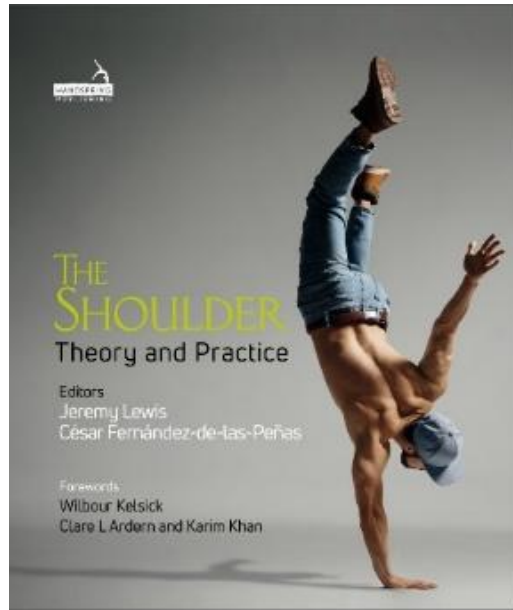


The Shoulder

Theory & Practice

Course



(25th Edition - 2025)

Jeremy Lewis PhD FCSP

Consultant Physiotherapist
Professor of Musculoskeletal Research

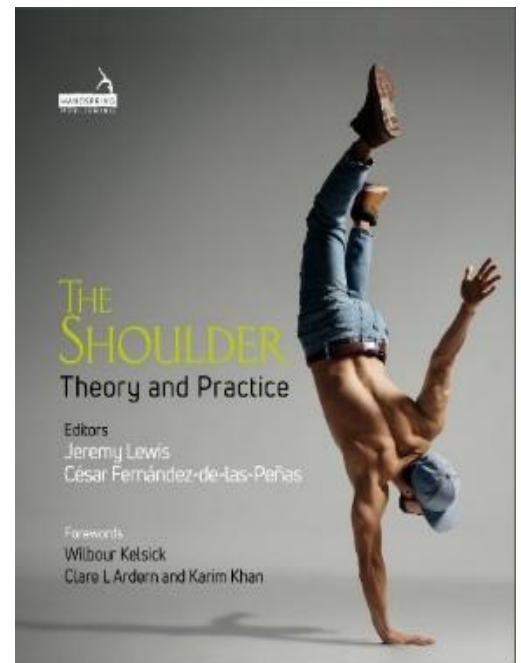
www.drjeremylewis.com

The Shoulder: Theory & Practice Course

(25th Edition - 2025)

Jeremy Lewis PhD FCSP

- ▶ Consultant Physiotherapist
 - ▶ Professor of Musculoskeletal Research
 - ▶ MSK Sonographer
 - ▶ Independent Prescriber
- Bachelor of Applied Science (Physiotherapy)
 - Postgraduate Diploma in Musculoskeletal Physiotherapy
 - Postgraduate Diploma in Sports Physiotherapy
 - Postgraduate Diploma in Biomechanics
 - Master of Science (Manipulative Therapy)
 - Injection Therapy
 - PhD
 - Postgraduate Certificate in Diagnostic Imaging (Ultrasound)
 - Independent Prescriber



	Face 2 Face	Online Live	Online In Your Own Time
Course options:	<p>Live face to face (F2F) in person course After the course there is a bonus 4 (four) hour theory and practical module on frozen shoulder. This is available for 4 weeks after the live course finishes. If you want to host this course and you have a group of participants, please be in contact via www.drjeremylewis.com</p>	<p>Identical content as the F2F live in person course, with the Frozen Shoulder module available at the end of the training. This can be organised through a host organisation, or if there is a group of people (average 20) who wish to participate it can be organised via www.drjeremylewis.com In addition all the practical videos covering the assessment and treatment techniques will also be available for 4 weeks after the course to permit review and practice.</p>	<p>Identical content as the F2F live in person course. All theory and all practical are available online in bite size sections. Participants can complete the course in their own time and pace. Course involves quizzes and links to other resources. Coming soon! To register your interest please be in contact with www.drjeremylewis.com</p>
For more information visit www.drjeremylewis.com			

Day 1	9:00 to 17:30
<p>9:00 -10:30 Introduction Global Burden of Musculoskeletal Disability Reframing Musculoskeletal Practice Risk Factors for Developing Shoulder Pain Modifiable and Not Modifiable Factors Why Doesn't Everybody Respond the Same Way? Biopsychosocial Factors Lifestyle Factors Social Determinants of Health Health Literacy - <i>2 Red Bulls or 1 Coca Cola?</i> The Power of Language - Words Can Heal and Harm Patient Education at the Forefront of Management Providing Education in the Patients Preferred Learning Style Making Patient Education Interactive Healthcare Sustainability - Best Practice</p> <p>10:30 -10:45 Refreshments</p> <p>10:45 -12:00 Function, Biomechanics, The Kinetic Chain Importance of incorporating regional and whole-body kinematics, biomechanics, and ergonomics to optimise shoulder function and clinical outcomes Why do humans throw? Practical: Lower limb and trunk assessment to maximise upper limb function</p> <p>12:00 -12:30 Assessment This clinically orientated and practical session takes a biopsychosocial approach to assessment and management supporting the clinical reasoning process and shared decision making Emphasis on how to construct and direct an empathetic patient interview to maximise the therapeutic relationship and maximise information collection is prioritised The session highlights the dilemma of diagnosis and presents alternative approaches The session Includes in depth discussion on orthopaedic special tests, posture, and imaging</p>	<p>12:30 -13:15 Lunch</p> <p>13:15 -14:45 Assessment cont. Minimising the physical examination to 5 minutes Introducing a new way to assess muscle performance</p> <p>14:45 -15:30 Rehabilitation Without Addressing Lifestyle Factors - Are We Kidding Ourselves? A deep but <u>easily comprehensible</u> dive into cell physiology and how lifestyle factors can positively or negatively impact on our cells and ultimately clinical outcomes A <u>biochemical</u> explanation for the reasons we should include exercise in our rehabilitation programs, and why exercise, by itself will <u>never</u> be enough How to assess lifestyle factors The behavioural change cycle</p> <p>15:30 -15:45 Refreshments</p> <p>15:45 -16:15 Injections, Medicines, and Supplements The good, the bad, and the useless</p> <p>16:15 -17:30 Rotator Cuff Related Shoulder Pain (#RCRSP) What's in a name? This session involves a very detailed and in-depth review of this multi-factorial problem The current evidence based research across professions regarding the aetiology and pathology of this condition will be presented in detail This session critically compares outcomes between surgical & non-surgical intervention</p>

Day 2 9:00 to 16:30

9:00 - 09:30 Review, Questions, Discussion

Evidence Based Practice

9:30 - 10:30 Shape-Up-My-Shoulder (#SUMS) Rehabilitation Program

This theoretical and practical session will present a three-stage rehabilitation program that may be considered for the majority of musculoskeletal shoulder presentations

Integrating an interactive educational program woven throughout the rehabilitation program

Identifying a 'safe' entry point into rehabilitation (also known as *Not running a marathon on Day 1*)

How to progress the program effectively

Pain education to guide the patient during the program

Hands-on or Hands-off?

Stage I: Early Stage Rehabilitation including the Shoulder Symptom Modification Procedure

Stage II: Muscle Performance

Stage III: Function

Stages and components of the program

Developing a weekly program

Transitioning to hard, high end, and 'chaotic' rehabilitation

Shape-Up-My-Shoulder (#SUMS) Rehabilitation Program for Massive Inoperable Rotator Cuff Tears / Rotator Cuff Arthropathy

What is the evidence?

How does surgical intervention, immobilisation, and rehabilitation compare to rehabilitation by itself

A specialised rehabilitation program

10:30 -10:45 Refreshments

10:45 -12:30 Shape-Up-My-Shoulder (#SUMS) Rehabilitation Program *cont.*

12:30 -13:15 Lunch

13:15 -15:00 Shape-Up-My-Shoulder (#SUMS) Rehabilitation Program *cont.*

15:00 -15:15 Refreshments

15:15 -15:45 Virtual Reality: Is seeing, believing, and achieving?

The role of VR and mixed reality in shoulder rehabilitation

Evidence and application

15:45 -16:15 Transitioning to Self-Management

What happens after formal rehabilitation comes to an end?

Transition to 3600 MET minutes / week.

Why is this essential

How to calculate and achieve this

16:15 -16:30 Questions and Discussion

Wrapping it all up

Bonus Learning: Frozen Shoulder

At the conclusion of the course a four (4) hour theory and practice bonus training session is available for course participants. This includes in-depth theory that covers the history of the condition, and how it should be assessed and evidence for management. The use and types of injection therapy are included. Practical assessment and management techniques are presented in integrated videos. This bonus section is available for four (4) weeks after the end of the course.

Learning Outcomes

- To develop a better understanding and knowledge of the clinical anatomy and biomechanics of the shoulder region.
- To appreciate the importance of taking a biopsychosocial approach to patient management.
- To develop a comprehensive interview and physical evaluation strategy for the shoulder that considers local and referred sources of pain and directs the clinician to develop an appropriate management plan.
- To develop greater confidence with the physical assessment of the shoulder region and a better understanding of the evidence for the use of the selected assessment techniques.
- To develop a greater understanding and knowledge of various pathologies of the shoulder girdle.
- To develop greater competency in the management of patients with a variety of shoulder pathologies.
- To review the research evidence relating to the influence of posture and muscle imbalance and its relationship with shoulder pathology.
- To review the evidence underpinning the pathology, and the assessment and management of various shoulder conditions, including rotator cuff related shoulder pain and frozen shoulder
- To review the research evidence evaluating the use of diagnostic imaging as part of the management for musculoskeletal disorders of the shoulder.
- To review the research evidence evaluating the use of injections as part of the management for musculoskeletal disorders of the shoulder.
- To develop greater confidence in the use of exercise therapy and other techniques for managing shoulder conditions and evaluation of the efficacy of the techniques, balanced against the evidence base for using these techniques.

Participant Comments

- *"Before I did this course the world was flat!"*
- *"Complete change to the way I think about shoulders. Best course I have ever done".*
- *"Fantastic course as example of how to treat within the biopsychosocial model. A very competent and relevant approach with respect to where physiotherapy is at currently. The shoulder provides the topic, but the clinical processing could be applied elsewhere. I don't think anyone is teaching such a balanced approach currently".*
- *"Many thanks again for an inspiring course. I loved it!"*
- *"Great explanations, very in-depth, great synthesis of research evidence".*
- *"Thank you, thank you, fantastic, great teaching style, great sense of humour".*
- *"Excellent rationale for phased rehabilitation". "One of the best courses I have ever done".*
- *"100% useful. Very inspirational. Best shoulder course yet".*
- *"One of the best courses I have been on, all courses should aim to be this good".*
- *"What an amazing course. Have had an unbelievable result this week I also have to say that I have never been able to sit solidly at a course where there is a lot of theory and not zone out at some point. I think you talk so well and you're so interesting that I was gripped the whole time! That's a first for me and only been qualified 20 years!!*
- *"Excellent information with references to support course content".*
- *"Excellent, I have changed how I treat the upper limb and neck pain and have had excellent results". [from participant who had re-attended]*
- *"Brilliant presentation, extremely useful material and very appropriate for current practice"*
- *"Jeremy was relaxed and informative and gave us a lot of valuable information in a non-threatening way, the evidence base was excellent".*
- *"Excellent teacher". "Inspirational course".*
- *"Probably one of the most useful and reassuring courses I have been on".*
- *"By far the most informative, research based and thought-provoking course I have been on".*
- *"Course leader was excellent, and the course was very stimulating and thought provoking".*
- *"The tutor had great depth of knowledge, great sense of humour, was very relaxed and very approachable".*
- *"The presentation was excellent and the evidence base brilliant and relevant to me as a clinician and provided me with great ideas for rehabilitation".*
- *"Excellent presentation style. Enjoyed lectures and practical sessions. Very impressed with depth and breadth of knowledge and how well it relates to clinical practice".*
- *"Up to date research, excellent techniques, enlightening, holistic, course should be compulsory".*