutrality, &		10-10:15	Break	
7:30-8 8-8:30	Registration & Light Breakfast Introduction of PRI Vision		Common Visual Findings in Patients with Visual-Postural Integration Dysfunction	10:15-12	Continued Triage, Clinical Examination and PRI Vision Integration Testing (Lab)	
8:30-10	PRI Vision Definitions	4:15-5	Level I (Limited Head on Body)	12-1	Lunch (on your own)	
10-10:15	Break	Day Two	Cione la O Lialat Dural faut	1-2	Treatment Objectives and PRI Vision Philosophical Considerations	
10:15-12	Neutrality, Centering, Neuromuscular Patterns (Demo)	7:45-8 8-9	Sign-In & Light Breakfast Overview of PRI Vision Levels	2-3	Accommodation Techniques by Phase	
12-1	Lunch (on your own)		 Level I (Limited Head on Body) 	3-3:15	Break	
1-2	Accommodation and Postural Imbalance		Level II (Neck on Body) Level III (Body on Head)	3:15-4	Continued Accommodation Techniques by Phase (Lab)	
2-3 3-3:15	Extension Patterns Break	9-10	Triage, Clinical Examination and PRI Vision Integration Testing	4-5	Case Study, Questions and Answers	

VISION AND BODY MECHANICS - BEYOND 20/20

Influencing the Body's Behavior through Vision for the Eyecare Provider

DESCRIPTION

Have you ever considered what a patient's subjective refraction or eye alignment has to do with their back pain? Or why a patient has constant neck pain while they are at the computer, even though they are pre-presbyopic and have good ergonomics? The answer lies in how they use their vision to direct their bodies to perform any given task, such as walking, sitting at their desk, or playing a sport. The relationship between vision, body posture and movement can be controlled through the use of lenses, then integrated and re-trained through physical activities designed to embed the new relationship. This frequently results in decreased pain, improved physical performance, and prevention of future symptoms for a myriad of complaints. We can influence the autonomic nervous system to turn the right muscles "on" and the wrong muscles "off" for any given physical task.

This course is designed for both general eye care practitioners and behavioral/VT doctors to gain an appreciation for how vision controls the body and muscle tone, among other autonomic functions. The relationship of refractive findings, visuomotor skills, and visual processing to muscle tone and skeletal alignment will be outlined. The focus of this course will be on how to achieve a more symmetrical, relaxed, whole body musculoskeletal system through integration of the visual system.

Considerations for prevention of musculoskeletal dysfunction and maximizing human performance will be discussed, including eyeglass and contact lens prescribing recommendations.

Significant emphasis will be placed on interactive demonstration, lab experience, and personal clinical application.

Participants will be able to work as part of an integrated team to manage neuromuscular patterns that contribute to spatial disorientation, headaches, neck tension, and low back pain, as well as appreciate how these are related to visual system function.

OBJECTIVES

- Recognizing pain patterns and visual findings that are associated with inappropriate musculoskeletal function in both upright and seated positions.
- Understand how neuromuscular patterns of the neck and head impact visuomotor skills, visual processing skills, and visualvestibular integration and what can be done by the eye care provider to change them.
- Learn how to integrate treatment of the visual system with physical therapy to enhance orthopedic mechanical function in the areas of speed, accuracy, and efficiency of performance.
- Become aware of how to maximize visuomotor and spatial localization skills utilized for reading, depth perception, and sports performance through the use of PRI Vision principles and protocols using methods other than traditional vision training.

March 7-8

Lincoln, NE



Please visit our website for more information, including the course agenda. www.posturalrestoration.com

FACULTY

Please visit our website for faculty biographies.



Ron Hruska, MPA, PT



James Anderson, MPT, PRC



Michael Cantrell, MPT, PRC



Jennifer Poulin, PT, PRC



Lori Thomsen, MPT, PRC



Jesse Ham, PT, CMP, PRC

PRI AFFILIATE FACULTY



James Anderson, MPT, PRC



Allen Gruver, PT, ATC, PRC, CSCS



Emily Soiney, DPT, CST, RYT, PRC

PRI VISION FACULTY



Ron Hruska, MPA, PT

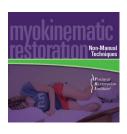


Heidi Wise, OD, FCOVD

PRODUCTS

CDS

PRI Introductory Courses, Myokinematic Restoration. Pelvis Restoration and Postural Respiration have a corresponding Non-Manual Techniques CD that is organized by



muscle, inhibition and integration and placed in an order in which you would want to isolate, inhibit or integrate. Included on each CD is the Integration program, which is comprised of more than 300 techniques in nine different positions, the top 10 repositioning techniques for each respective introductory course and the identification of reference centers.

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PRI Manual Techniques are available on DVD! Nearly two hours of video including demonstration, instruction and explanation of each manual technique is provided by Ron



Hruska. This information compliments PRI course instruction and desired PRI clinical application, progression and outcomes. Written instruction for each manual technique is also provided in a printable format.

PELVIS MODEL

In our Pelvis Restoration course, the speaker uses a female pelvis model with moveable SI joint throughout



the course to demonstrate concepts of rotation of the pelvic inlet and outlet. PRI has purchased several of these pelvis models from Sawbones and labeled them according to the course concepts you will learn. If you are interested in purchasing a model to be shipped directly to the course location for your use throughout the course and thereafter, please contact us or complete the order form found on our website.

ILLUSTRATIONS

PRI illustrations are available in print. Artist, Elizabeth Noble, has taken the science of PRI and turned it into a visual masterpiece. Her dramatic illustration of asymmetrical patterns is one of a kind. Visit our website to purchase one of the unique illustrations



specifically drawn for the Postural Restoration Institute® to compliment your office or home.

MANUALS

Course tuition fees include course manuals. However. course manuals for PRI Introductory and Secondary Courses can also be purchased independently of course tuition. To order



a course manual, please contact us or complete the order form found on our website. Course manuals are continually revised to include the most updated information available.

ARTHUR SQUAT MODEL

This model provides a unilateral image of the influence two joint muscles can have on the back and lower extremity when going into a squat, or coming out of a squat position. Co-active myokinematic



action of the quadriceps, hamstrings, and gastroc-soleus muscle groups can also be depicted, both when the leg is in stance or swing phase

of gait. These model concepts can help anyone who is interested in increasing power during lift,

without overextending the back.

REGISTRATION

TUITION (add \$30 if within 4 weeks of course date)

Introductory Courses	
Myokinematic Restoration	\$445
Pelvis Restoration	\$445
Postural Respiration	\$445

Introductory Courses - Home Study

Myokinematic Restoration	\$395 + shipping
Pelvis Restoration	\$395 + shipping
Postural Respiration	\$395 + shipping

Secondary Courses

Cervical-Cranio-Mandibular Restoration	\$465
Impingement & Instability	\$465
Advanced Integration	\$825

Annual Symposium

Interdisciplinary Integration	\$445
PPI Affiliate Courses	

PRI Integration for the Home	\$445
PRI Integration for Yoga	\$445
PRI Integration for Baseball	\$445

PRI Vision Courses

Postural-Visual Integration	\$495
Vision and Body Mechanics	\$615



PRODUCTS (optional)

CDs: \$250 each

600+ Non-Manual Techniques corresponding to each Introductory Course organized by muscle, inhibition and integration.

DVD: \$125

Nearly 2 hours of demonstration, instruction and explanation of each Manual Technique by Ron Hruska. Complements the Postural Respiration and Cervical-Cranio-Mandibular Restoration courses.

Pelvis Model: \$125

Female pelvis model with moveable SI joint labeled with PRI concepts to demonstrate rotation of the pelvic inlet and outlet designed to complement the Pelvis Restoration course.

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Click postural restoration.com

Mail Postural Restoration Institute 5241 R Street, Lincoln, NE 68504

Cancellation Policy

Tuition is refundable less \$50 if cancelled 14 days before the course date. Tuition is not refundable for registrations or cancellations within 14 days of the course. However, you may have someone attend in your place or attend on another date. If you choose to attend on another date, a \$50 fee applies to transfer your registration. PRI reserves the right to cancel a course and will refund the tuition fee only.

Course Confirmation

Confirmation letters will be emailed at least 4 weeks prior to the course date or once a minimum of 15 people have registered to attend.

Registration Form	
Course Date & Location	
Products (optional)	
Name & Credentials	
Address	
Organization	
PhoneEmail	
Method of Payment: ☐ Check (payment to PRI) ☐ Credi	t
Card#	Exp
Total Amount \$	



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